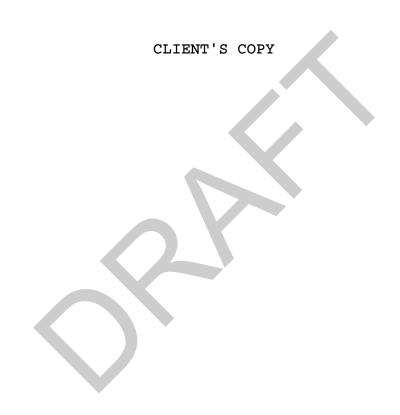
WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087

CALIFORNIA STATE UNIVERSITY FOUNDATION 401 GOLDEN SHORE LONG BEACH, CA 90802

Halallanlahlandahall





November 20, 2024

Aaron J. Moore CSU Foundation 401 Golden Shore Long Beach, CA 90802

#### Dear Aaron:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025.

#### FORM 990-T RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-T has an overpayment of \$1,919. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-T.

### **CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

### CALIFORNIA FORM 109 RETURN:

The California Form 109 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

Your overpayment in the amount of \$1,363 has been applied to your California estimated tax.

### **CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed on or before May 15, 2025 to:

Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$200, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Please be aware that we have enclosed three copies of your Form 990. The first copy is to be filed with the California Registry of Charitable Trusts and is attached to the RRF-1. The second copy of the form 990 (this is the one stamped 'Public Disclosure Copy') is your public disclosure copy; this is the copy which should be given to members of the general public who request a copy of your Form 990. The third copy is for your records; it is NOT to be used as the public disclosure copy.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Windes, Inc.

### **Filing Instructions**

Prepared for:	Prepared by:
	WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087

### 2023 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025

### 2023 FORM 990-T

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-T has an overpayment of \$1,919. The entire overpayment has been applied to the estimated tax payments.

### **Filing Instructions**

# Prepared for: CALIFORNIA STATE UNIVERSITY FOUNDATI 401 Golden Shore Long Beach, CA 90802 Prepared by: WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087

2023 CALIFORNIA FORM 199

No payment is required.

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

### 2023 CALIFORNIA FORM 109

No payment is required.

The California Form 109 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office and we will submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

### **Filing Instructions**

Filing Instructions									
Prepared for:	Prepared by:								
CALIFORNIA STATE UNIVERSITY FOUNDATI 401 Golden Shore Long Beach, CA 90802	WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087								
2023 CALIFORNIA FORM RRF-1									
You have a balance due of	200.00								
Enclose a check or money order for Justice.	\$200.00, payable to Department of								
The report should be signed and dat	ed by the authorized individual(s).								
Please mail on or before May 15, 20	025.								
Mail to - Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470									

THIS IS NOT A FILEABLE COPY \*\*\*\*\*

### IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL 1 , 2023, and ending JUN 30 2024

OMB No. 1545-0047

Department of the Treasury

Form 8879-TF

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

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 AARON J MOORE Name and title of officer or person subject to tax CFO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) Form 8868 check here ...... 5a Form 990-T check here ..... 6a b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ..... b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here ..... Form 5330 check here ..... **b Tax due** (Form 5330, Part II, line 19) 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize WINDES, INC 01163 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 33755911166 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. WINDES, INC. 11/20/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023)

LHA 302521 01-05-24

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

### Form **8868**

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 401 GOLDEN SHORE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONG BEACH, CA 90802 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ALICE KIM 401 GOLDEN SHORE - LONG BEACH, CA 90802 Telephone No. 562-951-4627 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. , 20 25 I request an automatic 6-month extension of time until MAY 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 JUL 1 , 20 <sup>23</sup> , and ending JUN 30 , 2024 」 tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public.

0.

838,480.

-58,148.

6,105,615.

Department of the Treasury

Check if applicable: Address change

Name change

Initial return

Final return/ termin-ated

Amended return

Applica-tion pending

Part I

Activities & Governance

Revenue

10

A For the 2023 calendar year, or tax year beginning

401 GOLDEN SHORE

SAME AS C ABOVE

Tax-exempt status: X 501(c)(3)

K Form of organization: X Corporation

Summary

LONG BEACH, CA 90802

Contributions and grants (Part VIII, line 1h)

Program service revenue (Part VIII, line 2g)

CALIFORNIA STATE UNIVERSITY FOUNDATION

F Name and address of principal officer: GREG SAKS

HTTP://WWW.CALSTATE.EDU/FOUNDATION/

Number and street (or P.O. box if mail is not delivered to street address)

Total number of volunteers (estimate if necessary)

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Grants and similar amounts paid (Part IX, column (A), lines 1-3)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

**b** Net unrelated business taxable income from Form 990-T, Part I, line 11

Benefits paid to or for members (Part IX, column (A), line 4)

**b** Total fundraising expenses (Part IX, column (D), line 25)

Revenue less expenses. Subtract line 18 from line 12

STATE UNIVERSITY FOUNDATION IS TO ENHANCE THE EDUCATIONAL EXCELLENCE

City or town, state or province, country, and ZIP or foreign postal code

C Name of organization

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

Briefly describe the organization's mission or most significant activities: THE MISSION OF THE CALIFORNIA

Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2023 (Part V, line 2a)

7 a Total unrelated business revenue from Part VIII, column (C), line 12

		_		L 0MD N 4545 0047
eturn of Organization Exempt I tion 501(c), 527, or 4947(a)(1) of the Internal Revenue Do not enter social security numbers on this form a	Open to Public			
Go to www.irs.gov/Form990 for instructions and	Inspection			
,	lending Ju	JN 30, 2024		Ai a sa sassanala a sa
n		D Employer ide	ntitica	tion number
TE UNIVERSITY FOUNDATION				
		95-6123	757	
(or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur	mber	
RE		562-951-4		
or province, country, and ZIP or foreign postal code		G Gross receipts \$		24,154,137.
90802		H(a) Is this a grou	up retu	ırn
of principal officer: GREG SAKS		for subordin		
		<b>H(b)</b> Are all subordina	ates inclu	uded? Yes No
5) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," atta	ch a lis	st. See instructions
STATE.EDU/FOUNDATION/		H(c) Group exem	ption i	number
ion Trust Association Other	L Year	of formation: 1962	м	State of legal domicile: CA
ization's mission or most significant activities: THE MI	SSION OF	THE CALIFORNIA	A	
UNDATION IS TO ENHANCE THE EDUCATIONAL EX	KCELLENCE			
if the organization discontinued its operations or dispo-	sed of more	than 25% of its ne	t asset	ts.
			3	15
oting members of the governing body (Part VI, line 1b)			4	14
s employed in calendar year 2023 (Part V, line 2a)			5	0
s (estimate if necessary)			6	15
evenue from Part VIII, column (C), line 12			7a	-18,502.
xable income from Form 990-T, Part I, line 11			7b	0,
		Prior Year		Current Year
(Part VIII, line 1h)	·····	4,248,8		1,969,066.
(Part VIII, line 2g)		31,1	_	26,950.
/III, column (A), lines 3, 4, and 7d)		1,547,0		1,759,426.
olumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		220,3	_	190,924.
3 through 11 (must equal Part VIII, column (A), line 12)		6,047,4	_	3,946,366.
ts paid (Part IX, column (A), lines 1-3)		5,267,1		4,001,679.
mbers (Part IX, column (A), line 4)			0.	0.

os Ses			Beginning of	f Current Year	End of Year					
Net Assets or Fund Balances 22 22 22 22 22 22 22 22 22 22 22 22 22	Total assets (Part X, line 16)		5	2,244,954.	54,755,126.					
<b>₹</b> 21	Total liabilities (Part X, line 26)			8,366,326.	9,090,366.					
<u>돌</u> 22	Net assets or fund balances. Subtract line 21 from		4	3,878,628.	45,664,760.					
Part II	Signature Block									
Under pena	alties of perjury, I declare that I have examined this return	, including accompanying schedules and sta	tements, and t	o the best of my k	nowledge and belief, it is					
true, corre	ct, and complete. Declaration of preparer (other than office	er) is based on all information of which prep	arer has any k	nowledge.						
Sign	Signature of officer Date									
Here	AARON J. MOORE, CFO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	ELEANOR A. LIVINGSTON, CPA, MST	ELEANOR A. LIVINGSTON, CPA, I	MS11/20/24	self-employed	P00226461					
Preparer	Firm's name WINDES, INC.			Firm's EIN 9	5-3001179					
Use Only	Firm's address P.O. BOX 87									
	LONG BEACH, CA 90801-0087		Phone no.949-852-9433							
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No					

0.

869,969.

4,871,648.

-925,282.

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ESTABLISHED IN 1962, THE FOUNDATION IS THE CENTRAL FOUNDATION FOR THE	
	CALIFORNIA STATE UNIVERSITY (CSU) SYSTEM AND SERVES THE OFFICE OF THE	
	CHANCELLOR. THE FOUNDATION EXISTS TO SUPPORT EXCELLENCE IN TEACHING	
	AND LEARNING, AND TO SERVE THE NATIONAL, STATE AND REGIONAL INTERESTS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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 ex	
	revenue, if any, for each program service reported.	tporioos, arra
4a	(Code: ) (Expenses \$ 1,579,500. including grants of \$ 1,579,500. ) (Revenue \$	1
ти	SUPPORT OF MAJOR CSU INITIATIVES SUCH AS IMPROVING THE GRADUATION RATE	,
	AND TEACHER PREPARATION THROUGH COLLABORATION WITH EXTERNAL FUNDERS.	
4b	(Code:) (Expenses \$ 956,911. including grants of \$ 257,751. ) (Revenue \$	26,950.)
710	THE CSU FOUNDATION SUPPORTED THE EDUCATIONAL AND GOVERNANCE ACTIVITIES	
	OF THE 23 UNIVERSITY CAMPUSES, THROUGH REGULAR MEETINGS OF ITS	
	TRUSTEES, PRESIDENTS, EMPLOYEES, AND ALUMNI LEADERS AS WELL AS	
	PROVIDING EMPLOYEE RECOGNITION.	
	*	
4c	(Code:) (Expenses \$ 2 ,164 ,428including grants of \$ 2 ,164 ,428) (Revenue \$	)
	THE CSU FOUNDATION PROVIDED SCHOLARSHIPS TO 381 STUDENTS THROUGHOUT THE	
	CSU SYSTEM.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 4,700,839.	
		Form <b>990</b> (2023)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U		ء ا		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
12		13		х
13	Did the appropriation projection of the construction of the Helical Obstace			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		┼
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	, , , , , , , , , , , , , , , , , , , ,	20b		<u> </u>
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	

332003 12-21-23

### Form 990 (2023) CALIFORNIA STATE UNIVERSITY Part IV Checklist of Required Schedules (continued)

22 X 23 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 2 Did the organization answer "Yes" to Part VIII, Section A, (in 5.4, 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 I. Schedule III and the III and III		· (continued)		Yes	Na
Part X. column (A), line ?? If "Yes," complete Schedule I, Parts I and III  22 X  23 Did the organization naives" "Yes" to Part VIII, Section A, Iive 34, or 5, shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I I was twanted and the compensation of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 25th through 24d and complete Schedule II I'No," go to line DECember 31, 2002? If "Yes," answer lines 25th through 24d and complete Schedule II I'No," go to line DECember 31, 2002? If "Yes," answer lines 25th through 24d and complete Schedule II I'No," go to line a section account of the third and a temporary period exception?  24b  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24c  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization anaexcess benefit transaction with a disqualified person uning the year 1 of december 31 transaction with a disqualified person uning the year? If Yes, "complete Schedule I, Part II  b is the organization aware that the nagaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was the region of the organization provide organization and that the transaction has not been reported on any of the organization spring forme 900 org90E27 If Yes," complete Schedule I, Part II  25b  Did the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), a grant selection complete Schedule II, Part III  27b Did the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor o	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
23 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization current and former officen, directors, surbers, surbers, level projects, and higher to compensate demonstrations of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last did yof the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IV. If "No," go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization markatin an escrow account other than a refunding escrow at any time during the year? 24d Did the organization analytic markating and solicity and solicity of the organization analytic methods and 50 (1202) organizations. Did the organization analytic methods and 50 (1202) organizations are set that organization analytic methods and 50 (1202) organizations. Did the organization analytic methods are set to the organization analytic methods and that the transaction has not been reported on any of the organization-forms 990 or 990,627 if "Yes," complete Schedule L, Part II 25b Is the organization anaware that rengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25b Is the organization anaware that rengaged in an excess benefit transaction with a collection of the organization analytic method or any of the organization's prior forms 990 or 990,627 if "Yes," complete Schedule L, Part II 25b Is the organization are provide a grant or other assistance to any current or former officer, director, fusetice, key employee, creator or former officer, director, fusetice, key employee, creator or former officer, director, fusetice, with a substantial contributor or grantite employee, creator or former officer, director, fusetice, and any office schedule and any office schedule and provide any office schedule and provide any officers and off	~~		22	x	
and former officers, directors, mustees, key employees, and highest compensated employees? If "Yos," 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," arrayer lines 22th through 24d and complete Schedule IV If No," or to the PEZE  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any associated of the exempt bonds beyond a temporary period exception?  24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year Odelsase any tax-exempt bonds?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization are served belong the period of the organization engage in an excess benefit transaction with a disqualified person until the year? If Yes, "complete Schedule I, Part I  25a Section 501(5)(3), 501(6)(4), and 501(6)(29) organizations, Did the organization engage 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 sprinds of the organization provide a grant or prior assignation sprinds or organization sprinds organization provide agrant or prior assignation sprinds organization organization provide agrant or orbit assignation organization provide agrant or orbit assignation organization provide agrant or orbit assignation to a grant selection committee member, or to a 39% controlled entity (including an employee themsel) or family member of any of these personal? If Yes, "complete Schedule I, Part IV I I I I I I I I I I I I I I I I I I	23				
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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002?   ft "yes," answer lines 24b through 24d and complete Schedule K, If "No." go to line 25a		•	23	х	
slast 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.  b Did the organization mivest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding scrow at any time during the year to defease any tax exempt bonds?  d Did the organization are at an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization are at an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization are stat it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization are not sexess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II b is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III.  28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III.  b A family member of any individual described in line 28a' If "Yes," complete Schedule L, Part III.  28 A a3% controlled centry of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part III.  29 A 135 Control	24a				
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization reports of 90°EZ? If "Yes," complete Schedule L, Part I	d		24d		
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule I, Part I   25b   25b   Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? # "Yes," complete Schedule I, Part II   26   27   28   28   27   28   28   27   28   28		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Schedule L, Part I  26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II .  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 .  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III .  28 Was the organization and any to a business transaction with one of the following parties? (See the Schedule L, Part IV .  28 In the second of the secon	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II 26 entity (including an employee thereof) or family member of any of these persons or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 entitled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b C 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 C 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization individual terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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 I., Part II 27  27  28  29  20  20  20  21  22  23  24  25  25  26  27  26  27  28  28  28  29  29  29  29  20  20  20  20  20  20			25b		Х
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  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	26				
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 fincluding an employee thereof or family member of any of these persons? If *Yes,** complete Schedule L, Part III.**  27  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III.**  28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If *Yes,** complete Schedule L, Part IV.**  28 A family member of any individual described in line 28a? If *Yes,** complete Schedule L, Part IV.**  28 A family member of any individual described in line 28a? If *Yes,** complete Schedule L, Part IV.**  28 Did the organization receive more than \$25,000 in noncash contributions? If *Yes,** complete Schedule M.**  29 Did the organization receive more than \$25,000 in noncash contributions? If *Yes,** complete Schedule M.**  29 Did the organization individuals, terminate, or dissolve and cease operations? If *Yes,** complete Schedule N, Part I.**  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If *Yes,** complete Schedule N, Part I.**  31 Did the organization osul 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? If *Yes,** complete Schedule R, Part I.**  31 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization one ladd to any tax-exempt or taxable entity? If *Yes,** complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization one ladd to any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If *Yes,** complete Schedu					
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? [f 'Yes, 'complete Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? [f 'Yes, 'complete Schedule L, Part IV. 28a   b A family member of any individual described in line 28a? [f 'Yes, 'complete Schedule L, Part IV. 28b   c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? [f 'Yes, 'complete Schedule L, Part IV. 28c   29 Did the organization receive more than \$25,000 in noncash contributions? [f "Yes, 'complete Schedule M. 29   30 Did the organization receive more than \$25,000 in noncash contributions? [f "Yes, 'complete Schedule M. 30   31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? [f "Yes, 'complete Schedule N, Part I   31   32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? [f "Yes, 'complete Schedule N, Part I   32   33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? [f "Yes, "complete Schedule R, Part I   32   34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b   f "Yes it bine 35a, did the organization have a controlled entity within the meaning of section 512(b)(13)? b   f "Yes it bine 35a, did the organizations. Did the organization make any transfers to an exempt non-charitable related organization?   f "Yes, complete Schedule R, Part V, line 2   35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?   f "Yes, complete Schedule R, Part V, line 2   36 Section 501(c)(3) organizations. Did the organization ma			26		Х
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b c 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 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I.  32 Did the organization and 301.7701-37 If "Yes," complete Schedule R, Part I.  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  37 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.  Part V Statement	27				
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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV   28a    b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   28b    c 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    29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   29    30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   30    31 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   31    32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I   32    33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   34    35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   35a    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   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 V II ins 1 1b and 19? Note: All Form 990 filers are required to complete Schedule O explanations on Schedule O for Part VI, line 1   37					.,
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ##  "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? ## "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ##  "Yes," complete Schedule L, Part IV  28b  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ##  "Yes," complete Schedule L, Part IV  29  10d the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M  29  10d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule N, Part I  31  20d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part II  31  32d Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33  34d Was the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35  36 Bettion 501(c)(3) organizations Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  35a  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  ## "Yes," complete Schedule R, Part V, line 2  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? ## "Yes," comp			27		Х
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Check if Schedule O contains a response or note to any line in this Part V  Yes  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Note: All Form 990 filers are required to complete Schedule O	38	Х	
Yes  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     17       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V			للم
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Enter the Hamber reported in box 6 of Ferri 1000. Enter 6 in not approach	-		
			4		
(gambling) winnings to prize winners?	С				
332004 12-21-23 Form <b>990</b> (2					

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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
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 Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_ 5	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	16	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١.			
	were not tax deductible?	1	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	$+^{7}$	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	١.	_		Х
	to file Form 8282?	H	7c		Λ
d	, , , , , , , , , , , , , , , , , , , ,	╣.	7.		х
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7e 7f		X
t	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	$\vdash$	71 7g	N/A	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		79 7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	H		·	
•	sponsoring organization have excess business holdings at any time during the year?  N/A		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	(	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	[	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A 11a	_			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	4			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A				
а	to the organization hospital to locate qualified relativity plane in more than one otate.	1	3a		
	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				
		$\dashv$			
		1	4a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	H			
_	excess parachute payment(s) during the year?	.	15		х
	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 income?	-	16		х
	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 activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	Ŀ	17		
	If "Yes," complete Form 6069.				

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū		3		х
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	B. 11	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	•		
7a		7-		х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		17
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ι		
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Α
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA			
18	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) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ALICE KIM - 562-951-4627			
	401 GOLDEN SHORE, LONG BEACH, CA 90802			

### 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.

(A)  Name and title	(B) Average hours per	(do box	not c		ition	than o	one n an	(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P	Key employee	Highest compensated Employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JOLENE KOESTER CHANCELLOR-EX OFFICIO (THRU 9/30/23)	2.00 70.00	x						0.	697,767.	180,632.
(2) STEVE RELYEA	6.00							٠.	037,707.	100,002.
PRESIDENT (12/29/23-2/11/24)	34.00	1		х				0.	400,918.	138,092.
(3) LORI A. REDFEARN	6.00									-
PRESIDENT (THRU 12/29/23)	34.00			х				0.	304,263.	127,923.
(4) AARON J. MOORE	18.00									
CHIEF FINANCIAL OFFICER	22.00	4		Х				0.	157,490.	75,920.
(5) MILDRED GARCIA	2.00									
CHANCELLOR-EX OFFICIO (AS OF 10/1/23	70.00	Х						0.	159,922.	44,719.
(6) WENDY CHAVIRA GARCIA	18.00									
VICE PRESIDENT	22.00			Х				0.	105,558.	63,003.
(7) KRISTIN CRELLIN	1.00									
CHAIR		Х		Х				0.	0.	0.
(8) GILLIAN WRIGHT	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) RONALD FONG	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) MICHAEL LUCKI	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) KERI ASKEW BAILEY	1.00	1								
DIRECTOR (THRU 1/22/24)		Х						0.	0.	0.
(12) JOHN AUGUSTINE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) RONALD BARHORST	1.00	-							_	_
DIRECTOR		Х						0.	0.	0.
(14) KIMBERLEY GOODE	1.00									
DIRECTOR		Х	_					0.	0.	0.
(15) MICHAEL LIZARRAGA	1.00	ł								
DIRECTOR (16) LODDING MILLER	1 00	Х	_			_		0.	0.	0.
(16) LORENE MILLER	1.00								_	^
OIRECTOR (17) HENRY PEREA	1 00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	_
DIRECTOR	l	Λ	L	l		L	l	1 0.	<u> </u>	0.

Form **990** (2023) 332007 12-21-23

Section A. Officers, Directors, Trustees, Key Emp					l Hiç	ghes	st C	ompensated Employee				
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do		Posi			nne	Reportable	Reportable		Estimate	∍d
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation		amount	of
	week		cer ar	id a di	recto	rrus	iee)	from	from related		other	
	(list any hours for	recto						the	organizations	1 .		
	related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	_ ا	from the	
	organizations	ruste	l trus		99	ubeu		1099-NEC)	1099-NEC)		organizat and relat	
	below	ndividual trustee or director	In stit utio nal tru stee	_	nploy	st col	in 100	10001120)		1	rganizati	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				<b>J</b>	
(18) ALI RAZI	1.00											
DIRECTOR		Х						0.	0.			0.
(19) STEVEN STUCK	1.00											
DIRECTOR		Х						0.	0.			0.
(20) GADDI VASQUEZ	1.00											
DIRECTOR		Х						0.	0.			0.
(21) SCOTT WELLS	1.00											
DIRECTOR		Х						0.	0.			0.
(22) GREG SAKS	6.00											
PRESIDENT (AS OF 2/12/24)	34.00			Х				0.	0.	<u> </u>		0.
(23) MELISSA WATKINS	6.00											
CHIEF ADMIN. OFFICER (AS OF 4/15/24)	22.00			Х			4	0.	0.	+-		0.
										+-		
										+		
1b Subtotal								0.	1,825,918.		630,	289.
c Total from continuation sheets to Part VII	, Section A							0.	0.	1		0.
d Total (add lines 1b and 1c)	<u></u>		<u></u>					0.	1,825,918.	<u>Ш</u>	630,	289.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											1	0
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,		ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for se										3	1	Х
4 For any individual listed on line 1a, is the su	-		-					· · · · · · · · · · · · · · · · · · ·	-			
and related organizations greater than \$150			'							4	, X	
5 Did any person listed on line 1a receive or a									dual for services			v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or st	ıch r	oers	on				5		Х
·							41-		100 000 of common and		f	
Complete this table for your five highest con     the organization. Penalt componenting for the	•	-							· · · · ·	ation	Trom	
the organization. Report compensation for t	ne calendar ye	eare	riair	ig w	itri C	or wi	unin		ear.		(C)	
( <b>A</b> ) Name and business	address	NO	NE					<b>(B)</b> Description of s	ervices	Com	pensatio	n
-								·			-	
							1					
							$\dashv$			-		
							$\dashv$					
							1					

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2023)
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
<b>'0</b> '0		Forderestand communicates 4.0					00000010 0 12 0 11
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
		Membership dues 1b					
S, (		Fundraising events 1c					
ar E	d	Related organizations 1d					
s, ( mi	е	Government grants (contributions) 1e					
Ö	f	All other contributions, gifts, grants, and					
be		similar amounts not included above	1,969,066.				
를	a	Noncash contributions included in lines 1a-1f	1,610.				
Social		Total. Add lines 1a-1f	•	1,969,066.			
<u> </u>		Totali / Idd III Idd Tu Ti	Business Code	, , ,			
	•	MEETING REGISTRATION F	900099	26,950.	26,950.		
<u>i</u>	2 a		300033	20,550.	20,550.		
er.	b						
S c	С						
an Sev	d						
Program Service Revenue	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f		26,950.			
	3	Investment income (including dividends, interes	st. and				
		other similar amounts)		507,193.		-18,502.	525,695.
	4	Income from investment of tax-exempt bond pr				,	,
	5	·	oceeus				
	3	Royalties(i) Real	(ii) Personal				
			(II) Fersorial				
		Gross rents 6a					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory   7a   21,460,004.		7			
	b	Less: cost or other basis					
<u>e</u>		and sales expenses <b>7b</b> 20,207,771.					
eur	c	Gain or (loss) 7c 1,252,233.					
ě		Net gain or (loss)		1,252,233.			1,252,233.
ther Revenue				1,202,2001			1,202,200.
the l	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 4	and allowances 10a					
		<b>I</b>					
		J					
-	С	Net income or (loss) from sales of inventory	Posts 6 :				
<u>s</u>			Business Code	400.00:	400.00		
on e	11 a	ADMINISTRATIVE FEES	900099	190,924.	190,924.		
ang	b						
Miscellaneous Revenue	С						
Alisc B	d	All other revenue					
2	_ е	Total. Add lines 11a-11d		190,924.			
	12	Total revenue. See instructions		3,946,366.	217,874.	-18,502.	1,777,928.

332009 12-21-23

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,717,251 1,717,251 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,284,428. 2,284,428. individuals. See Part IV, line 22 3 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 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 1,307. 1,307. Legal 46,350. 46,350. 23,138. 23,138. Lobbying Professional fundraising services. See Part IV, line 17 42,313. 42,313 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 41 441 41,441 column (A), amount, list line 11g expenses on Sch O.) 13,236 13,236. Advertising and promotion 12 29,975. 29,975. 13 Office expenses Information technology ..... 14 Royalties 15 16 Occupancy 31,669. 31,669. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 303,447. 15,011. 318,458. Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 9,954. 9,954 23 24 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 O.) OTHER EXPENSES 292,861 256,254. 36,607 FUNDRAISING 19,267 19,267 С d All other expenses 19,267. Total functional expenses. Add lines 1 through 24e 4.871.648 4,700,839 151,542 25 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 (2023) Part X | Balance Sheet

Part	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments  Pledges and grants receivable, net		2,090,543.	2	1,458,07
	3			3,116,300.	3	1,616,00
	4			0.	4	36,53
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Donat and a company of the former of the company		17,272.	9	17,35
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities		26,978,120.	11	29,931,61
	12	Investments - other securities. See Part IV, line	9 11	11,886,792.	12	12,829,88
	13	Investments - program-related. See Part IV, lin	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		8,155,927.	15	8,865,67
	16	Total assets. Add lines 1 through 15 (must ed	ual line 33)	52,244,954.	16	54,755,12
	17	Accounts payable and accrued expenses		46,753.	17	47,39
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
နှ	22	Loans and other payables to any current or fo	rmer officer, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese persons		22	
-	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p	\.			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
				8,319,573.		9,042,968
_	26	Total liabilities. Add lines 17 through 25		8,366,326.	26	9,090,36
ا س		Organizations that follow FASB ASC 958, cl	neck here X			
<u>ğ</u>		and complete lines 27, 28, 32, and 33.		6 020 026		E 506 00:
<u>a</u>	27	Net assets without donor restrictions		6,830,236.	27	7,526,203
ř	28	Net assets with donor restrictions		37,048,392.	28	38,138,55
Ĭ		Organizations that do not follow FASB ASC	958, check here			
<u> </u>		and complete lines 29 through 33.				
13 (	29	Capital stock or trust principal, or current fund			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
ا ب	31	Retained earnings, endowment, accumulated		42 070 600	31	4F CC4 7C
	32	Total net assets or fund balances		43,878,628.	32	45,664,760
$\perp \! \! \! \! \! \perp$	33	Total liabilities and net assets/fund balances		52,244,954.	33	54,755,126 Form <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	946,	366.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	871,	648.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	925,	282.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43	878,	628.
5	Net unrealized gains (losses) on investments	5	2	711,	414.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	45	,664,	760.
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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		2b	Х	
	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 Consolidated basis X 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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY FOUNDATION

**Employer identification number** 

95-6123757 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

### 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,087,783.	7,526,858.	5,651,039.	4,248,851.	1,969,066.	26,483,597.
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	396,516.	412,757.	417,779.	406,743.	433,384.	2,067,179.
4	Total. Add lines 1 through 3	7,484,299.	7,939,615.	6,068,818.	4,655,594.	2,402,450.	28,550,776.
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,						
	(0						10,595,054.
6	Public support. Subtract line 5 from line 4.						17,955,722.
	ction B. Total Support						17,333,722.
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	7,484,299.	7,939,615.	6,068,818.	4,655,594.	2,402,450.	28,550,776.
	Gross income from interest,	,,101,100	7,705,010.	5,000,020.	1,000,001.	2,102,100.	20,000,
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties,	553,716.	446,562.	388,682.	590,815.	486,691.	2 466 466
	and income from similar sources	333,710.	440,302.	300,002.	390,013.	400,091.	2,466,466.
9	Net income from unrelated business						
	activities, whether or not the		1 424	122 540			122 002
	business is regularly carried on		1,434.	132,548.			133,982.
10	Other income. Do not include gain						
	or loss from the sale of capital	150 555	257 224	000 540	222 225	100 004	4 050 045
	assets (Explain in Part VI.)	170,755.	267,291.	203,549.	220,396.	190,924.	1,052,915.
	<b>Total support.</b> Add lines 7 through 10						32,204,139.
	Gross receipts from related activities,		,			12	62,769.
13	First 5 years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
0-	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2023 (li					14	55.76 %
	Public support percentage from 2022					15	54.44 %
16a	33 1/3% support test - 2023. If the o						
	<b>stop here.</b> The organization qualifies		•				
b	<b>33 1/3% support test - 2022.</b> If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	
_						Schodulo A	Form 990) 2023

332022 12-21-23

### 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.)

Se	ction A. Public Support	elow, please comp	nete i ait ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) = 2 · 2	(-)	(-)	(,	(2) = = =	(9, 1233
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 business 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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2019	<b>(b)</b> 2020	(C) 2021	(a) 2022	(e) 2023	(f) Total
	Amounts from line 6						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business activities not included 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.)					1	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
	check this box and stop here	. 0					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (fl)		17	%
						18	
	Investment income percentage from						
198	a 33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2022. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19:	a or 19h check th	nis hay and see in	etructions	

332023 12-21-23

Schedule A (Form 990) 2023

### 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		
	- Oa		
	3b		
	3b		
	0-		
	Зс		
	_		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
lule	A (Forn	n 990)	2023

Page 5

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			.,,,
		stors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
	_	nization(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,			
Saat	supe	rvised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations			
				Yes	No
		e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
01	the s	upported organization(s).	1		
Seci	ion	D. All Type III Supporting Organizations			
				Yes	No
		he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
		ficant voice in the organization's investment policies and in directing the use of the organization's			
	incon	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supp	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
Sect	ion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b	Щ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		
2	Activ	rities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		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	e activities but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did th	he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of ite	supported organizations? If "Voc " decembe in Part VI the relegion by the exemplation in this reserved	3h	1	

CALIFORNIA STATE UNIVERSITY FOUNDATION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
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				
c	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-functionally	integra	ted Type III supporting organ	nization (see		
	instructions).					

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	<u> </u>
Secti	on 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	t purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	;
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020		<u> </u>	
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u>i_</u>	Carryover from 2018 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
<u>a</u>	Excess from 2019			
<u>b</u>	Excess from 2020			
<u>c</u>	Excess from 2021			
	Excess from 2022			
_	Evenes from 2023			

Schedule A (Form 990) 2023

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:
ADMINISTRATIVE FEES
2019 AMOUNT: \$ 161,653.
2020 AMOUNT: \$ 190,370.
2021 AMOUNT: \$ 176,130.
2022 AMOUNT: \$ 182,032.
2023 AMOUNT: \$ 190,924.
MISCELLANEOUS
2019 AMOUNT: \$ 9,102.
2020 AMOUNT: \$ 76,921.
2021 AMOUNT: \$ 27,419.
2022 AMOUNT: \$ 38,364.

### Schedule A

## Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CHARLES AND LYNN SCHUSTERMAN FAMILY FOUNDATION	2,266,500.	1,622,417.
MICROSOFT CORPORATION	1,530,000.	885,917.
BILL & MELINDA GATES FOUNDATION	4,495,918.	3,851,835.
COLLEGE FUTURES FOUNDATION	1,750,000.	1,105,917.
SKYLINE FOUNDATION (FORMERLY YELLOW CHAIR FOUNDATION)	3,714,300.	3,070,217.
CHEVRON	660,000.	15,917.
ECMC FOUNDATION	675,000.	30,917.
LUMINA FOUNDATION	656,000.	11,917.
Total Excess Contributions to Schedule A, Part II, Line 5		10,595,054.

### Schedule B

(Form 990)

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Organization type (check one):

or garileation type (check one).					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	n 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	n 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.				
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, 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 <b>must</b> 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 a requirements of Schedule B (Form 990)				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization Employer identification number

CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN COUNCIL OF LEARNED SOCIETIES  633 3RD AVE  NEW YORK, NY 10017-6706	\$504,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4  ROBERT & RUTH HALPERIN FOUNDATION  1 LOMBARD ST STE 305  SAN FRANCISCO, CA 94111-1130	Total contributions  \$ 150,000.	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
3	STEELCASE INC.  475 BRANNAN ST STE 110  SAN FRANCISCO, CA 94107-5419	\$137,301.	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4  SOUTHERN CALIFORNIA EDISON  6040 N IRWINDALE AVE  IRWINDALE, CA 91702-3207	Total contributions  \$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
<b>No.</b> 5	Name, address, and ZIP + 4  HEISING-SIMONS FOUNDATION  400 MAIN STREET, SUITE 200  LOS ALTOS, CA 94022	Total contributions  \$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 6	Name, address, and ZIP + 4  EVELYN AND WALTER HAAS, JR. FUND  PO BOX 1459  EL CERRITO CA 94530-4459	Total contributions  \$40,000.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom 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. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b> </b>	

Page 3

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 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

Page 4

### SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \_\_\_\_\_\_\$ \_\_\_\_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

	rt II-A Complete if the org			npt under section			ction under	
_	section 501(h)).	tion bolongo to	n offi	liated group (and list in	Dort IV and affiliated	avour mambavia nama	address FIN	
A	Check if the filing organizar expenses, and shar				Part IV each anniated	group member's name	e, address, Eliv,	
R				nd "limited control" pro	visions annly			
	Limit (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals					
1a	Total lobbying expenditures to influ	33,138.						
	b Total lobbying expenditures to influence a legislative body (direct lobbying)							
	Total lobbying expenditures (add lin	34,104.						
	Other exempt purpose expenditure	4,686,002.						
e	Total exempt purpose expenditures	4,720,106.						
f	Lobbying nontaxable amount. Ente	columns.	386,005.					
	If the amount on line 1e, column (a) o	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
	not over \$500,000,	20	% of	the amount on line 1e.				
	over \$500,000 but not over \$1,000	),000, \$1	00,00	00 plus 15% of the exce	ess over \$500,000.			
	over \$1,000,000 but not over \$1,50	00,000, \$1	75,00	00 plus 10% of the exce	ess over \$1,000,000.			
	over \$1,500,000 but not over \$17,0	000,000, \$2	25,00	00 plus 5% of the exces	ss over \$1,500,000.			
	over \$17,000,000,	\$1	,000,	000.				
ç	Grassroots nontaxable amount (en	96,501.						
	Subtract line 1g from line 1a. If zero	0.						
	Subtract line 1f from line 1c. If zero	0.						
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720							
	reporting section 4911 tax for this		<u></u>				Yes No	
	(Some organizations th	nat made a sect	ion 5	eraging Period Under 01(h) election do not l ate instructions for lin	nave to complete all o	of the five columns be	low.	
		Lobbying	Expe	nditures During 4-Yea	r Averaging Period			
	Calendar year (or fiscal year beginning in)	(a) 2020		<b>(b)</b> 2021	<b>(c)</b> 2022	(d) 2023	(e) Total	
	Lobbying nontaxable amount	436,	519.	500,667.	446,546.	386,005.	1,769,737.	
	Lobbying ceiling amount (150% of line 2a, column(e))						2,654,606.	
	: Total lobbying expenditures	4,	082.	13,623.	10,940.	34,104.	62,749.	
	Grassroots nontaxable amount	109,	130.	125,167.	111,637.	96,501.	442,435.	
	Grassroots ceiling amount (150% of line 2d, column (e))						663,653.	

Schedule C (Form 990) 2023

10,000.

f Grassroots lobbying expenditures

## Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
h Daid staff as management (include companyation in assessment consists of a through 1)/2				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ion 501(c)(5)	), or sec	ction	
301(0)(0).			Yes	No
			163	1
Warran bakantially all (2004 as many) dyna yaari ad mandadyatibla by mandadyatibla				l .
, , , , , , , , , , , , , , , , , , , ,				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from</li> </ul>	the prior year?	<u>2</u>	tion	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	the prior year?	2 3 ), or sec		3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from</li> </ul>	the prior year?	2 3 ), or sec		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from lart III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	the prior year? ion 501(c)(5) d "No" OR (l	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	the prior year? ion 501(c)(5) d "No" OR (l	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	the prior year? ion 501(c)(5) d "No" OR (l	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	the prior year? ion 501(c)(5) d "No" OR (l	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).	the prior year? ion 501(c)(5) d "No" OR (l	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year	the prior year? ion 501(c)(5) d "No" OR (l	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).  Current year Carryover from last year	the prior year? ion 501(c)(5) d "No" OR (l	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).  Current year  b Carryover from last year  c Total	the prior year? ion 501(c)(5) d "No" OR (l	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).  Current year Carryover from last year	the prior year? ion 501(c)(5) d "No" OR (I	2 3), or sec b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditures next year?	the prior year? ion 501(c)(5) d "No" OR (I	2 3), or sec b) Part		3, is
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## **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 Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY FOUNDATION

**Employer identification number** 95-6123757

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(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 v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" 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, recrea		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic structure of the		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		•
5	Does the organization have a written policy regarding the per	l I-I-O	□ v □ N.
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stall and volunteer flours devoted to filoritoring, inspecting,	Transming of violations, and emorcing cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
•	7 thount of expenses mounted in monitoring, inspecting, many	ining of violations, and officioning conservi	ation dustricties during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 1700	h)(4)(B)(i)
•			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	3	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Sin	nilar Assets	(continu	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	c Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organization's exe	mpt p	urpose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other simila	r asse	ts	_		_
_	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pai	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Part X, line 21.								
1a	1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included								
	on Form 990, Part X?					∟	<b>⊻</b> Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		Г		Amount		
_	Designing helence				$\vdash$	10	Amount		
	Beginning balance				—	1c			
	Additions during the year					1d 1e			
f	Distributions during the year Ending balance					1f			
	Did the organization include an amount on Fo				_	. ,	Yes	Х	No
	If "Yes," explain the arrangement in Part XIII.				•		_		]
Pai									
		(a) Current year	(b) Prior year	(c) Two years back		hree years back	(e) Four	years	back
1a	<b>1a</b> Beginning of year balance 32,972,822. 31,300,849. 35,285,110. 27,828,185.								297.
b	Contributions	310,533.	357,552.	199,905.		420,770.	2,	736,	359.
С	Net investment earnings, gains, and losses	3,777,395.	2,487,331.	-2,970,584.		8,187,396.	1,	044,	268.
d	Grants or scholarships	992,673.	1,009,554.	1,023,389.		945,027.	;	895,	065.
е	Other expenditures for facilities								
	and programs			,					143.
f	Administrative expenses	211,215.	163,356.	190,193.		206,214.	:	159,	531.
g	End of year balance	35,856,862.	32,972,822.	31,300,849.	3	35,285,110.	27,	828,	185.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	1.0000	_%						
b	Permanent endowment 46.0000	%							
С		%							
	The percentages on lines 2a, 2b, and 2c shou				_				
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for the	he		Г	<b>V</b>	NI.
	organization by:							Yes	No X
	(i) Unrelated organizations?						3a(i)		
h	(ii) Related organizations?  If "Yes" on line 3a(ii), are the related organizations.	tions listed as requir	ad an Sahadula D2				3a(ii)		
4	Describe in Part XIII the intended uses of the						3b		
_	t VI Land, Buildings, and Equipm		willent lunus.						
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part X	, line 1	0.			
	Description of property	(a) Cost or o				ulated	(d) Book	valu	—— е
		basis (investn	` ,	1 ' '	eprecia		. , ====	24	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other	I							
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X. line 10c. column	(B))					0.
						Schedule	D (Form	990)	2023

Part VII Investments - Other Securiti
---------------------------------------

C	113/11	- F 000	Da. + IV   11.00 - 44	. C E 000	Da.+ V 1: 10
Complete if the organization answered	Yes or	1 Form 990	Partiv line i it	) See Form 990	Part X line 12
complete if the organization anowered			. a.c.,		, . a

	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VENTURE CAPITAL AND PARTNERSHIPS	8,777.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	12,821,106.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	12,829,883.	

## Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 990 Part X line 13 col (R))		

## Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CRUT RECEIVABLES	139,346.
(2) CHARITABLE GIFT ANNUITY	8,726,328.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 15. col. (B))	8,865,674.

## Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CRUT PAYABLES	139,346.
(3)	ALUMNI COUNCIL LIABILITY	177,294.
(4)	CHARITABLE GIFT ANNUITY	8,726,328.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	9,042,968.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Par	·		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				7,048,851.
				1	7,040,031.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	2 711 /1/		
	Net unrealized gains (losses) on investments		2,711,414.		
	Donated services and use of facilities		433,304.		
	Recoveries of prior year grants Other (Decerbe in Part VIII.)				
	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>			2e	3,144,798.
	Add lines 2a through 2d Subtract line 2e from line 1			3	3,904,053.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,313.		
	Other (Describe in Part XIII.)		•		
	Add lines <b>4a</b> and <b>4b</b>			4c	42,313.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,946,366.
Par	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total expenses and losses per audited financial statements		·	1	5,262,719.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	433,384.		
	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	433,384.
3	Subtract line 2e from line 1			3	4,829,335.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b		42,313.		
	Other (Describe in Part XIII.)	4b			40.040
	Add lines 4a and 4b			4c	42,313.
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information	8.)		5	4,871,648.
		1.5 1.07 11 41	101 5 11/11/11/11	D 1 1 1 1	0 D 1 VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X, III	ne 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	iy additional informa	ation.		
PART	V, LINE 4:				
	1, 21.2 1.				
EACH	OF THE FOUNDATION'S ENDOWMENTS HAS BEEN ESTABLISHED TO S	SUPPORT A			
SCHO	LARSHIP OR PROGRAM FUND RECORDED IN TEMPORARILY RESTRICTE	D NET ASSETS.			
		<u> </u>			
PART	X, LINE 2:				
FIN	48:				
THE	FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF	TAX			
POSI	FIONS, SUCH AS ITS FILING STATUS OF TAX-EXEMPT, ONLY AFTE	R DETERMINING			
THAT	THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SU	STAIN THE			
POSI	FION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO POT	ENTIAL INCOME			
m	NUDTEG ON ODEN TRAVENERS BY NOW TRAVES				
TAX .	AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WH	IICH IT			
OPER.	ATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORN	IIA STATE			

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
CALIFORNIA STA		FOUNDATION					95-6123757
Part I General Information on Grants ar							
1 Does the organization maintain records to					-		
criteria used to award the grants or assist	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to E 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
TRUSTEES OF THE CSU 401 GOLDEN SHORE LONG BEACH, CA 90802	91-2155587	GOVERNMENT	927,751.	0.			\$100,000.00 - TRANSFER TO SPA HEISING-SIMONS FOUNDATION
CSU LONG BEACH RESEARCH FOUNDATION 6300 STATE UNIVERSITY DR. #332 LONG BEACH, CA 90815	95-6106694	501(C)(3)	185,761.	0.			MELLON ACLS GRANT TRANSFER TO CAMPUS
CSU FULLERTON PHILANTHROPIC FOUNDATION - 2600 NUTWOOD AVE #850 - FULLERTON, CA 92831	33-0567945	501(C)(3)	124,470.	0.			MELLON ACLS GRANT TRANSFER TO CAMPUS
CSU DOMINGUEZ HILLS PHILANTHROPIC FOUNDATION - 1000 EAST VICTORIA ST. #WH425 - CARSON, CA 90747	47-3097839	501(C)(3)	99,040.	0.			MELLON ACLS GRANT TRANSFER TO CAMPUS
CSU SAN BERNADINO PHILANTHROPIC FOUNDATION - 5500 UNIVERSITY PARKWAY - SAN BERNADINO, CA 92407	45-2255077	501(C)(3)	62,343.	0.			MELLON ACLS GRANT TRANSFER TO CAMPUS
CSU STANISLAUS  1 UNIVERSITY CIRCLE  TURLOCK, CA 95382  2 Enter total number of section 501(c)(3) ar	77-0207337 nd government org		50,000.	0.			SCHUSTERMAN EMERGENCY GRANT 20.
3 Enter total number of other organizations	-						2.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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 non-cash assistance	(h) Purpose of grant or assistance
CSU BAKERSFIELD							
9001 STOCKDALE HIGHWAY							SCHUSTERMAN EMERGENCY
BAKERSFIELD, CA 93311	77-0314545	COVERNMENT	50,000.	0.			GRANT
CSU LOS ANGELES UNIVERSITY	77 0314343	GOVERNMENT.	30,000.	••			
AUXILIARY SERVICES - 5151 STATE							
UNIVERSITY DRIVE, GE 314 - LOS							MELLON ACLS GRANT
ANGELES, CA 90032	95-4016653	501/0\/3\	32,386.	0.			TRANSFER TO CAMPUS
ANGELES, CA 90032	95-4010055	501(0)(3)	32,380.	0.			TRANSFER TO CAMPUS
CSU NORTHRIDGE							
18111 NORDHOFF ST							
	95-4358677	COMEDNIMENT	26,400.	0.			RELUI OPERATING EXPENSES
NORTHRIDGE, CA 91330 UNIVERSITY FOUNDATION AT	95-4556077	GOVERNMENT	20,400.	0.			RELUI OPERATING EXPENSES
SACRAMENTO STATE - 6000 J STREET							TIMEREDIAN CYMDOGIUM
MODOC HALL 3001 - SACRAMENTO, CA	04 2001250	E01/G\/2\	15,000				JUNETEENTH SYMPOSIUM
95819	94-3001359	501(C)(3)	15,000.	0.			RECEPTION
HISPANIC ASSOCIATION OF COLLEGES							
AND UNIVERSITIES - 4801 NW LOOP							
410 STE 701 - SAN ANTIONIO, TX	74 0466103	501 (9) (2)	15 000				
78229	74-2466103	501(C)(3)	15,000.	0.			HACU SPONSORSHIP
aau voorupinga nouvoimiov							
CSU NORTHRIDGE FOUNDATION							
18111 NORDHOFF ST, VALERA HALL 110		24 / = 1 / 21					
NORTHRIDGE, CA 91330	95-6196006	501(C)(3)	14,300.	0.			REAL ESTATE PROGRAM GRAN
							ANNUAL SUPPORT OF
CAL POLY POMONA PHILANTHROPIC							COMMUNICATION AND
FOUNDATION - 3801 WEST TEMPLE							OUTREACH EFFORTS FOR CAL
AVENUE - POMONA, CA 91768	83-2300241	501(C)(3)	11,000.	0.			POLY ROSE FLOAT PROGRAM
CALIFORNIA COALITION FOR PUBLIC							
HIGHER EDUCATION - 777 S FIGUEROA							SPONSORSHIP OF CA
ST STE 4050 - LOS ANGELES, CA							COALITION FOR PUBLIC
90017	45-2426122	501(C)(4)	10,000.	0.			HIGHER ED EVENT
GREAT MINDS IN STEM							
5211 E. WASHINGTON BLVD 2-320							
LOS ANGELES, CA 90040	95-4577359	501(C)(3)	10,000.	0.			ACADEMIC SPONSOR SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
CSU NORTHRIDGE FOUNDATION 18111 NORDHOFF ST, VALERA HALL 110 NORTHRIDGE, CA 91330	95-6196006	501(C)(3)	10,000.	0.			CSUN EVENT HONORING CHANCELLOR EMERITA KOESTER
CALIFORNIA POLYTECHNIC STATE UNIV FOUNDATION - ONE GRAND AVENUE HERON HALL 117 RM 215 - SAN LUIS OBISPO, CA 93407	20-4927897	501(C)(3)	9,500.	0.			REAL ESTATE IMPROVEMENT GRANT
CSU FULLERTON PHILANTHROPIC FOUNDATION - 2600 NUTWOOD AVE #850 - FULLERTON, CA 92831	33-0567945	501(C)(3)	9,000.	0.			REAL ESTATE PROGRAM GRANT
CALIFORNIANS DEDICATED TO EDUCATION FOUNDATION - 548 MARKET STREET, #PMB 75621 - SAN FRANCISCO, CA 94104	45-0676449	501(C)(3)	7,500,	0.			2024 CA STEM SYMPOSIUM FRIEND
AFRICAN AMERICAN MALE EDUCATION NETWORK - PO BOX 151 - ELK GROVE, CA 95759	71-1037144	501(C)(3)	7,500.	0.			SPONSORSHIP FOR A2MEND 17TH ANNUAL AFRICAN AMERICAN MALE SUMMIT
UNIVASSIST INC 55 UNION PLACE # 146 SUMMIT, NJ 07901	81-1757277	CORPORATION	6,500.	0.			2024 IC3 CONFERENCE EXPO
CSU FRESNO FOUNDATION 4910 N. CHESTNUT AVENUE FRESNO, CA 93726	94-6003272	501(C)(3)	5,200.	0.			REAL ESTATE IMPROVEMENT GRANT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
SCHOLARSHIPS OR FINANCIAL ASSISTANCE	381	2,164,428.	0.				
STIPENDS TO FACULTY AND ADMINISTRATORS	9	120,000.	0.				
		5 Y					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.			
PART I, LINE 2:							
THE CSU FOUNDATION RECEIVES FUNDS FROM FOUNDATIONS	, CORPORATION	NS, AND					
INDIVIDUALS TO MAKE GRANTS AND GIVE OTHER ASSISTANCE	CE TO DOMEST	IC ENTITIES.					
IN THESE CASES WE ADHERE TO THE ELIGIBILITY AND STA	ANDARDS STIPU	JLATED BY THE					
FUNDING SOURCES. WE ALSO PROVIDE SCHOLARSHIPS TO DO	OMESTIC INDIV	/IDUALS, AND					
ARE GUIDED BY THE SCHOLARSHIP FUNDING SOURCES ON THE	HE ELIGIBILIT	TY STANDARDS					
THEY ESTABLISH. IN COLLABORATION WITH FINANCIAL AIR	O OFFICERS, W	WE REVIEW THE					
MATERIALS UPON SUBMISSION, AND ONCE SATISFIED THAT	REQUIREMENTS	S ARE MET,					
MAKE SELECTIONS. THE FINANCIAL AID OFFICES ARE RESI	PONSIBLE FOR	SEEING THAT					

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

CALIFORNIA STATE UNIVERSITY FOUNDATION

**Employer identification number** 95-6123757

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  X 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	X	
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	Х	
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		Х
С	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		Х
b	Any related organization?	5b		Х
	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		Х
	Any related organization?	6b		Х
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOLENE KOESTER	(i)	0.	0.	0.	0.	0.	0.	0.
CHANCELLOR-EX OFFICIO (THRU 9/30/23)	(ii)	525,799.	0.	171,968.	166,667.	13,965.	878,399.	0.
(2) STEVE RELYEA	(i)	0.	0.	0.	0.	0.	0.	0.
I	(ii)	383,974.	0.	16,944.	123,689.	14,403.	539,010.	0.
(3) LORI A. REDFEARN	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (THRU 12/29/23)	(ii)	303,867.	0.	396.	99,468.	28,455.	432,186.	0.
(4) AARON J. MOORE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	157,430.	0.	60.	51,360.	24,560.	233,410.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
CHANCELLOR-EX OFFICIO (AS OF 10/1/23	(ii)	132,098.	0.	27,824.	42,400.	2,319.	204,641.	0.
(6) WENDY CHAVIRA GARCIA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	105,498.	0.	60.	34,163.	28,840.	168,561.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## 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:

AT THE CHANCELLOR'S DISCRETION. EXECUTIVE STAFF MAY BE REIMBURSED FOR

SPOUSAL TRAVEL EXPENDITURES WHEN THE SPOUSE PERFORMS OFFICIAL CSU DUTIES

AND THE SPOUSE IS REGISTERED AS A CSU VOLUNTEER. IN ADDITION, AT ITS

MEETING ON NOVEMBER 13-14. 2018. THE CSU BOARD OF TRUSTEES PASSED A

RESOLUTION STATING: "THE CHANCELLOR SHALL RECEIVE A \$7,917 MONTHLY HOUSING

ALLOWANCE OF NON-STATE FUNDS TO SUPPLEMENT THE COST OF A RESIDENCE. THESE

FUNDS ARE TO BE PAID BY THE FOUNDATION ENDOWMENT CREATED THROUGH AN

ORIGINAL DONOR GIFT TO SUPPORT THE HOUSING AND HOSPITALITY-RELATED

FUNCTIONS FOR THE CHANCELLOR OF THE CALIFORNIA STATE UNIVERSITY AND

SUPPLEMENTED BY THE PROCEEDS OF THE SALE OF THE STATE UNIVERSITY HOUSE

LOCATED IN LONG BEACH."

PART I, LINE 1B:

THE CSU FOUNDATION ABIDES BY RESTRICTIONS OUTLINED IN THE CSU HOSPITALITY

POLICY. WHICH REQUIRES THAT THERE BE SUBSTANTIATION BEFORE EXPENSES OF AN

INSIDER ARE REIMBURSED.

PART I, LINE 3:

Schedule J (Form 990) 2023

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.
HTTPS://CALSTATE.POLICYSTAT.COM/POLICY/16051928/LATEST/
I. SCOPE OF POLICY
THIS POLICY GOVERNS COMPENSATION FOR ALL CALIFORNIA STATE UNIVERSITY (CSU)
EMPLOYEES.
II. GUIDING PRINCIPLES
IT IS THE INTENT OF THE BOARD OF TRUSTEES TO COMPENSATE ALL CSU EMPLOYEES
IN A MANNER THAT IS FAIR, REASONABLE, COMPETITIVE, AND FISCALLY PRUDENT IN
RESPECT TO SYSTEM BUDGET AND STATE FUNDING. THE GOAL OF THE CSU CONTINUES
TO BE TO ATTRACT, MOTIVATE, AND RETAIN THE MOST HIGHLY QUALIFIED
INDIVIDUALS TO SERVE AS FACULTY, STAFF, AND EXECUTIVES, WHOSE KNOWLEDGE,
EXPERIENCE, AND CONTRIBUTIONS CAN ADVANCE THE UNIVERSITY'S MISSION.
THE CSU ADHERES TO TOTAL COMPENSATION PRACTICES THAT ARE FAIR AND EQUITABLE
IN DESIGN, APPLICATION, AND DELIVERY. TOTAL COMPENSATION INCLUDES SALARY AS
WELL AS BENEFITS, SUCH AS HEALTH AND WELFARE BENEFITS INCLUDING RETIREMENT,
PAID TIME OFF, SABBATICALS, EDUCATIONAL FEE WAIVERS, VACATION AND SICK
LEAVE ACCRUAL. OR ANY OTHER BENEFITS OR PEROUISITES PROVIDED TO CSU

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.
EMPLOYEES.
III. COMPENSATION
A: ALL EMPLOYEE COMPENSATION:
THE CSU EVALUATES COMPETITIVE AND FAIR COMPENSATION FOR ALL EMPLOYEES BASED
ON PERIODIC MARKET COMPARISON SURVEYS AND THE DEPTH OF SKILL AND EXPERIENCE
OF AN INDIVIDUAL EMPLOYEE.
THE COMPENSATION SYSTEM FOR THE CSU SHALL (A) BE ADMINISTERED IN A MANNER
THAT COMPLIES WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL REGULATIONS AND
LAWS, AND (B) BE CONSISTENT WITH APPLICABLE ADMINISTRATIVE POLICIES, RULES
AND COLLECTIVE BARGAINING AGREEMENTS.
B: EXECUTIVE COMPENSATION:
THE CSU WILL MAINTAIN AND PERIODICALLY UPDATE A TIERED LIST OF CSU
COMPARISON INSTITUTIONS FOR EXECUTIVE EMPLOYEE GROUPS. THE LIST MAY TAKE
INTO ACCOUNT GEOGRAPHIC LOCATION, ENROLLMENT, PERCENT OF PELL ELIGIBLE
STUDENTS, BUDGET, RESEARCH FUNDING, AND SUCH OTHER VARIABLES AS DEEMED
APPROPRIATE. EXECUTIVE COMPENSATION WILL BE GUIDED WITH REFERENCE TO THE
Schedule J (Form 990) 2023

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.

MEAN AND/OR MEDIAN OF THE APPROPRIATE COMPARISON INSTITUTIONS TOGETHER

WITH AN INDIVIDUAL'S REPUTATION. AND LENGTH. DEPTH AND EFFECTIVENESS OF

APPLICABLE EXPERIENCE. AND OTHER MERITORIOUS ACHIEVEMENT AND CONTRIBUTIONS

TO THE SUCCESS OF THE CSU.

### 1 - PRESIDENTIAL COMPENSATION:

SALARY AT APPOINTMENT:

WHEN A PRESIDENTIAL VACANCY OCCURS. THE SUCCESSOR PRESIDENT'S SALARY SHOULD

NOT (ABSENT EXTENUATING CIRCUMSTANCES) EXCEED THE INCUMBENT'S SALARY BY

MORE THAN 10 PERCENT. ANY AMOUNT IN EXCESS OF THE INCUMBENT'S SALARY SHALL

BE BASED UPON CRITERIA SUCH AS EXTRAORDINARY CIRCUMSTANCES, KNOWLEDGE

AND/OR EXPERIENCE OR ABILITY TO CONTRIBUTE TO AND ADVANCE THE UNIVERSITY'S

MISSION AND MARKET CONDITIONS. A PRESIDENT'S SALARY MAY ONLY BE FUNDED

WITH STATE FUNDS.

THE CHANCELLOR SHALL HAVE AUTHORITY TO NEGOTIATE RECOMMENDED STARTING

SALARIES FOR PRESIDENTS. THE CHANCELLOR SHALL PRESENT THE RECOMMENDED

SALARY TO THE BOARD OF TRUSTEES FOR APPROVAL.

## 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.

PERIODIC PRESIDENTIAL SALARY ASSESSMENT:

ON AN ANNUAL BASIS AND AS A GENERAL RULE AT THE JULY MEETING OF THE BOARD

OF TRUSTEES. THE BOARD SHALL BE PRESENTED WITH A SALARY ASSESSMENT OF ALL

PRESIDENTS WHO HAVE RECEIVED A TRIENNIAL REVIEW IN ACCORDANCE WITH THE

BOARD OF TRUSTEES POLICIES AND PROCEDURES FOR REVIEW OF PRESIDENTS DURING

THE PREVIOUS FISCAL YEAR. THE BOARD SHALL DETERMINE WHETHER AN INCREASE TO

A PRESIDENT'S SALARY IS WARRANTED BASED ON CSU'S OPERATIVE MARKET DATA

(WHICH SHOULD BE REVIEWED EVERY FIVE YEARS). AND IF SO. THE AMOUNT OF ANY

SUCH ADJUSTMENT. FOLLOWING THE INITIAL SALARY ASSESSMENT. THE PRESIDENT'S

SALARY SHALL BE REASSESSED ONCE A YEAR AGAINST OPERATIVE MARKET DATA FOR

THE NEXT TWO YEARS AND IF THE PRESIDENT'S ANNUAL SALARY CONTINUES TO BE

BELOW THE PEER GROUP MEDIAN, A RECOMMENDED INCREASE SHALL BE PRESENTED TO

THE BOARD EACH JULY. THE GOAL OF THE SALARY ASSESSMENT PROCESS IS TO

INCREMENTALLY BRING EACH PRESIDENT INTO ALIGNMENT WITH THE PEER GROUP

MEDIAN.

THE FIRST YEAR, PRESIDENTIAL SALARIES MAY BE ADJUSTED UP TO THE PEER GROUP

MEDIAN BY AN AMOUNT NOT TO EXCEED 10 PERCENT.

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.
THE SECOND AND THIRD YEAR ADJUSTMENTS SHALL BE MADE IN ACCORDANCE WITH THE
FOLLOWING MATRIX:
AMOUNT TO REACH PEER GROUP MEDIAN - INCREASE
0% TO 5% - 0%
5.01% TO 10% - 2%
10.01% TO 15% - 4%
15.01% TO 25% - 7%
25.01% TO 35% - 10%
AS A CONDITION OF RECEIVING A MARKET-BASED SALARY INCREASE, THE PRESIDENT
MUST HAVE BEEN IN THEIR POSITION FOR THREE YEARS AND MUST HAVE RECEIVED A
SATISFACTORY EVALUATION DURING THEIR TRIENNIAL REVIEW.
MARKET-BASED SALARY INCREASES APPROVED BY THE BOARD IN ACCORDANCE WITH THIS
POLICY WILL BE EFFECTIVE JULY 1ST OF THE APPROVAL YEAR.
COMPENSATION ACTIONS ARE SUBJECT TO AVAILABILITY OF FUNDS AND CURRENT
BUDGET CONDITIONS.

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 II, LINES 1 THRU 4:
ALL INDIVIDUALS LISTED IN PART II RECEIVE COMPENSATION FROM THE
CALIFORNIA STATE UNIVERSITY, A RELATED ORGANIZATION.

## SCHEDULE O (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

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

Inspection

Internal Revenue Service Name of the organization **Employer identification number** CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: OF THE CALIFORNIA STATE UNIVERSITY IN TEACHING, LEARNING, COMMUNITY SERVICE, AND APPLIED RESEARCH. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF THE UNIVERSITY. THE CSU FOUNDATION IS COMMITTED TO ENHANCING AND PROMOTING THE CSU AS A LEADER OF VALUE AND QUALITY IN HIGHER EDUCATION FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE SHALL HAVE THE RESPONSIBILITY FOR THE REVIEW AND APPROVAL OF THE ORGANIZATION'S FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. A FINAL COPY OF THE FORM 990 WILL BE FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND KEY CSU STAFF ARE ANNUALLY ASKED TO REVIEW AND AFFIRM THAT THEY HAVE NO CONFLICTS OF INTEREST AS DESCRIBED IN THE CONFLICT OF INTEREST POLICY STATEMENT. UPON THE IDENTIFICATION OF ANY CONFLICT, THE INFORMATION IS THEN FORWARDED TO THE EXECUTIVES OF THE BOARD AND APPROPRIATE ACTION IS TAKEN. THIS ACTION MAY RANGE FROM THE BOARD NOT APPROVING A CONTRACT BASED ON POTENTIAL CONFLICT TO REMOVAL FROM THE BOARD FORM 990, PART VI, SECTION B, LINE 15: THE ENTITY DOES NOT HAVE A PROCESS FOR DETERMINING COMPENSATION FOR THE TOP

NOT COMPENSATED BY THE ENTITY. THE ENTITY HAS NO EMPLOYEES,

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

MANAGAGEMENT OFFICIAL, OFFICERS, OR KEY EMPLOYEES AS THESE EMPLOYEES ARE

Schedule O (Form 990) 2023

Schedule O (Form 990) 20	123	Page 2
Name of the organization	CALIFORNIA STATE UNIVERSITY FOUNDATION	Employer identification number 95-6123757
FORM 990, PART VI,	SECTION C, LINE 19:	
GOVERNING DOCUMENTS	, CONFLICT OF INTEREST POLICY, AND FINANICAL STATEMENTS	
ARE POSTED TO THE O	RGANIZATION'S WEBSITE AT:	
HTTP://WWW.CALSTATE	.EDU/FOUNDATION/	

## **SCHEDULE R** (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

CALIFORNIA STATE UNIVERSITY FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2023

95-6123757

Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	s" on Form 990, Part IV, line 33	<b>3.</b>				
	(a)	(b)	(c)	(d)	(e)		(f)	
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total inco	me End-of-year	r assets Dire	ect controllin entity	g
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more related tax	exempt	
	(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 controllinentity	ng con	( <b>g)</b> 512(b)(13) trolled htity?
			,,		501(c)(3))		Yes	No
	NIA STATE UNIVERSITY - 95-4601267					G		
	DEN SHORE ACH, CA 90802	EDUCATION	CALIFORNIA			STATE OF CALIFORNIA		x
	,							
		$\dashv$						

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

		0 11 17 11 11 11	"\ " E 000	D : N/ !! O4		
David 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 of	r more related
	organizations treated as a partnership during the tax year.		·	,	,	

(a) Name, address, and EIN of related organization	<b>(b)</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 ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?  Yes No	(k) r Percentage ownership

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>(b)</b> Primary activity	Legal domicile (state or foreign	(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	Sec 512(i conti ent	tion b)(13) rolled iity?
		country)		2				Yes	No
			CA STATE						
CULD TELLE DEVL TARDED HAVE EDUCATE	-		UNIVERSITY	mp.r.am					
CHARITABLE REMAINDER UNITRUSTS	TRUST	CA	FOUNDATION	TRUST					X
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art V	Transactions With Related Organizations.	Complete if the organization answered "	Yes" on Form 990, Part IV, line 34, 35b, or 36.
-------	--	---	---

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)					Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		х
	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
	Performance of services or membership or fundraising solicitations for related organ					Х	
	Performance of services or membership or fundraising solicitations by related organ					х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	Х	
0	Sharing of paid employees with related organization(s)	( )			10	х	
_							
n	Reimbursement paid to related organization(s) for expenses				1p	х	
ď	Reimbursement paid by related organization(s) for expenses						х
٩	The impared many paid by rolated organization (c) for expenses				.9		
r	Other transfer of cash or property to related organization(s)				1r		х
	Other transfer of cash or property from related organization(s)				1s		х
	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	nis line including covered r	elationships and transaction thresholds			
_							
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d)  Method of determining amount in	าvolved		
		type (a-s)		, and the second			
(1)							
,							
(2)							
<u>\-/</u>							
(3)							
<u>(J)</u>							
(4)							
ν.							
(5)							
( <i>J</i> )							

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec. 501(c)(3) orgs.?		Share of end-of-year assets	Dispropo tionate allocation Yes N	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?  Yes No	Percentage ownership
					<b>•</b>					
			V							
		<u> </u>								

332165 09-28-23

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL~1, 2023, and ending JUN~30

Form **8879-TE** 

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

Internal F	Revenue Service		Go t	to www.irs.gov/Form887	9TE for the latest information	n.			
Name o	of filer						EIN or SSN		
	CALIFORNI	A STATE UN		Y FOUNDATION			95-612	23757	
Name a	nd title of officer or pe	rson subject to	tax AAI	RON J MOORE					
Part	Type of I	Return and		Information					
Form 5 or <b>10a</b> which	5330 filers may enter below, and the amo	dollars and count on that li	ents. For ne for the	all other forms, enter whol return being filed with this	enter the applicable amount, le dollars only. If you check th form was blank, then leave li e return, then enter -0- on the	e box on lin	e 1a, 2a, 3 3b, 4b, 5b,	3a, 4a, 5a, 6 , 6b, 7b, 8b,	6a, 7a, 8a, 9a, 9b, or 10b,
1a	Form 990 check h	ere	b	Total revenue, if any (Fo	rm 990, Part VIII, column (A),	line 12)		1b	
2a	Form 990-EZ che	ck here			rm 990-EZ, line 9)			2b	
3a	Form 1120-POL o				L, line 22)				
4a	Form 990-PF che				nt income (Form 990-PF, Par				
5a	Form 8868 check				3, line 3c)			5b	
6a	Form 990-T check				art III, line 4)				
7a	Form 4720 check				art III, line 1)				
8a	Form 5227 check		b	FMV of assets at end of	tax year (Form 5227, Item D	)			
9a	Form 5330 check				rt II, line 19)				
10a Part	Form 8038-CP ch		b gnature	Amount of credit payme	ent requested (Form 8038-CF ficer or Person Subjec	P, Part III, lin	ie 22)	10b	
					entity or I am a person s		. with roop	act to (name	
of enti		i deciare iriai	. <u></u> I ai	if all officer of the above e	, (EIN)	-		examined a	
payme persor	ent of taxes to receive nal identification num heck one box only	e confidential iber (PIN) as r	informationy signatu	on necessary to answer in	norize the financial institutions quiries and resolve issues rela n and, if applicable, the conse	ated to the p ent to electro	payment. I I	have selecte withdrawal.	ed a
Ŀ	I authorize WIN	DES, INC.		ERO firm name		to 6	enter my P		numbers, but
	with a state ager on the return's d As an officer or preturn. If I have in	ncy(ies) regula isclosure con person subject ndicated with	ating chari sent scree t to tax wi in this retu	ectronically filed return. If ties as part of the IRS Fed en. th respect to the entity, I v	I have indicated within this ref /State program, I also authori will enter my PIN as my signat rn is being filed with a state ag ure consent screen.	ze the afore ture on the t	mentioned ax year 20	do not ent return is bei I ERO to ento 23 electronio	ing filed er my PIN
	e of officer or person subject	1 10 1001		IS NOT A FILEABLE C	OPY ****		Date		
Part		tion and A							
	EFIN/PIN. Enter your (EFIN) followed by	•		•	337559111 Do not ente				
submi					e 2023 electronically filed retu lodernized e-File (MeF) Inform				
ERO's	signature <u>WIND</u> E	s, INC.			Date	11/20	/24		
			ERO	) Must Retain This I	Form - See Instruction				
		Do No			IRS Unless Requested		0		

LHA 302521 01-05-24

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

## Form **8868**

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 401 GOLDEN SHORE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONG BEACH, CA 90802 Enter the Return Code for the return that this application is for (file a separate application for each return) 0.7 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ Form 4720 (other than individual) 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ALICE KIM 401 GOLDEN SHORE - LONG BEACH, CA 90802 Telephone No. 562-951-4627 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. , 20 25 I request an automatic 6-month extension of time until MAY 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 JUL 1 , 20 <sup>23</sup> , and ending JUN 30 , 2024 」 tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 1,919. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	lendar year 2023 or other tax year beginning JUL 1, 2023 , and ending JUN 30, 2024		<b>ZUZ</b> 3
Departm Internal	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (	<b>D</b> En	nployer identification number
<b>B</b> Exe	mpt under section	Print	CALIFORNIA STATE UNIVERSITY FOUNDATION		95-6123757
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		oup exemption number ee instructions)
	408(e) 220(e)	Type	401 GOLDEN SHORE	┙`	,
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code LONG BEACH, CA 90802	F	Check box if
		С Во	ok value of all assets at end of year 54,755,126.		an amended return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	e college/university
			6417(d)(1)(A) Applicable entity		
	heck if filing only to				ount from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	L	Yes X No
			d identifying number of the parent corporation  ALICE KIM  Telephone number	F62 0	51-4627
Par	ne books are in ca		ALICE KIM Telephone number  d Business Taxable Income	362-9	51-4627
				T 4	0,
1 2			ess taxable income computed from all unrelated trades or businesses (see instructions)	2	•
3				3	
4			(see instructions for limitation rules)	4	0.
5			s taxable income before net operating losses. Subtract line 4 from line 3		
6			ting loss. See instructions	6	
7		•	ess taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fr	om line	5	7	
8	Specific deduction	on (gen	erally \$1,000, but see instructions for exceptions)	8	1,000.
9			eduction. See instructions	9	
10			lines 8 and 9	10	1,000.
_11_	Unrelated busin	ess tax	table income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.
Par	t II  Tax Com	putat	ion		
1	_		as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			rates. See instructions for tax computation. Income tax on the amount on		
			Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See in			3	
4			instructions	4	
5	Alternative minim	ium tax		5	
6			acility income. See instructions	7	0.
7 Par	t III Tax and		gh 6 to line 1 or 2, whichever applies		<u> </u>
1a			orations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see				
c	•		Attach Form 3800 (see instructions)  1c		
d			mum tax (attach Form 8801 or 8827)		
e	Total credits. Ad			1e	
2	Subtract line 1e f	from Pa	rt II, line 7	2	0.
За	Amount due from				
b	Amount due from	n Form			
С	Amount due from	n Form			
d	Amount due from	n Form	8866 <b>3d</b>		
е	Other amounts d	•			
f	Total amounts du	ue. Add	lines 3a through 3e	3f	0.
4	Total tax. Add lin	nes 2 ai	nd 3f (see instructions).		
	section 1294. E			4	0.
5	Current net 965 t	ax liabi	lity paid from Form 965-A, Part II, column (k)	5	0.

m 000-T (2023)

Form 9										Г	age 2
Part		Tax and Payments (continued)				1					
6 a	•	nents: Preceding year's overpayment cred	•		<u>6a</u>		1,919	<u>'- </u>			
b		ent year's estimated tax payments. Check	· <del>-</del> -	_	l						
		es		L	<u>  6b</u> _			_			
С								_			
d		gn organizations: Tax paid or withheld at						_			
е		up withholding (see instructions)						_			
f		it for small employer health insurance pre						_			
g		ive payment election amount from Form 3						_			
h		nent from Form 2439						-			
i		it from Form 4136						-			
j		r (see instructions)						_			010
7		payments. Add lines 6a through 6j						$\neg$ $\vdash$	7	1,	919.
8		nated tax penalty (see instructions). Checl					L		3		
9		due. If line 7 is smaller than the total of lin							9		010
10		payment. If line 7 is larger than the total		mount over				- 1	0	1,	919.
11 Part		the amount of line 10 you want: Credite Statements Regarding Certain		Informa		,919.	Refunded	1   1	1		0.
										· ·	
1		y time during the 2023 calendar year, did								Yes	No
		a financial account (bank, securities, or of	•		_						
		EN Form 114, Report of Foreign Bank and	Trinancial Accounts. If "Ye	s, enter tr	ie name c	or the fore	eign country	/			Х
•	here		distribution from	(4.4)							Α
2		ng the tax year, did the organization receives		_							Х
		gn trust? es," see instructions for other forms the o									
2		the amount of tax-exempt interest receiv					\$				
3 4		r available pre-2018 NOL carryovers here	\$					Orn (0			
4		n on Schedule A (Form 990-T). Don't redu									
5		2017 NOL carryovers. Enter the Business							irie o.		
3		mounts shown below by any NOL claimes									
	uic a	Business Activity Co		11, 11110 17 10			st-2017 NO		niover		
		5230			\$	aliable po	751-2017 INC	L Cai	13,597.		
					\$						
					\$						
					\$						
	Rese	rved for future use									
b		need for future upo									
Part	V	Supplemental Information	····								
		additional information. See instructions.									
	. u , c										
		nder penalties of perjury, I declare that I have examined orrect, and complete. Declaration of preparer (other than						/ledge a	and belief, it is true	·,	
Sign		oreet, and complete. Declaration of preparer (orier than		ii oi willon prep	dici nas any	Kilowicago	•	May th	e IRS discuss this	return w	vith.
Here				CFO					parer shown below		101
	S	signature of officer	Date Ti	tle				instruc	tions)? X Ye	s	No
		Print/Type preparer's name	Preparer's signature		Date	T	Check	if	PTIN		
Paid		ELEANOR A. LIVINGSTON, CPA, ELEANOR A. LIVINGSTON, CPA, Self-employed						d			
Prepa	arer MST 11/20/24						P00226461				
Use C		Firm's name WINDES, INC.					Firm's EIN		95-30011	L79	
	,	P.O. BOX 87									
		Firm's address LONG BEACH, CA	90801-0087				Phone no.	949-	852-9433		

Form **990-T** (2023)

## **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it r						Open to Public I 501(c)(3) Organi	
<b>A</b>	Name of the organization	on TATE UNIVERSITY FOUNDATION				B Employer ider 95-61237		ation number	
<u>c</u> .	Unrelated business	activity code (see instructions) 523000				<b>D</b> Sequence:	1	1 of	1
<u>E [</u>	Describe the unrelat	ed trade or business INVESTMENT IN PART	INERS	HIPS					
Pa	rt I Unrelated	Trade or Business Income		(A) Income		(B) Expenses		(C) N	let
1a	Gross receipts or	sales							
b	Less returns and allo	owances c Balance	1c						
2	Cost of goods sold	d (Part III, line 8)	2						
3		ract line 2 from line 1c	3						
4 a	Capital gain net in	come (attach Schedule D (Form 1041 or Form							
	1120)). See instruc		4a	10,4	00.				10,400.
b		rm 4797) (attach Form 4797). See instructions)	4b						
С		ction for trusts	4c						
5		a partnership or an S corporation (attach		20.0	0.2				20 002
•		EMENT 1	5	-28,9	02.				-28,902.
6		IV)	7				$\dashv$		
7 8		anced income (Part V)	<b>-</b>				_		
0		VI)	8						
9		e of section 501(c)(7), (9), or (17)					1		
Ŭ		t VII)	9						
10		activity income (Part VIII)	10						
11		e (Part IX)	11						
12		instructions; attach statement)	12						
13		nes 3 through 12	13	-18,5	02.				-18,502.
Pa	rt II Deduction	ns Not Taken Elsewhere. See instruct nnected with the unrelated business in			dedu	ctions. Deduct	tion	s must be	;
1		officers, directors, and trustees (Part X)					1		
2		s					2		
3		enance					3		
4						•	4		1 600
5		atement). See instructions			EMENT		5		1,688.
6	Taxes and licenses	. =		1 _ 1			6		3.
7		ch Form 4562). See instructions							
8	· ·	claimed in Part III and elsewhere on return					3b		
9 10	Contributions to d	eferred compensation plans					9		
11							11		
12		programs penses (Part VIII)					12		
13		costs (Part IX)					13		
14	Other deductions			SEE STAT	EMENT	3   1	14		2,368.
15		. Add lines 1 through 14					15		4,059.

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16 .....

Schedule A (Form 990-T) 2023

16

17

17

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Deduction for net operating loss. See instructions

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▢	2	~	^	

	ule A (Form 990-T) 2023					Page 2
Part		hod of inventory valuat	tion			
1	Inventory at beginning of year					
2	Purchases			l l		
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5			6		
7	Inventory at end of year			7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2		<u> </u>	
9	Do the rules of section 263A (with respect to property				Yes	No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased With R	eal Property)		
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See instr	uctions.		
	A					
	В 🗌					
	c					
	D					
		Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
	<b>.</b>					
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here	e and on Part I line 6	column (A)		0.
Ū	Deductions directly connected with the income	Turiough B. Emer ner	did on i art i, into o, t	ocianin () ()		
4	in lines 2a and 2b (attach statement)					
•	in inico Za and Zb (attach statement)					
5	Total deductions. Add line 4, columns A through D. E	inter here and on Part I	line 6 column (B)			0.
Part		ee instructions)	, 1110 0, 00141111 (12)			
1	Description of debt-financed property (street address,		Check if a dual-use. See	instructions		
•	A	ony, enanc, <u>a</u> coucy. c				
	В					
	c					
	D					
		A	В	С	D	
2	Gross income from or allocable to debt-financed		_		_	
_	property					
3	Deductions directly connected with or allocable					
3	to debt-financed property					
•	Straight line depreciation (attach statement)					
a	Other deductions (attach statement)					
b						
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
_	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
_	financed property (attach statement)					
6	Divide line 4 by line 5		%		%	%
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (add line 7, columns A through D)	). Enter here and on Pa	rt I, line 7, column (A)			0.
			Ι			
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns A the					0.
11	Total dividends-received deductions included in line	e 10				0.

	<u>ule A (Form 990-T) 2023</u>									Page 3
Part	VI Interest, Annu	uities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (see instru	ctions)	
			Exempt Controlled Organizations							
	Name of controlled organization		2. Employer identification number				al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)								J		
2)										
(3)										
(4)										
			No	nexempt C	Controlled O	ganizati	ions			
7	in				Total of specified ayments made		10. Part of column 9 that is included in the controlling organization' gross income		11. Deductions directly connected with income in column 10	
(1)							g. 000			
(2)										
<u>-,</u> (3)										
4)										
Totals Part		Income cription of	of a Section 50 income	1(c)(7), (	9), or (17) 2. Amou incon	nt of	line 8, c	ected (attach	lir	there and on Part I, ne 8, column (B).  0.  5. Total deductions and set-asides (add cols 3 and 4)
(1)						_				
(2)										
(3)										
(4)				2	Add amou column 2 here and or line 9, colu	Enter n Part I, mn (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals Part	VIII Evalaitad F	vomat 1	Activity Income	Other 7	Thon Adam	0.	a Incomo	, , , ,	`	0.
			Activity Income,	, Juler I	Hall Auve	ะเ นธแา	y mcome	see instruction	s) 	
1	Description of exploite	•		naca Fati	. bara	o Doit !	line 10 line	- /Λ\		
2	Gross unrelated busin						*	. ,	2	
3	Expenses directly con							*		
4	Net income (loss) from	n unrelated	I trade or business.	Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete		3	
_			is not unrelated busi						5	
5	Gross income from ac								6	
6	Expenses attributable Excess exempt expen									
7	4. Enter here and on F			, but do h	or enter more	e unan tr	ie amount on i	II I <del>C</del>	7	

Schedule A (Form 990-T) 2023

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Р	ac	ıe	

Part	IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportir	ng two or r	nore periodicals on a	consolidated basis	S.	
	A					
	В					
	c					
	D 🔛					
Enter a	amounts for each periodical listed above in the	correspon	ding column.			
			Α	В	С	D
2	Gross advertising income					
_	Add columns A through D. Enter here and on		11 column (A)		<b>.</b>	0.
а	Add coldmins A through B. Enter here and on	ir arti, iirk				
3	Direct advertising costs by periodical	ſ				
			11 and man (D)			0.
а	Add columns A through D. Enter here and on	ranti, iirie	e i i, columni (b)			
		ſ				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ss				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		ne line 8a columns tot	al or -0- here and o	on .	•
	Part II, line 13					0.
Part	X Compensation of Officers, Dir	rectors,	and Trustees (s	ee instructions)		
	•			,	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	n rame				to business	unrelated business
(1)					%	difficiated basificos
(2)					%	
					%	
(3)					%	
<u>(4)</u>		_			1 %	
	5					٥
	Enter here and on Part II, line 1	····				0.
Part	XI Supplemental Information (se	ee instructi	ions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
PRIVATE ADVISORS SMALL COMPANY - ORDINARY BUSINESS INCOME	
(LOSS)	4,385
PRIVATE ADVISORS SMALL COMPANY - OTHER INCOME (LOSS) KKR AMERICAS FUND XII INDIGO - ORDINARY BUSINESS INCOME	-6
(LOSS)	173
KKR AMERICAS FUND XII INDIGO - OTHER INCOME (LOSS)	-27
KKR AMERICAS FUND XII - OTHER INCOME (LOSS) KKR AMERICAS FUND XII DREAM - ORDINARY BUSINESS INCOME	-3
KKK AMERICAS FUND AII DREAM - ORDINARI BUSINESS INCOME (LOSS)	-1,734
KKR AMERICAS XII NEPTUNE - ORDINARY BUSINESS INCOME (LOSS)	-765
KKR AMERICAS XII NEPTUNE - NET RENTAL REAL ESTATE INCOME KKR AMERICAS FUND XII (THRIVE) L.P ORDINARY BUSINESS	11
INCOME (LOSS) KKR AMERICAS FUND XII (IVORY) L.P ORDINARY BUSINESS	-1,006
INCOME (LOSS) PA SMALL COMPANY PRIVATE EQUITY FUND IX, LP - ORDINARY	-317
BUSINESS INCOME (LOSS PA SMALL COMPANY PRIVATE EQUITY FUND IX, LP - INTEREST	-530
INCOME PA SMALL COMPANY PRIVATE EQUITY FUND IX, LP - OTHER INCOME	170
(LOSS)	-138
THE RISE FUND III, LP - OTHER INCOME (LOSS) KKR GLOBAL IMPACT FUND II PRIVATE INVESTORS - INTEREST	-3,802
INCOME	13
KKR GLOBAL IMPACT FUND II PRIVATE INVESTORS - OTHER INCOME (LOSS)	-25,326
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-28,902
FORM 990-T (A) INTEREST PAID	STATEMENT 2
DESCRIPTION	AMOUNT
PASSTHROUGH INTEREST EXPENSE	1,688
TOTAL TO SCHEDULE A, PART II, LINE 5	1,688

FORM 990-T	(A)		OTHER DI	EDUCTIONS		STATEMENT	3
DESCRIPTION	1					AMOUNT	
OTHER DEDUC	CTIONS -	PORTFOLIO E				1	.,750. 16.
TOTAL TO SO		A, PART II,	LINE 14				602.
990-T SCH A	7	POST-2017	NET OPERA	ATING LOSS	DEDUCTION	STATEMENT	4
990-T SCH A		POST-2017 USTAINED	LOSS PREVIOUSI APPLIE		DEDUCTION LOSS EMAINING	STATEMENT  AVAILABLE THIS YEAR	4
			LOSS PREVIOUSI APPLIEI	LY	Loss	AVAILABLE	0.
TAX YEAR		JSTAINED -	LOSS PREVIOUSI APPLIEI	LY D RI	LOSS EMAINING	AVAILABLE	
TAX YEAR 06/30/20		JSTAINED	LOSS PREVIOUSI APPLIEI	LY D RI 2,326.	LOSS EMAINING	AVAILABLE	0.

### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name Employer identification number

CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757

Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (d) (g) Adjustments to gain (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6

7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 3,029. Form(s) 8949 with Box F checked 7,371. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 10,400. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 10,400. 10,400. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

LHA

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

### CALIFORNIA STATE UNIVERSITY FOUNDATION

95-6123757

<u>br</u>	efore you check Box D, E, or F belo atement will have the same informa oker and may even tell you which b	oox to check.						
F	Part II Long-Term. Transaction see page 1.							
	Note: You may aggregate all codes are required. Enter the	totals directly on S	Schedule D, line 8a	; yoù aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).
	ou must check Box D, E, or F below. Cou have more long-term transactions than will							each applicable box.
Ļ	(D) Long-term transactions rep	-	•	-	•	Note abo	ove)	
L	(E) Long-term transactions rep		•		ported to the IRS			
4					(0)	Adjustmer	nt, if any, to gain or	(h)
'	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you	ou enter an amount (g), enter a code in ). See instructions.	Gain or (loss). Subtract column (e) from column (d) &
			(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
– P.7	A SMALL COMPANY PRIVATE				the instructions	. ,	adjustment	with column (g)
_	QUITY FUND IX.							3,029.
_	,							,
_	Totals. Add the amounts in colun	nns (d) (e) (a) a	nd (h) (subtract					
_	negative amounts). Enter each tot							
	Schedule D, line 8b (if Box D abo							
	above is checked), or line 10 (if B							3,029.
	,, (		,					·

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

## Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

2023

Sequence No. 2

CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale PRIVATE ADVISORS SMALL COMPANY 7,317. KKR AMERICAS FUND XII INDIGO 55 KKR AMERICAS XII NEPTUNE -1. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 7 371. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 7,371. Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

Part III Gain From Disposition of Propert	y Un	der Sections 124	5, 1250, 1252	2, 12	5 <b>4, and 1255</b> (se	ee instructions)
<b>19</b> (a) Description of section 1245, 1250, 1252, 1254, o	or 125	5 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D		Г	1			
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property C	Property D
<b>20</b> Gross sales price ( <b>Note:</b> See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
<b>a</b> Additional depreciation after 1975. See instructions	26a					
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
<b>d</b> Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
<b>g</b> Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	X					
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b					
29 If section 1255 property:  a Applicable percentage of payments excluded from income under section 126. See instructions	29a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	olumn	s Λ through D through	lina 20h hafara	aoina	to line 30	
Complete property C	Olullii	3 A through b through	i liile 29b belole	gonig	to line 50.	
30 Total gains for all properties. Add property columns	A thro	ough D, line 24			30	
Add property columns A through D, lines 25b, 26g,					31	
32 Subtract line 31 from line 30. Enter the portion from		alty or theft on Form 46	584, line 33. Ente	er the	·	
From other than casualty or theft on Form 4797, line  Part IV Recapture Amounts Under Section	6 ns 1	79 and 280F(b)(2)	When Busin	ess l	32 Use Drops to 50	
(see instructions)					1	
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable	in prior years		33		
Recomputed depreciation. See instructions				34	ļ	
35 Recapture amount. Subtract line 34 from line 33. Se	ee the	instructions for where	to report	35		

318012 12-27-23

Form 4797 (2023)

## **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

CALIFORNIA STATE UNIVERSITY	Y FOUNDATION			95-	6123757
Did the corporation dispose of any investme	ent(s) in a qualified opportu	nity fund during the tax ye	ar?		Yes X No
If "Yes," attach Form 8949 and see its instru			gain or loss.		
Part I Short-Term Capital Ga	ins and Losses - Ass	sets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (	(g)	result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked	from Form 6050 line 06 or 0	7		4	
<ul><li>4 Short-term capital gain from installment sales</li><li>5 Short-term capital gain or (loss) from like-kir</li></ul>				<u>4</u> 5	
6 Unused capital loss carryover (attach comput				6	1
				7	<u> </u>
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gain	ins and Losses - Ass	ets Held More Than	One Year		
See instructions for how to figure the amounts					(h) Gain or (loss)
to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					3,029.
				11	7,371.
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 3	37		12	
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combin	e lines 8a through 14 in colum	ın h		15	10,400.
Part III Summary of Parts I an					_
16 Enter excess of net short-term capital gain (li				16	
17 Net capital gain. Enter excess of net long-term				17	10,400.
<b>18</b> Add lines 16 and 17. Enter here and on Form		oplicable line on other returns		18	10,400.
Note: If losses exceed gains, see Capital Lo.	sses in the instructions.				

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

						taxpayer ide	ntification no.
CALIFORNIA STATE UNIV	ERSITY FOUND	ATION				95-61	123757
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which l	ow, see whether yation as Form 10	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem basis (usually you	ent(s) from yo r cost) was rep	ur broker. A sub ported to the IR	bstitute S by your
Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructions)	For short-term tr	ransactions,
see page 1.  Note: You may aggregate al							
codes are required. Enter the	e totals directly on S	Schedule D, line 8a	ı; yoù aren't required	to report these transa	actions on Form	n 8949 (see instru	ctions).
You must check Box D, E, or F below. ( If you have more long-term transactions than will						m 8949, page 2, for e	each applicable box.
(D) Long-term transactions rep	· =		· · · · · · · · · · · · · · · · · · ·		=	)	
(E) Long-term transactions rep	•	•	-	•	itoto abovo,	,	
(F) Long-term transactions not	•	•	•	ported to the me			
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if	f any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If you e	enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column (g). Column (f) <b>S</b> e	, enter a code in ee instructions.	Subtract column (e)
(		(Mo., day, yr.)		Note below and	/f\	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
DA GWALL GOWDANY DDIVAME				the mandenens	( )	adjustment	with column (g)
PA SMALL COMPANY PRIVATE							2 000
EQUITY FUND IX,							3,029.
					, and the second		
	<del> </del>						
	<del> </del>						
	-						
	1						
	<u> </u>						
2 Totals. Add the amounts in colur						l	
negative amounts). Enter each to		•				l	
Schedule D, line 8b (if Box D abo	**	•				l	
above is checked), or line 10 (if E	<b>Box F</b> above is cl	necked)					3,029.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

012 01-05-24 Form **8949** (2023)

## Form **4626**

Department of the Treasury Internal Revenue Service **Alternative Minimum Tax-Corporations** 

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2023

Employer identification number CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D). X No Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B) Applicable Corporation Determination (Report all amounts in U.S. dollars.) If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II. (c) Third Preceding (a) First Preceding (b) Second Preceding Year Ended Year Ended Year Ended Net income or loss per applicable financial statement(s) (AFS) (see inst): Consolidated net income or loss per the AFS of the corporation 1a Include AFS net income or loss of other includible entities (add net income and subtract net loss) 1b Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) 1c d Adjustment for certain consolidating entries (see instructions) 1d Specified additional net income or loss item B. Reserved for future use 1e AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d Adjustments: 2 a Financial statements covering different tax years 2a Corporations that are not included on the taxpayer's consolidated return (see instructions) 2b c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-(see instructions for special rules if completing this form for an FPMG) 2c Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) 2d Certain taxes (see instructions) 2е Patronage dividends and per-unit retain allocations (cooperatives only) 2f Alaska native corporations 2g Certain credits (see instructions) 2h Mortgage servicing income 2i Tax-exempt entities (organizations subject to tax under section 511) ... 2i 2k Depreciation Qualified wireless spectrum 21 Covered transactions 2m Adjustments related to bankruptcy and insolvency 2n Certain insurance company adjustments 20 Adjustment P - Reserved for future use 2p Adjustment Q - Reserved for future use 2q Adjustment R - Reserved for future use 2r s Adjustment S - Reserved for future use 2s Other (see instructions) 2z 3 Specified adjustment. Reserved for future use 3 Total adjustments. Combine lines 2a through 2z 4 AFSI. Combine lines 1f and 4 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 6 3-year average annual AFSI (see instructions)

73

Form 4626 (2023) Page **2** 

Part	Applicable Corporation Determination (Report all amounts	in U.S	. dollars.) (continued	()	Ţ				
8	Is line 7 more than \$1 billion?		•						
	Yes. Continue to line 9.								
	No. STOP here and attach to your tax return.								
9	Is the corporation a member of an FPMG within the meaning of section 59(k)	(2)(B)?							
	Yes. Continue to line 10.								
	No. Continue to Part II.								
			(a)	(b)	(c)				
			First Preceding	Second Preceding	Third Preceding				
			Year Ended	Year Ended	Year Ended				
10	AFSI for purposes of the \$100 million test before adjustments:								
а	AFSI from line 5	10a							
b	Aggregation differences (see instructions)	10b							
С	Total AFSI for purposes of the \$100 million test before adjustments.								
	Combine lines 10a and 10b	10c							
11	Adjustments:								
а	Income not effectively connected to a U.S. trade or business	11a							
b	Pro-rata share of CFC net income described in section 56A(c)(3)								
	(attach worksheet) (see instructions)	11b							
С	Reserved for future use - Other adjustments 1	11c							
d	Reserved for future use - Other adjustments 2	11d							
12	Total adjustments. Combine lines 11a and 11b	12							
13	Total AFSI for purposes of the \$100 million test. Combine lines		· ·						
	10c and 12	13							
14	AFSI of first, second, and third preceding tax years. Combine columns (a), (I	), and	(c) of line 13	14					
15	3-year average annual AFSI for purposes of the \$100 million test			15					
16	Is line 15 \$100 million or more?								
	Yes. Continue to Part II.								
	No. STOP here. Attach to your tax return.								
					Form <b>4626</b> (2023)				

316232 02-12-24

Pa	art II   Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	a Consolidated net income or loss per the AFS of the corporation	1a	-23,561.
b	nclude AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	d Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	F AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-23,561.
2	Adjustments:		
а	a Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)		
f	, , , , , , , , , , , , , , , , , , , ,		
g	g Certain taxes. Enter the amount from Part III, line 7	2g	
h	n Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2i	
j	Certain credits (see instructions)	2j	
k	Mortgage servicing income	2k	
- 1	Covered benefit plans described in section 56A(c)(11)(B)	21	
m	m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	n Depreciation	2n	
0	Qualified wireless spectrum	2o	
р			
q			
r			
s	AFOL III		
t	t AFSI adjustment T - Reserved for future use	2t	
u	· · · · · · · · · · · · · · · · · · ·	2u	
z	CMAMEMENT 6	* 2z	-10,400.
3	Total adjustments. Combine lines 2a through 2z	3	-10,400.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-33,961.
5	7		
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
8	0	t) <b>8</b>	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	J , , , , , , , , , , , , , , , , , , ,		
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
_	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	
Pa	art III Adjustment for Certain Taxes Under Section 56A(c)(5)	<del></del>	
1		1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	1		
5	Income taxes included in equity method investment income	5	
6 a	a Adjustment A - Reserved for future use	6a	
	<b>b</b> Adjustment B - Reserved for future use	6b	
	c Adjustment C - Reserved for future use	6c	
	d Adjustment D - Reserved for future use	6d	
	e Adjustment E - Reserved for future use	6e	
	f Adjustment F - Reserved for future use	6f	
	g Adjustment G - Reserved for future use	6g	
r	h Adjustment H - Reserved for future use	6h	
Z	z Income taxes in other places	6z	
7	Total Combine lines 1 through 6- Enter here and an Dort II line 0s	-	1

Page 4 Form 4626 (2023)

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit Section I - AMT Foreign Tax Credit	t		
Domestic corporation AMT foreign income taxes:			
a Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,			
Part I, column 2(j)	1a		
<b>b</b> Adjustment	1b		
c Adjustment	1c		
d Adjustment	1d		
e Adjustment	1e		
f Adjustment	1f		
g Adjustment	1g		
2 Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2	
3 Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line			
11, column (n)	3a		
<b>b</b> Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b		
c Total CFC AMT foreign income taxes. Add lines 3a and 3b		Зс	
d Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e Pro-rata share of CFC net income described in section 56A(c)(3) (attach			
worksheet) (see instructions)	<b>3e</b>		
4 050 AMET ( )		3f	
g Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)		3g	
4 CAMT FTC Line 4 - Reserved for future use			
5 CAMT FTC Line 5 - Reserved for future use			
6 Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part I			
	_	F	orm <b>4626</b> (2023

## Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return Identifying number CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale PRIVATE ADVISORS SMALL COMPANY 7,317. KKR AMERICAS FUND XII INDIGO 55 KKR AMERICAS XII NEPTUNE -1. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 7 371. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 7,371. Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:  (b) Date acquired (max, day, yr.)  A	Pa	rt III Gain From Disposition of Propert	y Un	der Sections 124	5, 1250, 12	252, 125	<b>4, and 1255</b> (see	instructions)
These columns relate to the properties on lines 18A through 19D.  These columns relate to the properties on lines 18A through 19D.  These columns relate to the properties on lines 18A through 19D.  These columns relate to the properties on lines 21 Cost or other basis plus expense of sale 21 Cost or other basis plus expense of sale 21 Cost or other basis plus expense of sale 21 Cost or other basis plus expense of sale 22 Cost or other basis plus expense of sale 22 Cost or other basis plus expense of sale 22 Cost or other basis plus expense of sale 23 Cost or other basis plus expense of sale 23 Cost or other basis plus expense of sale 23 Cost or other basis plus expense of sale 23 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expense of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus expenses of sale 20 Cost or other basis plus	19	(a) Description of section 1245, 1250, 1252, 1254, c	or 125	5 property:				
These columns relate to the properties on interest to the properties on interest 5A through 19D.  These columns relate to the properties on interest 5A through 19D.  These columns relate to the properties on interest 5A through 19D.  These columns relate to the properties on interest 5A through 19D.  The columns relate to the property of irrest 5A through 19D.  The columns relate to the property columns A through D. through 19D.  The columns related to the property columns A through D. through 19D.  The columns related to the property columns A through D. through 19D.  The columns related to the property columns A through D. through 19D.  The columns related to the property columns A through D. through 19D.  The columns related to the	_A							
These columns relate to the properties on lines 19th through 19D.  These solumns relate to the properties on lines 19th through 19D.  These solumns relate to the properties on lines 19th through 19D.  The solumns relate to the properties on lines 19th through 19D.  The solumns relate to the property D.  The solumns relate to the								
These columns relate to the properties on lines 19A through 19D.  20 Cross sales price (Note: See line 1a before completing.)  21 Cost or chiter basis plus expense of sales  22 Depreciation (or depletion) allowed or allowable 22 Depreciation allowed or allowable from line 22 Depreciation allowed or allowable from line 22 Depreciation allowed or allowable from line 24 Depreciation allowed or allowable from line 22 Depreciation allowed or allowable from line 24 Depreciation allowable in prior years  26								
Inters 19A through 19D. Property A Property B Property C Property D O Gross sales pitcs (Note: See line 1s before completing) 20 Cross sales pitcs (Note: See line 1s before completing) 21 Cost or other basis pitus expense of sale 21 Cost or other basis pitus expense of sale 22 Depreciation (or depletion) allowed or allowable 22 Depreciation (or depletion) allowed or allowable 22 Depreciation (or depletion) allowed or allowable 22 Depreciation allowed or allowable from line 24 or line 26s election 291.  26a Depreciation line 24 or line 24s in mine 24. If residential rental property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property or line 24 is not more than line 28s, sipplicate property all 1s property or line 24 is not more than line 28s, sipplicate property all 1s properties. Add property columns A through D, line 24 applicate property all 1s properties. Add property columns A through D, line 24 applicate property columns A through D, line 24 applic	<u>D</u>				ı			
21 Cost or other basis plus expense of sale 22 Depreciation (or depletion) allowed or allowable 23 Adjusted basis. Subtract line 23 from line 21 24 Total gain. Subtract line 23 from line 20 25 If saction 1245 property: 2 a Depreciation allowed or allowable from line 20 2 be Enter the smaller of line 24 or 25a. 2 be Enter the smaller of line 24 or 25a. 2 be Enter the smaller of line 24 or 25a. 2 c be Enter the smaller of line 24 or 25a. 2 c be Enter the smaller of line 24 or 25a. 2 c c Subtract line 28 from line 22, skep lines 26d and 28e. 4 Additional depreciation after 1975. See instructions 2 c Subtract line 28 from line 24. If residential rental property or line 24 in the more than line 26a, skip lines 26d and 28e. 4 Additional depreciation after 1976. 5 Enter the smaller of line 26c or 28d. 5 e Enter the smaller of line 26c or 28d. 5 e Enter the smaller of line 26c or 28d. 5 e Enter the smaller of line 26c or 28d. 5 e Enter the smaller of line 26c or 28d. 6 g g g g g g g g g g g g g g g g g g g				Property A	Prope	erty B	Property C	Property D
22 Depreciation (or depletion) allowed or allowable 22 Adjusted basis: Subtract line 22 from line 21 23 3 4 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5	20							
23 Additional depreciation after 1975. See instructions  26 Enter the smaller of line 24 or 28a  27 Section 291 amount (corporations only)  28 Additional depreciation after 1975. See instructions  28 Department of line 24 or line 28a. See instructions  28 Department of line 24 or line 28a. See instructions  28 Department of line 24 or line 28a. See instructions  28 Department of line 24 or 27b. See instructions  28 Department of line 24 or 27b. See instructions  28 If section 1924 property: Skip this section if you didn't dispose of farmiland or fithis form is being completed for a section 291. In a section	21							
24 Total gain. Subtract line 23 from line 20. 24  25 If section 1245 property: a Depreciation allowed or allowable from line 22. 25a b Enter the smaller of line 24 or 25a b Subtract line 28 in section 1250 property: It straight line depreciation subject to section 291.  a Additional depreciation after 1975. See instructions b Applicable percentage multiplied by the smaller of line 24 or line 26a, See instructions c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e d Additional depreciation after 1999 and before 1976. e Enter the smaller of line 26or 28d f Section 291 amount (corporations only) g Add lines 26b, 26e, and 26f g Add lines 26b, 26e, and 26f 27 If section 1252 property: Skip this section if you didn't dispose of familiand or if this form is being completed for a partnership. a Soil, water, and land clearing expenses. b Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b. 28 If section 1254 property: a happlicable percentage of payments excluded from income under section 126. See instructions b Enter the smaller of line 24 or 28a 29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions b Enter the smaller of line 24 or 28a. 28b  Summary of Part III Gains. Complete property columns A through D, line 24 14 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Add property columns A through D, lines 25b. 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Add property columns A through D, lines 25b. 26g, 27c, 28b, and 29b. Enter here and on line 13 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797. line 5  Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (s	22							
25 If section 1245 property: a Depreciation allowed or allowable from line 22 b Enter the smaller of line 24 or 25a 25b 26 If section 1250 property: If straight line depreciation was used, enter 0- on line 26g, except for a corporation subject to section 291. a Additional depreciation after 1975. See instructions b Applicable percentage multiplied by the smaller of line 24 or line 25a. See instructions c Subtract line 25a from line 24, if residential rental property or line 24 sion met han line 25a, skip lines 25d and 25e d Additional depreciation after 1969 and before 1976 g Add lines 25b, 25e, and 25f 25e d Section 291 amount (corporations only) g Add lines 25b, 25e, and 25f 27f d Section 291 amount (corporations only) g Add lines 25b, 25e, and 25f 27f d Section 291 amount (corporations only) g Add lines 25b, 25e, and 25f 27f d Section 291 amount (corporations only) g Add lines 25b, 25e, and 25f 27f d Section 125 property. Skip this section if you didn't depose of farmland or if this form is being completed for a partnership. a Soil, water, and land clearing expenses b Line 27a multiplied by applicable percentage c Enter the smaller of line 24 or 27b 27c 28	23							
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b Enter the smaller of line 24 or 25a								
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g Add lines 26b, 26e, and 26f 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. a Soil, water, and land clearing expenses b Line 27a multiplied by applicable percentage c Enter the smaller of line 24 or 27b c Enter the smaller of line 24 or 27b b Line 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a  29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions b Enter the smaller of line 24 or 29a. See instructions c Enter the smaller of line 24 or 29a. See instructions b Enter the smaller of line 24 or 29a. See instructions b Enter the smaller of line 24 or 29a. See instructions c Enter the smaller of line 24 or 29a. See instructions b Enter the smaller of line 24 or 29a. See instructions c Enter the smaller of line 24 or 29a. See instructions  30 Total gains for all properties. Add property columns A through D, line 29b before going to line 30.  31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6  32 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)	d	Additional depreciation after 1969 and before 1976	26d					
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a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions  b Enter the smaller of line 24 or 28a  29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions b Enter the smaller of line 24 or 29a. See instructions b Enter the smaller of line 24 or 29a. See instructions  5 Enter the smaller of line 24 or 29a. See instructions  6 Enter the smaller of line 24 or 29a. See instructions  7 Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.  8 Total gains for all properties. Add property columns A through D, line 24  30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13  31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6  31 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)  33 Section 179 expense deduction or depreciation allowable in prior years  34 Application and depletion. See instructions  28 Description 29b before going to line 30.  30 Inter the smaller of line 24 or 29a. See instructions  31 Add property columns A through D, line 24  32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6  31 Add property columns A through D, line 24  32 Subtract line 31 from line 30. Enter the portion from 250 from			27c					
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31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13  32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6  Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)  (a) Section (b) Section 280F(b)(2)  33 Section 179 expense deduction or depreciation allowable in prior years  31  31  32	Sur	mmary of Part III Gains. Complete property c	olumn	s A through D through	line 29b bef	ore going	to line 30.	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion  from other than casualty or theft on Form 4797, line 6  Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less  (see instructions)  (a) Section 179 (b) Section 280F(b)(2)  33 Section 179 expense deduction or depreciation allowable in prior years  34	30	Total gains for all properties. Add property columns	A thro	ough D, line 24			30	
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Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)  (a) Section 179 (b) Section 280F(b)(2)  33 Section 179 expense deduction or depreciation allowable in prior years  33		·		, 55 5 1 5 1	, 00. 1	o p		
(a) Section 179 expense deduction or depreciation allowable in prior years  (a) Section 280F(b)(2)  33	Pa	rt IV Recapture Amounts Under Section		79 and 280F(b)(2)	When Bus	siness L		or Less
33 Section 179 expense deduction or depreciation allowable in prior years  33		(					• •	
Of Proposited description One industries	22	Coation 170 expense deducation or depresent and	woble	in prior voces		22		=50. (=)(=)
necomputed deprediation. See instructions		December deal december 1 the Constructions						
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report 35						··		
			ט נוופ	monucions for writere	to report	33		Form <b>4797</b> (2023

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 5
CARRYOVER OF PRIOR Y FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022	EARS UNUSED CONTRIBUTIONS	
TOTAL CARRYOVER CURRENT YEAR CONTRIB	UTIONS	775,909
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOM	E AS ADJUSTED	775,909 0
EXCESS CONTRIBUTIONS		775,909
ALLOWABLE CONTRIBUTI	ONS	0
MT CHARITABLE DEDUC		0
MT CONTRIBUTION ADJ	USTMENT	0

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 6
DESCRIPTION		AMOUNT
ADJUSTED GAIN OR LOSS		-10,400.
TOTAL TO FORM 4626, LINE 2	Z	-10,400.



## Form **5471**

(Rev. December 2023)

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

Go to www.irs.gov/Form5471 for instructions and the latest information.

ons and the latest information.

coounting period (fax year required by Attachment

Department of the Treasury Internal Revenue Service Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1 , 2023, and ending DEC 31 ,

Seq

Sequence No. **121** 

OMB No. 1545-0123

Internal Revenue Service section 898)	(see instructions) beginning JAN 1 ,	2023, and ending	DEC 31 , 202	13			
Name of person filing this return		A Identifying num	ber				
CALIFORNIA STATE UNIVERSITY FO	DUNDATION	95-6123757					
Number, street, and room or suite no. (or P.O. box num	B Category of filer	(See instructions. Check	applicable l	box(es).):			
401 GOLDEN SHORE		1a 1b 1	2 3 X	4 5a	5b	5c	
City or town, state, and ZIP code		C Enter the total p	ercentage of the foreign o	orporation's	s voting sto	ck	
LONG BEACH, CA 90802		you owned at th	e end of its annual accou	nting period		%	
Filer's tax year beginning JUL 1	, 2023 , and ending JU	N 30	, 2024				
D Check box if this is a final Form 5471 for t	<u> </u>					X	
	ancial assets are reported on this form (see i					📙	
	completed using "Alternative Information" un		)				
G If the box on line F is checked, enter the co		n" (see instructions)					
H Person(s) on whose behalf this informatio	in return is med.			(4) Chec	k applicable	hox(es)	
<b>(1)</b> Name	(2) Address		(3) Identifying number	Shareholder	Officer	Director	
CALIFORNIA STATE UNIVERSITY							
FOUNDATION	401 GOLDEN SHORE LONG BEACH C	A 90802	95-6123757	х			
<b>Important:</b> Fill in all applicable lines a unless otherwise indicate.		in English. All amou	nts <b>must</b> be stated in	U.S. dollar	S		
1a Name and address of foreign corporation			<b>b(1)</b> Employer identif	ication num	ber, if any		
			b(2) Reference ID nu 0001	mber (see ir	nstructions)		
PRIVATE ADVISORS HEDGED EQU	JITY FUND, LTD		b(3) Previous referen	ce ID numbe	er(s), if any (	see instr.)	
901 E BYRD STREET, STE 1400							
RICHMOND VA 23219			c Country under w		ncorporated	I	
d Date of e Principal place of busin	ess f Principal g Princip	oal business activity	h Function	nal currency	/ code	_	
incorporation	business activity code number INVE	ESTMENTS					
03/14/03 CAYMAN ISLANDS	523900			USD	1		
2 Provide the following information for the f	oreign corporation's accounting period stated	l above.					
a Name, address, and identifying number of	branch office or agent (if any) in the United S	States	<b>b</b> If a U.S. income tax re	eturn was fi	led, enter:		
			(i) Taxable income or (lo		U.S. income (after all cre		
			(,, , , , , , , , , , , , , , , , , , ,	/	(aitei aii cie		
c Name and address of foreign corporation's in country of incorporation	,	person (or persons) w	cluding corporate departi vith custody of the books ocation of such books and	and records	s of thể fore	ign	
Schedule A Stock of the For	eign Corporation						
3.00.0.0.0.0	O		( <b>b</b> ) Number of sha	res issued a	and outstan	ding	
(a) Desc	cription of each class of stock		(i) Beginning of annua accounting period	al (	(ii) End of ar ccounting p	nnual	
COMMON			1,			0	
			-,-				
						_	

SEE STATEMENT 7

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Schedule B   Shareholders of Foreign				
Part I U.S. Shareholders of Foreign	Corporation (see instructions)			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder.  Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
CALIFORNIA STATE UNIVERS	COMMON	1,275	0	
401 GOLDEN SHORE				]
LONG BEACH CA 90802				]
95-6123757				
				1
				1
				-
				1
				1
				]
				1
				-
				-
				-
Part II Direct Shareholders of Fore	ign Corporation (see instructions)			<u>l</u>
(a) Name, address, and identifying number of	(b) Description of each class of stock held	hy shareholder	(c) Number of	(d) Number of
shareholder. Also, include country of incorporation or formation, if applicable.	Note: This description should match the description entered in Schedule A, co	corresponding	shares held at beginning of annual accounting period	shares held at end of annual accounting period
				-
				<del>                                     </del>
				<del>                                     </del>
				<del>                                     </del>
		_		

Form 5471 (Rev. 12-2023) Page **3** 

## Schedule C Income Statement (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		 [	Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	<b>b</b> Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
e	4 Dividends	4		
Income	5 Interest	5		
<u>2</u>	6a Gross rents	6a		
	<b>b</b> Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		214,318.
	8a Foreign currency transaction gain or loss - unrealized	8a		
	<b>b</b> Foreign currency transaction gain or loss - realized	8b		
	9 Other income (attach statement) SEE STATEMENT 8	9		7,260.
	10 Total income (add lines 3 through 9)	10		221,578.
	11 Compensation not deducted elsewhere	11		
	12a Rents	12a		
	<b>b</b> Royalties and license fees	12b		
SL	13 Interest	13		
Deductions	14 Depreciation not deducted elsewhere	14		
age	15 Depletion	15		
Ď	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit)) SEE STATEMENT 9	17		98,003.
	18 Total deductions (add lines 11 through 17)	18		98,003.
	19 Net income or (loss) before unusual or infrequently occurring items, and			
e	income tax expense (benefit) (subtract line 18 from line 10)	19		123,575.
Net Income	20 Unusual or infrequently occurring items	20		
Ē	21a Income tax expense (benefit) - current	21a		
Š	<b>b</b> Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	22		123,575.
	23a Foreign currency translation adjustments	23a		
Other Comprehensive	<b>b</b> Other	23b		
ther	c Income tax expense (benefit) related to other comprehensive income	23c		
o gr	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
ဝိ	line 23c)	24		

Form **5471** (Rev. 12-2023)

Page 4 Form 5471 (Rev. 12-2023)

## Schedule F | Balance Sheet

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period	
1	Cash	1		839	
2a	Trade notes and accounts receivable	2a			
b	Less allowance for bad debts	2b	(	(	)
3	Derivatives	3			
4	Inventories	4			
5	Other current assets (attach statement)	5			
6	Loans to shareholders and other related persons	6			
7	Investment in subsidiaries (attach statement)	7			
8	Other investments (attach statement) SEE STATEMENT 10	8	5,995,258.	1,357,390	
9a	Buildings and other depreciable assets	9a			
b	Less accumulated depreciation	9b	(	(	)
	Depletable assets	10a			
b	Less accumulated depletion	10b	()	(	)
11	Land (net of any amortization)	11			
12	Intangible assets:				
а	Goodwill	12a			
b	Organization costs	12b			_
	Patents, trademarks, and other intangible assets	12c			
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	(	(	)
13	Other assets (attach statement)	13			
14	Total assets	14	5,995,258.	1,358,229	·
	Liabilities and Shareholders' Equity				
15	Accounts payable	15			_
16	Other current liabilities (attach statement)	16			_
17	Derivatives	17			_
18	Loans from shareholders and other related persons	18			_
19	Other liabilities (attach statement) SEE STATEMENT 11	19	1,048,892.	1,358,229	·
20	Capital stock:				
	Preferred stock	20a			_
b	Common stock	20b			_
21	Paid-in or capital surplus (attach reconciliation)	21			_
22	Retained earnings	22			_
23	Less cost of treasury stock	23	( )	(	_)
24	Total liabilities and shareholders' equity	24	1,048,892.	1,358,229	•
SCI	hedule G Other Information				

CCI	leadic a Chief Information			
			Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign			
	partnership?			Х
	If "Yes," see the instructions for required statement.			
2	During the tax year, did the foreign corporation own an interest in any trust?			Х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from			
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign			
	branches (see instructions)?			Х
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).			
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign			
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion			
	payment made or accrued to the foreign corporation (see instructions)?			Х
	If "Yes," complete lines 4b and 4c.			
b	Enter the total amount of the base erosion payments	\$		
C	Enter the total amount of the base erosion tax benefits	\$		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not			
	allowed under section 267A?			Х
	If "Yes," complete line 5b.			
b	Enter the total amount of the disallowed deductions (see instructions)	\$		
312331	01-05-24 <b>8 /</b>	Farm <b>5471</b> /F	201 12	0000

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF STATEMENT 7
SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO
THE STOCK OF THE FOREIGN CORPORATION

NAME AND ADDRESS

IDENTIFYING NUMBER NUMBER OF SHARES

CALIFORNIA STATE UNIVERSITY FO 401 GOLDEN SHORE LONG BEACH CA 90802

FORM 5471	OTHER	INCOME		STATE	MENT 8
DESCRIPTION	_	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S.	DOLLAR
INVESTMENT INCOME (LOSS)		7,260.			7,260.
TOTAL TO 5471, SCHEDULE C,	LINE 9	7,260.			7,260.
FORM 5471	OTHER DE	EDUCTIONS		STATE	MENT 9
DESCRIPTION	2	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S.	DOLLAR
MANAGEMENT FEE		35,396.			35,396.
ACCOUNTING FEE OTHER EXPENSES		32,887. 29,720.			32,887. 29,720.
	_	<del></del>			

FORM 5471 OTH	ER INVEST	MENTS	STATEMENT 10
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
INVESTMENT REDEMPTIONS RECEIVABLE		4,946,363. 1,048,895.	0. 1,357,390.
TOTAL TO 5471, PAGE 4, SCHEDULE F	, LINE 8	5,995,258.	1,357,390.

FORM 5471	OTHER LIABILITIES		STATEMENT 11
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
REDEMPTIONS PAYABLE CASH OVERDRAFT		1,048,795.	1,358,229.
TOTAL TO 5471, PAGE 4, SCHEDUI	E F, LINE 19	1,048,892.	1,358,229.



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Sahadula C	Other Information		
Scheaule G	Other Information	(continued	)

			Yes	No
6a	Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any			
	transactions with the foreign corporation?			X
	If "Yes," complete lines 6b, 6c, and 6d. See instructions.			
b	Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the			
	filer included in its computation of foreign-derived deduction eligible income (FDDEI)			
C	Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer inclu	ded		
	in its computation of FDDEI	\$		
d	Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in			
	its computation of FDDEI	\$		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?			X
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in			
	which the foreign corporation was a participant during the tax year.			
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a			
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations			
	section 1.358-6(b)(2))?			X
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.			
	transferor is required to report a section 367(d) annual income inclusion for the tax year?			X
	If "Yes," go to line 9b.			
b	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)			
	(2)(B) for the tax year			
10	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section			
	1.7874-12(a)(9)?			X
	If "Yes," see instructions and attach statement.			
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations			
	section 1.6011-4?			X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).			
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under			
				X
13	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat			v
	foreign taxes that were previously suspended under section 909 as no longer suspended?			
14	Did you answer "Yes" to any of the questions in the instructions for line 14?			
	If "Yes," enter the corresponding code(s) from the instructions and attach statement			Х
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?	Φ		
40	If "Yes," enter the amount	Φ		
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward			Х
	to the current tax year (see instructions)?			Α
17.	If "Yes," enter the amount	φ		
1 / d	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year			Х
h	(see instructions)?  If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated			
U	as an outropydinary raduation amount or tisrad outropydinary raduation amount (assignatyustions)			
182	Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations			
, <b>J</b> u	section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest within the relevant safehaven			
	range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)?			Х
b	Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations	•••••		
-	section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest outside the relevant safehaven			
	range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)?			Х
19a	Did the filer issue a covered debt instrument in any of the transactions described in Regulations section 1.385-3(b)			
-	(2) with respect to the foreign corporation during the tax year, or, did the filer issue or refinance indebtedness			
	owed to the foreign corporation during the 36 months before or after the date of a distribution or acquisition			
	described in Regulations section 1.385-3(b)(3)(i) made by the filer of this Form 5471, and either the issuance or			
	refinance of indebtedness, or the distribution or acquisition, occurred during the tax year?			Х
b	If the answer to question 19a is "Yes," provide the following.			
	(1) The amount of such transaction(s), distribution(s), and acquisition(s)	\$		
	(2) The amount of such related party indebtedness			

## **SCHEDULE 0** (Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

# Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule 0 (Form 5471) and its instructions is at www.irs.gov/form5471➤ Attach to Form 5471.

OMB No. 1545-0704

Identifying number

	ectors	formation must	Reference 0001 be reported				
	ectors	formation must					
Important: Complete a separate Schedule O for each foreign corpor  Part I To Be Completed by U.S. Officers and Dire	ectors	formation must	be reported				
Part I To Be Completed by U.S. Officers and Dire				•			
	reholder						
(a) (b) Name of shareholder for whom acquisition information is reported Address of shareholder.		ldentifyin of shar	<b>c)</b> g number eholder	(d) Date of or 10% acqui	iginal sition	Date of a 10% ac	e) additional quisition
Part II To Be Completed by U.S. Shareholders							
Note: If this return is required because one or more shar and the date each became a U.S. person.	reholders became	U.S. persons, a	attach a list s	showing the	names of	such pe	rsons
Section A - G	eneral Shareholder						
(a)	For shareholder's	(b) s latest U.S. incom	e tax return f	led, indicate:			(C) shareholder
Name, address, and identifying number of shareholder(s) filing this schedule	(4)	(2) Date return filed	Internal Rev	(3) la returnal Devenue Consider Contact		last filed in eturn under	nformation section 6046 n corporation
Section B - U.S. Persons Who A	re Officers or Direc	ctors of the Forei	n Corporatio	n		,	
(a) Name of U.S. officer or director	<b>(b)</b> Address		Social	(c) security num	ber _	Check ap	d) propriate (es)
						Officer	Director
Sectio	n C - Acquisition of	f Stock					
	(c) (d) Date of Method of				of shares a		
Name of shareholder(s) filling this schedule acquired ac	cquisition	acquisition	(1 Dire	) ctly	(2) Indirectly	Cons	(3) structively
312391 04-01-23 LHA For Paperwork Reduction Act Notice, see the I	netructions for Earn	m 5471		Schedulo	O (Form	5471\ /Da	v. 12-2012)

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired					1 ugo <b>2</b>
	_	Section D - Dispositi	on of Stock			
(a)	(b)	(c)	(d) Method		(e) r of shares dis	
Name of shareholder disposing of stock	Class of stock	Date of disposition	of disposition	(1) Directly	<b>(2)</b> Indirectly	(3) Constructively
CSU FOUNDATION	COMMON	12/31/23	REDEMPTION	1,275		
(f) Amount received		Name and addre	(g) ss of person to whom di	sposition of stock wa	s made	
	PVT ADV HEDGED RICHMOND VA 232		E BYRD STREET, S	TE 14		
				•		
		inization or Reorganiz	ation of Foreign Corpora			
Nai	(a) me and address of trans	feror		<b>(b)</b> Identifying numbe	er (if any)	(c) Date of transfer
		7 K				
Assets	(d) cransferred to foreign co	orporation		Description of an	(e)	d b
(1) Description of assets	(2) Fair market va	Adjuste	(3) d basis (if transferor as U.S. person)	Description of as securities iss	ued by, foreign	
		Section F - Additional	Information			
(a) If the foreign corporation or a predecess of attach a statement indicating the year for wholes, and the U.S. income tax paid (after all companies).	ich a return was filed (a					
(b) List the date of any reorganization of the or indirectly) of the corporation's stock ▶	foreign corporation that	occurred during the la	st 4 years while any U.S	. person held 10% or	more in value	or vote (directly
(c) If the foreign corporation is a member of or voting power of the outstanding stock. Th instructions for an example).						

## Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

► Go to www.irs.gov/Form8621 for instructions and the latest information.

Attachment Sequence No. 69

Name of shareholder			Identifying number (see instructions)			
CALIFORNIA STATE UNIVERSITY FOUNDATION			95-6123757			
Number, street, and room or suite no. If a P.O. box, see instructions. 401 GOLDEN SHORE			Shareholder tax year: calendar year or other tax year beginning  JUL 1 , 2023 and ending JUN 30 , 2024 .			
	City or town, state, and ZIP code or country  LONG BEACH, CA 90802					
		of shareholder filing the return: Individual X Corporation Partnershi	p S Corporation Nongrantor Trust Estate			
		Excepted Specified Foreign Financial Assets are reported on this form. See instructions				
	-	nsurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to tre				
		Corporation under the alternative facts and circumstances test within the meaning of section				
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) ONO CONNECT B.V.			Employer identification number (if any)			
Addr	ess (Ei	nter number, street, city or town, and country.)	Reference ID number (see instructions) NA			
APOLLOLAAN 151 AMSTERDAM, NETHERLANDS 1007 AR			Tax year of foreign corporation, PFIC, or QEF: Calendar year or other tax year beginning DEC 15 2023, and ending DEC 31 , 2023.			
P	art I	Summary of Annual Information (see instructions)				
Prov		following information with respect to all shares of the PFIC held by the shareholder:				
1	Desc	ription of each class of shares held by the shareholder: OTH	·			
2	L	Check if shares jointly owned with spouse. shares acquired during the tax year, if applicable:				
_	Date	shares acquired during the tax year, if appricable.				
3	Num	ber of shares held at the end of the tax year:				
4	Valu	e of shares held at the end of the tax year (check the appropriate box, if applicable):	,			
·	(a)	X \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000	(d) \$150,001-200,000			
	(e)	If more than \$200,000, list value:				
5		of PFIC and amount of any excess distribution or gain treated as an excess distribution un	der section 1291, inclusion under section 1293,			
		inclusion or deduction under section 1296 (check all boxes that apply):				
	(a) (b)	Section 1291 \$ Section 1293 (Qualified Electing Fund) \$				
	(C)	Section 1296 (Mark to Market) \$	SEE STATEMENT 12			
P	art II					
Α		Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	a QEF. Complete lines 6a through 7c of Part III.			
В		Election To Extend Time For Payment of Tax. I. a shareholder of a QEF, elect to extend the	ne time for payment of tax on the undistributed earnings and profits			
		of the QEF until this election is terminated. <i>Complete lines 8a through 9c of Part III to</i> <b>Note:</b> If any portion of line 6a or line 7a of Part III is includible under section 951, you ma 1294(c) and 1294(f) and the related regulations for events that terminate this election.	y <b>not</b> make this election. Also, see sections			
С		<b>Election To Mark-to-Market PFIC Stock</b> . I, a shareholder of a PFIC, elect to mark-to-mark 1296(e). <i>Complete Part IV</i> .	tet the PFIC stock that is marketable within the meaning of section			
D		<b>Deemed Sale Election.</b> I, a shareholder on the first day of a PFIC's first tax year as a QEF	, elect to recognize gain on the deemed sale of my interest in the			
Е		PFIC. Enter gain or loss on line 15f of Part V.  Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a	OFF that is a controlled foreign corneration (CFC), elect to treat an			
_		amount equal to my share of the post-1986 earnings and profits of the CFC as an excess of				
_		excess distribution is greater than zero, also complete line 16 of Part V.				
F		<b>Election To Recognize Gain on Deemed Sale of PFIC.</b> I, a shareholder of a former PFIC distribution the gain recognized on the deemed sale of my interest in the PFIC on the last <i>gain on line 15f of Part V.</i>				
G		Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d).	) PFIC. My holding period in the stock of the Section 1297(e)			
Н		distribution is greater than zero, also complete line 16, Part V.  Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding per defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, complete line 16. Part V.	PFIC, within the meaning of Regulations section 1.1298-3(a), iod in the stock of the former PFIC includes the termination date, as			

rm 8621 (Rev. 12-2018)		Page 2
Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	1 7c. If you are mak	ing
Election B, also complete lines 8a through 9c. See instructions.	-	-
a Enter your pro rata share of the ordinary earnings of the QEF 6a		
<b>b</b> Enter the portion of line 6a that is included in income under section 951 or that may be		
excluded under section 1293(g) 6b		
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
a Enter your pro rata share of the total net capital gain of the QEF		
<b>b</b> Enter the portion of line 7a that is included in income under section 951 or that may be		
excluded under section 1293(g) 7b		
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
used for your income tax return. See instructions	7c	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
a Add lines 6c and 7c	8a	
<b>b</b> Enter the total amount of cash and the fair market value of other property distributed		
or deemed distributed to you during the tax year of the QEF. See instructions 8b		
c Enter the portion of line 8a not already included in line 8b that is attributable to shares		
in the QEF that you disposed of, pledged, or otherwise transferred during the tax year <b>8c</b>		
d Add lines 8b and 8c	8d	
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e	
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
you may make Election B with respect to the amount on line 8e.		
a Enter the total tax for the tax year. See instructions		
<b>b</b> Enter the total tax for the tax year determined without regard to the amount entered		
on line 8e9b		
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
Election B	9c	
Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
Oa Enter the fair market value of your PFIC stock at the end of the tax year	10a	
<b>b</b> Enter your adjusted basis in the stock at the end of the tax year	10b	
c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
on your tax return. If a loss, go to line 11	10c	
1 Enter any unreversed inclusions (as defined in section 1296(d))	11	
2 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
loss on your tax return	12	
3 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
a Enter the fair market value of the stock on the date of sale or disposition	13a	
<b>b</b> Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
tax return. If a loss, go to line 14	13c	
4a Enter any unreversed inclusions (as defined in section 1296(d))	14a	
<b>b</b> Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
loss on your tay return. If the loss on line 13c exceeds unreversed inclusions on line 14a complete line 14c	146	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

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14c

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### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

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Form 8621 (Rev. 12-2018) Page 4

## Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

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termination of election. Subtract line 24 from line 20

## Information Return by a Shareholder of a Passive Foreign **Investment Company or Qualified Electing Fund**

OMB No. 1545-1002

Attachment

► Go to www.irs.gov/Form8621 for instructions and the latest information. Sequence No. 69 Identifying number (see instructions) Name of shareholder CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Number, street, and room or suite no. If a P.O. box, see instructions. Shareholder tax year: calendar year or other tax year beginning **401 GOLDEN SHORE** JUN 30 and ending City or town, state, and ZIP code or country LONG BEACH, CA 90802 X Corporation Check type of shareholder filing the return: Individual Partnership S Corporation Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions Employer identification number (if any) Name of foreign corporation, passive foreign investment company (PFIC), or gualified electing fund (QEF) ONO HOLDINGS B.V. Address (Enter number, street, city or town, and country.) Reference ID number (see instructions) APOLLOLAAN 151 Tax year of foreign corporation, PFIC, or QEF: Calendar year AMSTERDAM, NETHERLANDS 1007 AR or other tax year beginning DEC 15 2023 DEC 31 2023 and ending Summary of Annual Information (see instructions) Provide the following information with respect to all shares of the PFIC held by the shareholder: Description of each class of shares held by the shareholder: OTH Check if shares jointly owned with spouse. Date shares acquired during the tax year, if applicable: Number of shares held at the end of the tax year: Value of shares held at the end of the tax year (check the appropriate box, if applicable): (a) X \$0-50.000 (c) \$100,001-150.000 **(b)** \$50,001-100,000 \$150,001-200,000 (e) If more than \$200,000, list value: Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply): Section 1291 \$ (b) Section 1293 (Qualified Electing Fund) \$ Section 1296 (Mark to Market) \$ SEE STATEMENT 13 (c) Part II **Elections** (see instructions) Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III. В Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred. Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election. Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV. Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V. Εl Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V. Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V. Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I. a shareholder of a section 1297(e) PFIC. within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16. Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also

complete line 16. Part V.

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Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	1 7c. If you are mak	ing
Election B, also complete lines 8a through 9c. See instructions.	-	-
a Enter your pro rata share of the ordinary earnings of the QEF 6a		
<b>b</b> Enter the portion of line 6a that is included in income under section 951 or that may be		
excluded under section 1293(g) 6b		
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
a Enter your pro rata share of the total net capital gain of the QEF		
<b>b</b> Enter the portion of line 7a that is included in income under section 951 or that may be		
excluded under section 1293(g) 7b		
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
used for your income tax return. See instructions	7c	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
a Add lines 6c and 7c	8a	
<b>b</b> Enter the total amount of cash and the fair market value of other property distributed		
or deemed distributed to you during the tax year of the QEF. See instructions 8b		
c Enter the portion of line 8a not already included in line 8b that is attributable to shares		
in the QEF that you disposed of, pledged, or otherwise transferred during the tax year <b>8c</b>		
d Add lines 8b and 8c	8d	
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e	
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
you may make Election B with respect to the amount on line 8e.		
a Enter the total tax for the tax year. See instructions		
<b>b</b> Enter the total tax for the tax year determined without regard to the amount entered		
on line 8e9b		
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
Election B	9c	
Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
Oa Enter the fair market value of your PFIC stock at the end of the tax year	10a	
<b>b</b> Enter your adjusted basis in the stock at the end of the tax year	10b	
c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
on your tax return. If a loss, go to line 11	10c	
1 Enter any unreversed inclusions (as defined in section 1296(d))	11	
2 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
loss on your tax return	12	
3 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
a Enter the fair market value of the stock on the date of sale or disposition	13a	
<b>b</b> Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
tax return. If a loss, go to line 14	13c	
4a Enter any unreversed inclusions (as defined in section 1296(d))	14a	
<b>b</b> Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
loss on your tay return. If the loss on line 13c exceeds unreversed inclusions on line 14a complete line 14c	146	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

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14c

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### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

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## Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

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termination of election. Subtract line 24 from line 20

# Department of the Treasury Internal Revenue Service

## Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

► Go to www.irs.gov/Form8621 for instructions and the latest information.

OMB No. 1545-1002

Attachment Sequence No. 69

Name of shareholder			Identifying number (see instructions)	
CAL	IFORI	NIA STATE UNIVERSITY FOUNDATION	95-6123757	
		reet, and room or suite no. If a P.O. box, see instructions. DEN SHORE	Shareholder tax year: calendar year or other tax year beginning  JUL 1 , 2023 and ending JUN 30 , 2024	
		n, state, and ZIP code or country ACH , CA 90802	·	
Chec	k type	of shareholder filing the return: Individual X Corporation Partnershi	p S Corporation Nongrantor Trust Estate	
		/ Excepted Specified Foreign Financial Assets are reported on this form. See instructions .		
		nsurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to tre		
		Corporation under the alternative facts and circumstances test within the meaning of section	Employer identification number (if any)	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF)  THE RISE FUND III CAYMAN BL, LP.			` ',	
			98-1682259	
Addr	ess (Eı	nter number, street, city or town, and country.)	Reference ID number (see instructions)	
301	COM	MERCE STREET, SUITE 330	Tax year of foreign corporation, PFIC, or QEF: Calendar year	
FOR	T WOI	RTH, TX 76102	or other tax year beginning JUL 14 2023,	
			and ending DEC 31 , 2023 .	
P	art I	Summary of Annual Information (see instructions)		
Prov	ide the	following information with respect to all shares of the PFIC held by the shareholder:		
1	Desc	ription of each class of shares held by the shareholder: OTH	<b>*</b>	
		Check if shares jointly owned with spouse.		
2	Date	shares acquired during the tax year, if applicable:		
		<u> </u>		
3	Num	ber of shares held at the end of the tax year:		
4		e of shares held at the end of the tax year (check the appropriate box, if applicable):	(I)	
	(a)	X \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000	(d) \$150,001-200,000	
	(e)	If more than \$200,000, list value:		
5		of PFIC and amount of any excess distribution or gain treated as an excess distribution un	der section 1291, inclusion under section 1293,	
		inclusion or deduction under section 1296 (check all boxes that apply):		
	(a)	Section 1291 \$		
	(b)	Section 1293 (Qualified Electing Fund) \$		
_	(c)	Section 1296 (Mark to Market) \$	SEE STATEMENT 14	
P	art II			
Α	Ш	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as		
В		Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the	ne time for payment of tax on the undistributed earnings and profits	
		of the QEF until this election is terminated. <i>Complete lines 8a through 9c of Part III to</i> <b>Note:</b> If any portion of line 6a or line 7a of Part III is includible under section 951, you may 1294(c) and 1294(f) and the related regulations for events that terminate this election.	calculate the tax that may be deferred. y <b>not</b> make this election. Also, see sections	
С		Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark 1296(e). Complete Part IV.	tet the PFIC stock that is marketable within the meaning of section	
D		<b>Deemed Sale Election.</b> I, a shareholder on the first day of a PFIC's first tax year as a QEF	, elect to recognize gain on the deemed sale of my interest in the	
		PFIC. Enter gain or loss on line 15f of Part V.		
Ε		<b>Deemed Dividend Election.</b> I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess of		
		excess distribution is greater than zero, also complete line 16 of Part V.		
F		Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC distribution the gain recognized on the deemed sale of my interest in the PFIC on the last gain on line 15f of Part V.		
G		Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e)	PFIC. My holding period in the stock of the Section 1297(e)	
		PFIC includés the CFC qualification date, as defined in Regulations section 1.1297-3(d). Edistribution is greater than zero, also complete line 16, Part V.  Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former		
Н		elect to make a deemed dividend election with respect to the former PFIC. My holding peridefined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e,	iod in the stock of the former PFIC includes the termination date, as	

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Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	1 7c. If you are mak	ing
Election B, also complete lines 8a through 9c. See instructions.	-	-
a Enter your pro rata share of the ordinary earnings of the QEF 6a		
<b>b</b> Enter the portion of line 6a that is included in income under section 951 or that may be		
excluded under section 1293(g) 6b		
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
a Enter your pro rata share of the total net capital gain of the QEF		
<b>b</b> Enter the portion of line 7a that is included in income under section 951 or that may be		
excluded under section 1293(g) 7b		
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
used for your income tax return. See instructions	7c	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
a Add lines 6c and 7c	8a	
<b>b</b> Enter the total amount of cash and the fair market value of other property distributed		
or deemed distributed to you during the tax year of the QEF. See instructions 8b		
c Enter the portion of line 8a not already included in line 8b that is attributable to shares		
in the QEF that you disposed of, pledged, or otherwise transferred during the tax year <b>8c</b>		
d Add lines 8b and 8c	8d	
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e	
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
you may make Election B with respect to the amount on line 8e.		
a Enter the total tax for the tax year. See instructions		
<b>b</b> Enter the total tax for the tax year determined without regard to the amount entered		
on line 8e9b		
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
Election B	9c	
Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
Oa Enter the fair market value of your PFIC stock at the end of the tax year	10a	
<b>b</b> Enter your adjusted basis in the stock at the end of the tax year	10b	
c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
on your tax return. If a loss, go to line 11	10c	
1 Enter any unreversed inclusions (as defined in section 1296(d))	11	
2 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
loss on your tax return	12	
3 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
a Enter the fair market value of the stock on the date of sale or disposition	13a	
<b>b</b> Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
tax return. If a loss, go to line 14	13c	
4a Enter any unreversed inclusions (as defined in section 1296(d))	14a	
<b>b</b> Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
loss on your tay return. If the loss on line 13c exceeds unreversed inclusions on line 14a complete line 14c	146	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

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14c

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### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Form **8621** (Rev. 12-2018)

### Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

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### Information Return by a Shareholder of a Passive Foreign **Investment Company or Qualified Electing Fund**

OMB No. 1545-1002

Attachment Sequence No. 69

► Go to www.irs.gov/Form8621 for instructions and the latest information. Identifying number (see instructions) Name of shareholder CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Number, street, and room or suite no. If a P.O. box, see instructions. Shareholder tax year: calendar year or other tax year beginning **401 GOLDEN SHORE** JUN 30 and ending City or town, state, and ZIP code or country LONG BEACH, CA 90802 Check type of shareholder filing the return: Individual X Corporation Partnership S Corporation Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions Employer identification number (if any) Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) YOCO AFRICA LTD. Address (Enter number, street, city or town, and country.) Reference ID number (see instructions) C/O AXIS FIDUCIARY LTD, 2ND FL Tax year of foreign corporation, PFIC, or QEF: Calendar year EBENE, MAURITIUS 72201 or other tax year beginning DEC 15 2023 DEC 31 2023 and ending Summary of Annual Information (see instructions) Provide the following information with respect to all shares of the PFIC held by the shareholder: Description of each class of shares held by the shareholder: OTH Check if shares jointly owned with spouse. Date shares acquired during the tax year, if applicable: Number of shares held at the end of the tax year: Value of shares held at the end of the tax year (check the appropriate box, if applicable): (a) X \$0-50.000 (c) \$100,001-150.000 **(b)** \$50,001-100,000 \$150,001-200,000 (e) If more than \$200,000, list value: Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply): Section 1291 \$ (b) Section 1293 (Qualified Electing Fund) \$ Section 1296 (Mark to Market) \$ SEE STATEMENT 15 (c) Part II **Elections** (see instructions) Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III. В Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred. Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election. Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV. Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V. Εl Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V. Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V. Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I. a shareholder of a section 1297(e) PFIC. within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16. Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

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Pa	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	7c. If you	are making
	Election B, also complete lines 8a through 9c. See instructions.	-	-
6 a	Enter your pro rata share of the ordinary earnings of the QEF 6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF		
b	Enter the portion of line 7a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
	used for your income tax return. See instructions	7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
8 a	Add lines 6c and 7c	8a	
b	Enter the total amount of cash and the fair market value of other property distributed		
	or deemed distributed to you during the tax year of the QEF. See instructions 8b		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares		
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year 8c		
d	Add lines 8b and 8c	8d	
е		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
	you may make Election B with respect to the amount on line 8e.		
9 a	Enter the total tax for the tax year. See instructions 9a		
b	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
_	Election B	9c	
	art IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
	Enter your adjusted basis in the stock at the end of the tax year	10b	
C	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
	on your tax return. If a loss, go to line 11	10c	
	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
	loss on your tax return	12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
	Enter the fair market value of the stock on the date of sale or disposition	13a	
	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
	tax return. If a loss, go to line 14	13c	
	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
	loce on your tay return. If the loce on line 12c exceeds unreversed inclusions on line 14a, complete line 14c	14h	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

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#### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Form **8621** (Rev. 12-2018)

### Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

Form **8621** (Rev. 12-2018)

### Information Return by a Shareholder of a Passive Foreign **Investment Company or Qualified Electing Fund**

► Go to www.irs.gov/Form8621 for instructions and the latest information.

OMB No. 1545-1002

Attachment Sequence No. 69

Identifying number (see instructions) Name of shareholder CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Number, street, and room or suite no. If a P.O. box, see instructions. Shareholder tax year: calendar year or other tax year beginning **401 GOLDEN SHORE** JUN 30 and ending City or town, state, and ZIP code or country LONG BEACH, CA 90802 X Corporation Check type of shareholder filing the return: Individual Partnership S Corporation Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions Employer identification number (if any) Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) YOCO HOLDINGS Address (Enter number, street, city or town, and country.) Reference ID number (see instructions) C/O AXIS FIDUCIARY LTD, 2ND FL Tax year of foreign corporation, PFIC, or QEF: Calendar year EBENE, MAURITIUS 72201 or other tax year beginning DEC 15 2023 DEC 31 2023 and ending Summary of Annual Information (see instructions) Provide the following information with respect to all shares of the PFIC held by the shareholder: Description of each class of shares held by the shareholder: OTH Check if shares jointly owned with spouse. Date shares acquired during the tax year, if applicable: Number of shares held at the end of the tax year: Value of shares held at the end of the tax year (check the appropriate box, if applicable): (a) X \$0-50.000 **(b)** \$50,001-100,000 (c) \$100.001-150.000 \$150,001-200,000 (e) If more than \$200,000, list value: Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply): Section 1291 \$ (b) Section 1293 (Qualified Electing Fund) \$ Section 1296 (Mark to Market) \$ SEE STATEMENT 16 (c) Part II **Elections** (see instructions) Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III. Α В Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred. Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election. Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV. Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V. Εl Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V. Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V. Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I. a shareholder of a section 1297(e) PFIC. within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16. Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

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Pa	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	7c. If you	are making
	Election B, also complete lines 8a through 9c. See instructions.	-	-
6 a	Enter your pro rata share of the ordinary earnings of the QEF 6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF		
b	Enter the portion of line 7a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
	used for your income tax return. See instructions	7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
8 a	Add lines 6c and 7c	8a	
b	Enter the total amount of cash and the fair market value of other property distributed		
	or deemed distributed to you during the tax year of the QEF. See instructions 8b		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares		
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year 8c		
d	Add lines 8b and 8c	8d	
е		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
	you may make Election B with respect to the amount on line 8e.		
9 a	Enter the total tax for the tax year. See instructions 9a		
b	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
_	Election B	9c	
	art IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
	Enter your adjusted basis in the stock at the end of the tax year	10b	
C	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
	on your tax return. If a loss, go to line 11	10c	
	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
	loss on your tax return	12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
	Enter the fair market value of the stock on the date of sale or disposition	13a	
	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
	tax return. If a loss, go to line 14	13c	
	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
	loce on your tay return. If the loce on line 12c exceeds unreversed inclusions on line 14a, complete line 14c	14h	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

14c

#### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Form **8621** (Rev. 12-2018)

### Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

Form **8621** (Rev. 12-2018)

### Information Return by a Shareholder of a Passive Foreign **Investment Company or Qualified Electing Fund**

OMB No. 1545-1002

Attachment Sequence No. 69

► Go to www.irs.gov/Form8621 for instructions and the latest information. Identifying number (see instructions) Name of shareholder CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Number, street, and room or suite no. If a P.O. box, see instructions. Shareholder tax year: calendar year or other tax year beginning **401 GOLDEN SHORE** JUN 30 and ending City or town, state, and ZIP code or country LONG BEACH, CA 90802 Check type of shareholder filing the return: Individual X Corporation Partnership S Corporation Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions Employer identification number (if any) Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) YOCO PAYMENT TECHNOLOGIES EGYPT S.A.E. Address (Enter number, street, city or town, and country.) Reference ID number (see instructions) C/O AXIS FIDUCIARY LTD, 2ND FL Tax year of foreign corporation, PFIC, or QEF: Calendar year EBENE, MAURITIUS 72201 or other tax year beginning DEC 15 2023 DEC 31 2023 and ending Summary of Annual Information (see instructions) Provide the following information with respect to all shares of the PFIC held by the shareholder: Description of each class of shares held by the shareholder: OTH Check if shares jointly owned with spouse. Date shares acquired during the tax year, if applicable: Number of shares held at the end of the tax year: Value of shares held at the end of the tax year (check the appropriate box, if applicable): (a) X \$0-50.000 (c) \$100,001-150.000 **(b)** \$50,001-100,000 \$150,001-200,000 (e) If more than \$200,000, list value: Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply): Section 1291 \$ (b) Section 1293 (Qualified Electing Fund) \$ SEE STATEMENT 17 Section 1296 (Mark to Market) \$ (c) Part II **Elections** (see instructions) Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III. В Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred. Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election. Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV. Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V. Εl Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V. Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V. Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I. a shareholder of a section 1297(e) PFIC. within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16. Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

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Pa	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	7c. If you	are making
	Election B, also complete lines 8a through 9c. See instructions.	-	-
6 a	Enter your pro rata share of the ordinary earnings of the QEF 6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF		
b	Enter the portion of line 7a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
	used for your income tax return. See instructions	7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
8 a	Add lines 6c and 7c	8a	
b	Enter the total amount of cash and the fair market value of other property distributed		
	or deemed distributed to you during the tax year of the QEF. See instructions 8b		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares		
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year 8c		
d	Add lines 8b and 8c	8d	
е		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
	you may make Election B with respect to the amount on line 8e.		
9 a	Enter the total tax for the tax year. See instructions 9a		
b	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
_	Election B	9c	
	art IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
	Enter your adjusted basis in the stock at the end of the tax year	10b	
C	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
	on your tax return. If a loss, go to line 11	10c	
	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
	loss on your tax return	12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
	Enter the fair market value of the stock on the date of sale or disposition	13a	
	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
	tax return. If a loss, go to line 14	13c	
	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
	loce on your tay return. If the loce on line 12c exceeds unreversed inclusions on line 1/2, complete line 1/c	14h	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

14c

#### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Form **8621** (Rev. 12-2018)

### Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

Form **8621** (Rev. 12-2018)

# Department of the Treasury Internal Revenue Service

## Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

► Go to www.irs.gov/Form8621 for instructions and the latest information.

OMB No. 1545-1002

Attachment Sequence No. 69

Nam	e of sh	areholder	Identifying number (see instructions)			
CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757						
		reet, and room or suite no. If a P.O. box, see instructions. DEN SHORE	Shareholder tax year: calendar year or other tax year beginning  JUL 1 2023 and ending JUN 30 2024			
		n, state, and ZIP code or country ACH, CA 90802	, and sharing , .			
Chec	k type	of shareholder filing the return: Individual X Corporation Partnershi	p S Corporation Nongrantor Trust Estate			
		y Excepted Specified Foreign Financial Assets are reported on this form. See instructions				
		nsurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to tre Corporation under the alternative facts and circumstances test within the meaning of section				
		gn corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF)	Employer identification number (if any)			
		CHNOLOGIES PTY. LTD.	Employer demandation number (if any)			
Addr	ess (Ei	nter number, street, city or town, and country.)	Reference ID number (see instructions) NA			
		PMARKET ST NN, SOUTH AFRICA 8000	Tax year of foreign corporation, PFIC, or QEF: Calendar year or other tax year beginning DEC 15 2023, and ending DEC 31 , 2023.			
Р	art I	Summary of Annual Information (see instructions)	and ending			
		following information with respect to all shares of the PFIC held by the shareholder:				
1		cription of each class of shares held by the shareholder: OTH	<b>*</b>			
		Check if shares jointly owned with spouse.				
2	Date	shares acquired during the tax year, if applicable:				
3	Num	ber of shares held at the end of the tax year:				
4		e of shares held at the end of the tax year (check the appropriate box, if applicable):	(4)			
	(a)	X \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000	(d) \$150,001-200,000			
	(6)	If more than \$200,000, list value:				
5	Type	of PFIC and amount of any excess distribution or gain treated as an excess distribution un	der section 1291, inclusion under section 1293.			
_		inclusion or deduction under section 1296 (check all boxes that apply):	,			
	(a)	Section 1291 \$				
	(b)	Section 1293 (Qualified Electing Fund) \$				
	(c)	Section 1296 (Mark to Market) \$	SEE STATEMENT 18			
Р	<u>art II</u>					
Α	Ш	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as				
В		Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the QEF until this election is terminated. Complete lines 8a through 9c of Part III to Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may	ne time for payment of tax on the undistributed earnings and profits calculate the tax that may be deferred.  y not make this election. Also, see sections			
С		1294(c) and 1294(f) and the related regulations for events that terminate this election.  Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark				
D		1296(e). Complete Part IV.  Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF	elect to recognize gain on the deemed sale of my interest in the			
		PFIC. Enter gain or loss on line 15f of Part V.	, according to the second case of the second case o			
Ε		<b>Deemed Dividend Election.</b> I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess of the cFC as an				
_		excess distribution is greater than zero, also complete line 16 of Part V.	2510			
F	Ш	<b>Election To Recognize Gain on Deemed Sale of PFIC.</b> I, a shareholder of a former PFIC distribution the gain recognized on the deemed sale of my interest in the PFIC on the last <i>gain on line 15f of Part V.</i>				
G		<b>Deemed Dividend Election With Respect to a Section 1297(e) PFIC.</b> I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d).	PFIC. My holding period in the stock of the Section 1297(e)			
Н		Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding per defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e,	PFIC, within the meaning of Regulations section 1.1298-3(a), iod in the stock of the former PFIC includes the termination date, as			

orm	8621 (Rev. 12-2018)		Page 2
Pa	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	7c. If you	are making
	Election B, also complete lines 8a through 9c. See instructions.	-	-
6 a	Enter your pro rata share of the ordinary earnings of the QEF 6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF		
b	Enter the portion of line 7a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
	used for your income tax return. See instructions	7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
8 a	Add lines 6c and 7c	8a	
b	Enter the total amount of cash and the fair market value of other property distributed		
	or deemed distributed to you during the tax year of the QEF. See instructions 8b		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares		
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year 8c		
d	Add lines 8b and 8c	8d	
е		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
	you may make Election B with respect to the amount on line 8e.		
9 a	Enter the total tax for the tax year. See instructions 9a		
b	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
_	Election B	9c	
	art IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
	Enter your adjusted basis in the stock at the end of the tax year	10b	
C	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
	on your tax return. If a loss, go to line 11	10c	
	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
	loss on your tax return	12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
	Enter the fair market value of the stock on the date of sale or disposition	13a	
	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
	tax return. If a loss, go to line 14	13c	
	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
	loce on your tay return. If the loce on line 12c exceeds unreversed inclusions on line 1/2, complete line 1/c	14h	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

14c

#### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Form **8621** (Rev. 12-2018)

### Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

Form **8621** (Rev. 12-2018)

### Information Return by a Shareholder of a Passive Foreign **Investment Company or Qualified Electing Fund**

OMB No. 1545-1002

Attachment Sequence No. 69

► Go to www.irs.gov/Form8621 for instructions and the latest information. Identifying number (see instructions) Name of shareholder CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Number, street, and room or suite no. If a P.O. box, see instructions. or other tax year beginning Shareholder tax year: calendar year **401 GOLDEN SHORE** JUN 30 and ending City or town, state, and ZIP code or country LONG BEACH, CA 90802 X Corporation Check type of shareholder filing the return: Individual Partnership S Corporation Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions Employer identification number (if any) Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) HARBOURVEST PARTNERS COINVESTMENT VI FEEDER 98-1565676 Address (Enter number, street, city or town, and country.) Reference ID number (see instructions) 190 ELGIN AVENUE Tax year of foreign corporation, PFIC, or QEF: Calendar year GEORGE TOWN, CAYMAN ISLANDS KY1-9005 or other tax year beginning JAN 1 2023 2023 and ending DEC 31 Summary of Annual Information (see instructions) Provide the following information with respect to all shares of the PFIC held by the shareholder: Description of each class of shares held by the shareholder: OTH Check if shares jointly owned with spouse. Date shares acquired during the tax year, if applicable: Number of shares held at the end of the tax year: Value of shares held at the end of the tax year (check the appropriate box, if applicable): (a) X \$0-50.000 **(b)** \$50,001-100,000 (c) \$100,001-150,000 \$150,001-200,000 (e) If more than \$200,000, list value: Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply): Section 1291 \$ (b) Section 1293 (Qualified Electing Fund) \$ Section 1296 (Mark to Market) \$ SEE STATEMENT 19 (c) Part II **Elections** (see instructions) Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III. В Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred. Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election. Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV. Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V. Εl Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V. Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V. Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I. a shareholder of a section 1297(e) PFIC. within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

orm	8621 (Rev. 12-2018)		Page 2
Pa	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	7c. If you	are making
	Election B, also complete lines 8a through 9c. See instructions.	-	-
6 a	Enter your pro rata share of the ordinary earnings of the QEF 6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF		
b	Enter the portion of line 7a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
	used for your income tax return. See instructions	7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
8 a	Add lines 6c and 7c	8a	
b	Enter the total amount of cash and the fair market value of other property distributed		
	or deemed distributed to you during the tax year of the QEF. See instructions		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares		
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year 8c		
d	Add lines 8b and 8c	8d	
е		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
	you may make Election B with respect to the amount on line 8e.		
9 a	Enter the total tax for the tax year. See instructions 9a		
b	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
_	Election B	9c	
	art IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
	Enter your adjusted basis in the stock at the end of the tax year	10b	
C	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
	on your tax return. If a loss, go to line 11	10c	
	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
	loss on your tax return	12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
	Enter the fair market value of the stock on the date of sale or disposition	13a	
	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
	tax return. If a loss, go to line 14	13c	
	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
	loce on your tay return. If the loce on line 12c exceeds unreversed inclusions on line 1/2, complete line 1/c	14h	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

14c

#### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Form **8621** (Rev. 12-2018)

### Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

Form **8621** (Rev. 12-2018)

## Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

OMB No. 1545-1002

Attachment Sequence No. 69

Depa Interr	rtment of al Rever	f the Treasury nue Service	▶ Go to www.irs.gov/Form8621 for instructions ar	nd the latest information.	Sequence No. <b>69</b>		
		areholder		Identifying number (see instructions)			
CAL	IFORN	NIA STATE	UNIVERSITY FOUNDATION	95-6123757			
	-	reet, and roor	m or suite no. If a P.O. box, see instructions.	7777 1 2022	r tax year beginning N 30 2024		
			ZIP code or country	JUL 1 , 2023 and ending JUI	<u>, 2024</u>		
LON	G BEA	ACH, CA	90802				
	٠,٠		er filing the return: IndividualX Corporation Partnersh becified Foreign Financial Assets are reported on this form. See instructions	ip S Corporation Nongrantor 1	Trust Estate		
			rporation Election-I, a shareholder of stock of a foreign corporation, elect to tr				
Insu	rance C	Corporation u	nder the alternative facts and circumstances test within the meaning of section	n 1297(f)(2). See instructions			
			passive foreign investment company (PFIC), or qualified electing fund (QEF) FEEDER FUND L.P.	Employer identification number (if any)			
DO V	DK DI	RDDI ZI	I HIDER TOND I.I.	98-1629574			
Addı	ess (Er	nter number,	street, city or town, and country.)	Reference ID number (see instructions)			
190	ELG1	IN AVENUE		Tax year of foreign corporation, PFIC, or QEF	· Calendar vear		
GEO	RGE 1	OWN, CAY	MAN ISLANDS KY1-9005	or other tax year beginning SEP 1	2023		
				and ending DEC 31	, 2023.		
Р	art I	Sumn	nary of Annual Information (see instructions)				
_		_	ormation with respect to all shares of the PFIC held by the shareholder:				
1	Desc	¬ '	ch class of shares held by the shareholder: OTH hares jointly owned with spouse.				
2	Date		ired during the tax year, if applicable:				
3	Num	ber of shares	s held at the end of the tax year:1,000,000.				
4			eld at the end of the tax year (check the appropriate box, if applicable):	( D			
	` '	X \$0-50	,000 <b>(b)</b> \$50,001-100,000 <b>(c)</b> \$100,001-150,000 \$200,000, list value:	(d) \$150,001-200,000			
	(0)	ii iiioro ailair	φ200,000, not value.				
5			amount of any excess distribution or gain treated as an excess distribution ur	der section 1291, inclusion under section 129	3,		
			deduction under section 1296 (check all boxes that apply):				
	(a)		n 1291 \$				
	(b) (c)		on 1293 (Qualified Electing Fund) \$ on 1296 (Mark to Market) \$	SEE STATEMENT	20		
Р	art II		ons (see instructions)				
A			Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	a QEF. Complete lines 6a through 7c of P.	art III		
В		Election To	Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend t intil this election is terminated. Complete lines 8a through 9c of Part III to portion of line 6a or line 7a of Part III is includible under section 951, you ma	he time for payment of tax on the undistributed			
С		1294(c) and	1 1294(f) and the related regulations for events that terminate this election.  Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mari		e meaning of section		
D			omplete Part IV.		form belowed by the		
ט			l <b>le Election</b> . I, a shareholder on the first day of a PFIC's first tax year as a QEF r gain or loss on line 15f of Part V.	, elect to recognize gain on the deemed sale of	my interest in the		
Ε			vidend Election. I, a shareholder on the first day of a PFIC's first tax year as a al to my share of the post-1986 earnings and profits of the CFC as an excess				
			tribution is greater than zero, also complete line 16 of Part V.				
F		distribution	<b>Recognize Gain on Deemed Sale of PFIC.</b> I, a shareholder of a former PFIC the gain recognized on the deemed sale of my interest in the PFIC on the last e 15f of Part V.				
G		1.1297-3(a) PFIC include	vidend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of I, elect to make a deemed dividend election with respect to the Section 1297(e es the CFC qualification date, as defined in Regulations section 1.1297-3(d).	) PFIC. My holding period in the stock of the S	ection 1297(e)		
н		Deemed Div elect to mak defined in R	n is greater than zero, also complete line 16, Part V. vidend Election With Respect to a Former PFIC. 1, a shareholder of a former ke a deemed dividend election with respect to the former PFIC. My holding per legulations section 1.1298-3(d). Enter the excess distribution on line 15e line 16. Part V	iod in the stock of the former PFIC includes the	e termination date, as		

orm	8621 (Rev. 12-2018)		Page 2
Pa	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through	7c. If you	are making
	Election B, also complete lines 8a through 9c. See instructions.	-	-
6 a	Enter your pro rata share of the ordinary earnings of the QEF 6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF		
b	Enter the portion of line 7a that is included in income under section 951 or that may be		
	excluded under section 1293(g) 7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D		
	used for your income tax return. See instructions	7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.		
8 a	Add lines 6c and 7c	8a	
b	Enter the total amount of cash and the fair market value of other property distributed		
	or deemed distributed to you during the tax year of the QEF. See instructions 8b		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares		
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year 8c		
d	Add lines 8b and 8c	8d	
е		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951,		
	you may make Election B with respect to the amount on line 8e.		
9 a	Enter the total tax for the tax year. See instructions 9a		
b	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making		
_	Election B	9c	
	art IV Gain or (Loss) From Mark-to-Market Election (see instructions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
	Enter your adjusted basis in the stock at the end of the tax year	10b	
C	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income		
	on your tax return. If a loss, go to line 11	10c	
	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary		
	loss on your tax return	12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
	Enter the fair market value of the stock on the date of sale or disposition	13a	
	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your		
	tax return. If a loss, go to line 14	13c	
	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary		
	loce on your tay return. If the loce on line 12c exceeds unreversed inclusions on line 1/2, complete line 1/c	14h	

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

 $return\ according\ to\ the\ rules\ generally\ applicable\ for\ losses\ provided\ elsewhere\ in\ the\ Code\ and\ regulations$ 

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

14c

#### Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Part V Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. **b** Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Form **8621** (Rev. 12-2018)

### Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part VI Complete a separate column for each outstanding election. Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections. (i) (ii) (iii) (iv) (v) (vi) 17 Tax year of outstanding election 18 Undistributed earnings to which the election relates 19 Deferred tax 20 Interest accrued on deferred tax (line 19) as of the filing date Complete lines 21 through 24 only if a section 1294 election is terminated in the current year. 21 Event terminating election 22 Earnings distributed or deemed distributed during the tax year 23 Deferred tax due with this return ..... 24 Accrued interest due with this return Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 26 Interest accrued after partial

Form **8621** (Rev. 12-2018)

## Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning JAN 1

, 2023, and ending DEC 31

2023

Attachment Sequence No. 865

Name of person filing this return			File	r's identificat	tion numbe	r
			9	5-612375	7	
CALIFORNIA STATE UNIVERSITY FOUNDATION						
Filer's address (if you aren't filing this form with your tax return)	A Category	of filer (see Categories of	of Filers in th	ne instructions	and check ap	plicable box(es)):
	1 [	2	] 3	3 X	4	
	B Filer's tax beginning	year JUL 1	, 20	23 , and end	ing JUN	30 , 2024
C Filer's share of liabilities: Nonrecourse \$ Qu	ıalified nonrecourse financi	ng \$		Other	\$	
D If filer is a member of a consolidated group but not the parent, enter the	ne following information ab	out the parent:	_			
Name			EIN			
Address						
E Check if any excepted specified foreign financial assets are reported or	n this form. See instruction	s				
F Information about certain other partners (see instructions)		1		_		
(1) Name (2) Ad	drace	(3) Identification r	number	(4)	Check application	able box(es)
(1) Name (2) Au	ui 655	(3) Identification i	iumbei	Category 1	Category 2	Constructive owner
<b>G1</b> Name and address of foreign partnership				2(a) EIN	( ),	
HARBOURVEST ACCESS-CO-INVESTMENT FUND VI					3-156700	
C/O HARBOURVEST PARTNERS LLC				<b>2(b)</b> Refe	rence ID nu	umber
ONE FINANCIAL CENTER						<del> </del>
BOSTON, MA 02111				1 1		se laws organized
Date of Principal place Principal b	usiness - Principal bus	siness I	Fund	CAYMAN :		ange rate
4 organization 5 of business 5 activity coo			8a curre		8b (see i	ange rate instructions)
11/17/2020 CAYMAN ISLANDS 523900		S	JSD			1.000000
H Provide the following information for the foreign partnership's tax yea				.,		
1 Name, address, and identification number of agent (if any) in the United		ne foreign partnersh	a'		7 40	0.5
		orm 1042	Form 88		Form 10	00
	E-FILE	enter where Form 10	udo is ille	u.		
3 Name and address of foreign partnership's agent in country of organiz		ddress of person(s) with and the location of suc	h custody o	f the books and	records of th	ne foreign
3 Ivaline and address of foreign partnership's agent in country of organiz		and the location of suc ST PARTNERS,		a records, if dif	terent	
	ONE FINANCIAL CENTER					
	BOSTON, M					
5 During the tax year, did the foreign partnership pay or accrue any in						
					Yes	X No
					\$	
6 Is the partnership a section 721(c) partnership, as defined in Regula					Yes	X No
7 Ways and an acial allocations made by the familian newtonish 0					X Yes	No
8 Enter the number of Forms 8858, Information Return of U.S. Persor						
(FDEs) and Foreign Branches (FBs), attached to this return. See inst	ructions					0
9 How is this partnership classified under the law of the country in wh				CAYMAN :	ISLANDS	LP
10 a Does the filer have an interest in the foreign partnership, or an interest	est indirectly through the fo	reign partnership, t	hat's a			
separate unit under Regulations section 1.1503(d)-1(b)(4) or part of	f a combined separate unit	under Regulations s	section			
1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b					Yes	X No
<b>b</b> If "Yes," does the separate unit or combined separate unit have a dua	al consolidated loss, as defi	ned in Regulations				
section 1.1503(d)-1(b)(5)(ii)?					Yes	☐ No
11 Does this partnership meet <b>both</b> of the following requirements?		)				
1. The partnership's total receipts for the tax year were less than \$2	50,000.					
2. The value of the partnership's total assets at the end of the tax ye	ear was less than \$1 million	· [			Yes	☐ No
If "Yes," don't complete Schedules L, M-1, and M-2.		J				
For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions					Form <b>8865</b> (2023)

LHA 310651 10-27-23

	e. List all partnerships (foreign or domestic) in which indirectly owns a 10% interest.	ch the foreigh parther	snip owns	
Name	Address	EIN (if any)	Total ordinary income or loss	Check foreig partne ship
			1	

Form 8865 (2023)

No

Yes

Does the partnership have any other foreign person as a direct partner?

#### **SCHEDULE O** (Form 8865)

(Rev. October 2021) Department of the Treasury Internal Revenue Service

#### Transfer of Property to a Foreign Partnership (Under Section 6038B)

Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Go to www.irs.gov/Form8865 for instructions and the latest information. Name of transferor Filer's identifying number CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Name of foreign partnership HARBOURVEST ACCESS-CO-INVESTMENT FUND VI EIN (if any) Reference ID number (see instr) C/O HARBOURVEST PARTNERS LLC 98-1567006 1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions X No Yes No **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Nο Transfers Reportable Under Section 6038B Part I (b) (d) (e) (f) (g) Date of Description Fair market value Cost or other Recovery period Section 704(c) Gain recognized Type of property transfer of property on date of transfer basis allocation method on transfer 452,548 Cash 12/31/23 Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property **Totals** 452,548. Enter the transferor's percentage interest in the partnership: (a) Before the transfer .3215 % (b) After the transfer .2470 Supplemental Information Required To Be Reported (see instructions) 0.2758% BEGINNING PROFIT % ENDING PROFIT % 0.2458% BEGINNING LOSS % 0.2758% ENDING LOSS % 0.2458% Part II Dispositions Reportable Under Section 6038B (d) (g) Depreciation Date of Date of Manner of Gain Gain allocated Type of Depreciation recapture recognized by partnership property original disposition disposition recognized by to partner recapture allocated transfer partnership to partner

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Yes Schedule O (Form 8865) 10-2021

Х

Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

## Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Name of person filing this return

Attachment Sequence No. **865** JAN 5 , 2023, and ending DEC 31 2023 beginning Filer's identification number

				95-612375	57	
CALIFORNIA STATE UNIVERSITY	FOUNDATION					
Filer's address (if you aren't filing this form with	h your tax return)	A Category of	f filer (see Categories of Filers in	the instructions	and check app	olicable box(es)):
		1 [	2	3 X	4	
		B Filer's tax y beginning	<sup>/ear</sup> JUL 1 , 2	023 , and end	ding JUN 3	30 , 2024
C Filer's share of liabilities: Nonrecourse \$	Qualified nonre	course financin	ng \$	Othe	 r <b>\$</b>	
<b>D</b> If filer is a member of a consolidated group	but not the parent, enter the following is	information abo	out the parent:			
Name			EIN			
Address						
E Check if any excepted specified foreign finar	ncial assets are reported on this form. S	See instructions	·			
F Information about certain other partners (se	e instructions)					
(1) Name	(2) Address		(3) Identification number	(4)	Check applica	ıble box(es)
(1) Name	(2) Addi ess		(5) Identification number	Category 1	Category 2	Constructive owner
					<u> </u>	
					<u> </u>	
<b>G1</b> Name and address of foreign partnership				2(a) EIN	` ,	
KKR GLOBAL IMPACT FUND II PRIVA	ιΤΕ				8-170877	
INVESTORS (OFFSHORE B) LP			2(b) Refe	erence ID nu	mber	
30 HUDSON YARDS			2 Country	. under whe	se laws organized	
NEW YORK, NY 10001				CANADA	/ under who	se iaws organized
4 Date of organization 5 Principal place of business	6 Principal business activity code number	Principal bus	iness o Fu	nctional	8b Excha	ange rate
organization of business 01/02/2023 CANADA		/ activity		rrency	ou (see ir	nsťructions) 1.00000
H Provide the following information for the for						
1 Name, address, and identification number o		2 Check if th	e foreign partnership mus	file.		
i Name, address, and identification number o	ragent (ir any) in the emica etates		rm 1042 Form	_	Form 106	35
			nter where Form 1065 is fi			70
		E-FILE				
3 Name and address of foreign partnership's	agent in country of organization, if any	4 Name and ad	ddress of person(s) with custody and the location of such books	of the books and	d records of the	e foreign
•		partitions, inp.,		arra 1000r a0, ii ar		
5 During the tax year, did the foreign partne	ership pay or accrue any interest or roya	alty for which th	ne deduction is not			
allowed under section 267A? See instruct	ions				Yes	X No
If "Yes," enter the total amount of the disa					\$ <u></u>	<u></u>
6 Is the partnership a section 721(c) partne	rship, as defined in Regulations section	1.721(c)-1(b)(	(14)?		Yes	X No
7 Were any special allocations made by the					Yes	X No
8 Enter the number of Forms 8858, Informa	•		•			
(FDEs) and Foreign Branches (FBs), attack						
9 How is this partnership classified under th				LIMILED	PARTNER	SHI
10 a Does the filer have an interest in the foreign		-				
separate unit under Regulations section 1	., ., ., .	•	•			N.
1.1503(d)-1(b)(4)(ii)? If "No," skip questic	on 10b				Yes	L No
<b>b</b> If "Yes," does the separate unit or combine	-		-			
section 1.1503(d)-1(b)(5)(ii)?					Yes	L No
<ul><li>Does this partnership meet <b>both</b> of the fo</li><li>The partnership's total receipts for the</li></ul>						
The partnership's total receipts for the     The value of the partnership's total ass	•	than \$1 million	}		Yes	□ No
If "Yes," <b>don't</b> complete Schedules L, M-1		man ψ i iiiiiiiUll.			168	140
For Privacy Act and Paperwork Reduction Act					-	Form <b>8865</b> (2023)
	, coo coparate menastrone.					()

LHA 310651 10-27-23

Schedule A-2	Foreign Partners of Section 721(	c) Partnership	(see instructions)			
Name of foreign	Address	Country of organization	U.S. taxpayer identification number	Check if related to	Percentag	e interest
partner	Addicas	(if any)	(if any)	U.S. transferor	Capital	Profits
					%	%
					%	%
Does the partnership h	Vac	No				

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partner-ship
KKR GLOB IMPACT FD II SCSP	30 HUDSON YARDS	98-1606312		Х
	NEW YORK, NY 10001			

Form 8865 (2023)

#### **SCHEDULE 0** (Form 8865)

(Rev. October 2021) Department of the Treasury Internal Revenue Service

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Name of transfero	r CALIFORNI	ТА ЅТАТЕ	IINTVERS	תע דטוווס	ATTON				Filer's ident		ber	
Name of foreign p				UND II P				EIN (if any)	75 012		e ID numb	er (see instr)
3 1	-		OFFSHORI					98-1708	779			(,
1a Is the partn	ership a section 7				lations se	ction 1.721(c)-1	(b)(14))? S	See instruction	ns	E	Yes	No No
<b>b</b> If "Yes," wa	s the gain deferral	method app	lied to avoid	the recogniti	on of gair	n upon the contr	ibution of p	oroperty?		[	Yes	☐ No
	tangible property t										_	
	fter, a platform co			Regulations se	ection 1.4	82-7(c)(1)?					Yes	No
Part I Tr	ansfers Reportab	le Under Se	ction 6038B									
Type of property	(a) Date of transfer	(b) Description of property	Fair mar	c) ket value of transfer	Со	(d) st or other basis		e) ry period	(f) Section 70 allocation me		Gain re	(g) ecognized ransfer
Cash	12/31/23			300,144.								
Stock, notes												
receivable												
and payable,												_
and other securities												
Inventory												
Tangible												
property used in trade												
or business												
Intangible property												
described in												
section												
197(f)(9)												
Intangible property, other												
than intangible												
property												
described in section 197(f)(9)												
					<u> </u>							_
Other												_
property												
Totals				300,144.								
	ı ansferor's percent	aga intaract		-	fora tha tr	anefor	.0000	%	/h\ After	the transfe		4.9459 %
	ormation Require				וטופ נוופ נו	ansiei	.0000	/0	(D) AILGI	tile transit	11 -	1.7437 /0
	PROFIT % 4.	-	once (Scor	non dononoj.								
	LOSS % \$4.4											
ENDING .	LUSS 6 \$4.4	4/9040										
Part II Di	spositions Report	ahle linder	Section 603	8B								-
(a)	(b)		(c)	(d)		(e)		(f)	(g)			/b)
Type of	Date of		Date of	Manner of		Gain	Dep	(f) preciation capture	Gain allo			(h) eciation
property	original transfer	dis	position	disposition		recognized by partnership	rec	cognized artnership	to parti	ner		e allocated partner
						· · ·	ыу р	ar a ici əriib				
							+					
Dort III		4.4					00.4(0.40)		(f) (F) (F) 2		<del></del>	
Part III Is	any transfer repor	red on this s	scnedule sub	ject to gain re	ecognitioi	n under section !	904(1)(3) 0	r section 904	(T)(5)(F) <b>?</b>		Yes	X No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

FORM 8621	ADDITION	AL INFORMATIO	ON 	STATEMENT 12		
NAME OF PASSIVE FO	REIGN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING F	UND	
ONO CONNECT B.V.						
CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES			VALUE OF SHARES HELD AT END OF YEAR	
OTH	<del></del>					
FORM 8621	ADDITION	AL INFORMATION	ON	S	TATEMENT 13	
NAME OF PASSIVE FO	REIGN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING F	UND	
ONO HOLDINGS B.V.						
CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	OF SHARES AT END	VALUE OF SHARES HELD AT END OF YEAR	
 ОТН						
FORM 8621	ADDITION	AL INFORMATI	ON	S	TATEMENT 14	
NAME OF PASSIVE FO	REIGN INVESTMENT					
FORM 8621  NAME OF PASSIVE FORM THE RISE FUND III (	REIGN INVESTMENT					
NAME OF PASSIVE FO	REIGN INVESTMENT			ELECTING FU	UND	

FORM 8621	ADDITIONAL INFORMATION	STATEMENT 15
NAME OF PASSIVE FO	DREIGN INVESTMENT COMPANY OR QUALI	FIED ELECTING FUND
YOCO AFRICA LTD.		
CLASS OF STOCK	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF YEAR OF SHARES CHAN	
OTH		
лн		
FORM 8621	ADDITIONAL INFORMATION	STATEMENT 16
NAME OF PASSIVE FO	DREIGN INVESTMENT COMPANY OR QUALI	FIED ELECTING FUND
YOCO HOLDINGS		<del></del>
CLASS OF STOCK	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF YEAR OF SHARES CHAN	NUMBER VALUE OF OF SHARES SHARES HELI OF AT END AT END IGE OF YEAR OF YEAR
OTH	41.000	41.000
FORM 8621	ADDITIONAL INFORMATION	STATEMENT 17
NAME OF PASSIVE FO	DREIGN INVESTMENT COMPANY OR QUALI	FIED ELECTING FUND
YOCO PAYMENT TECHN	NOLOGIES EGYPT S.A.E.	<del></del>
	NUMBER OF SHARES CHANGE	NUMBER VALUE OF
CLASS OF STOCK	AT BEGINING IN NUMBER DATE OF YEAR OF SHARES CHAN	OF SHARES SHARES HELD OF AT END AT END

FORM 8621	ADDITIONAL INFORMATION	STATEMENT 18
NAME OF PASSIVE	FOREIGN INVESTMENT COMPANY OR QUALIFIED	ELECTING FUND
YOCO TECHNOLOGI	ES PTY. LTD.	
CLASS OF STOCK	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF OF YEAR OF SHARES CHANGE	NUMBER VALUE OF OF SHARES SHARES HELD AT END AT END OF YEAR OF YEAR
ОТН		
FORM 8621	ADDITIONAL INFORMATION	STATEMENT 19
NAME OF PASSIVE	FOREIGN INVESTMENT COMPANY OR QUALIFIED	ELECTING FUND
HARBOURVEST PARTEUND L.P.	TNERS COINVESTMENT VI FEEDER	
	TNERS COINVESTMENT VI FEEDER  NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF OF YEAR OF SHARES CHANGE	NUMBER VALUE OF OF SHARES SHARES HELD AT END AT END OF YEAR OF YEAR
CLASS OF STOCK	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF	OF SHARES SHARES HELD AT END AT END
CLASS OF STOCK	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF	OF SHARES SHARES HELD AT END AT END
FUND L.P.  CLASS OF STOCK  OTH	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF	OF SHARES SHARES HELD AT END AT END
FUND L.P.  CLASS OF STOCK  OTH  FORM 8621	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF OF YEAR OF SHARES CHANGE	OF SHARES SHARES HELD AT END OF YEAR OF YEAR  STATEMENT 20
FUND L.P.  CLASS OF STOCK  OTH  FORM 8621  NAME OF PASSIVE	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF OF YEAR OF SHARES CHANGE  ADDITIONAL INFORMATION	OF SHARES SHARES HELD AT END OF YEAR OF YEAR  STATEMENT 20
FUND L.P.  CLASS OF STOCK  OTH  FORM 8621  NAME OF PASSIVE	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF OF YEAR OF SHARES CHANGE  ADDITIONAL INFORMATION  FOREIGN INVESTMENT COMPANY OR QUALIFIED	OF SHARES SHARES HELD AT END OF YEAR OF YEAR  STATEMENT 20  ELECTING FUND  NUMBER VALUE OF OF SHARES SHARES HELD

## (Rev. November 2018) Department of the Treasury Internal Revenue Service

## Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

do to www.ii.o.gov/i ormozo for motraduono una trie ideot inic	Ji iii dii oiii
 Attach to your income tay return for the year of the transfer or d	lietribution

OMB	No.	1545-0026

Attachment Sequence No. **128** 

Pai	t I U.S. Transferor Information (see instructions)			
Name	e of transferor	Identify	ying numbe	(see instructions)
CA	LIFORNIA STATE UNIVERSITY FOUNDATION		-	
		95-6	123757	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.			
	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			
u	five or fewer domestic corporations?		Yes	No
h	Did the transferor remain in existence after the transfer?		Yes	□ No
b	If not, list the controlling shareholder(s) and their identifying number(s).	∟	165	NO
	in not, list the controlling shareholder(s) and their identifying humber(s).			
	Controlling shareholder	Identifying	number	
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	,	Yes	No
C	If not, list the name and employer identification number (EIN) of the parent corporation.		165	
	Thot, list the haire and employer identification humber (Env) of the parent corporation.			
	Name of parent corporation E	IN of parent	corporati	on
d	Have basis adjustments under section 367(a)(4) been made?	L	Yes	No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under s	section 367).		
	complete questions 3a through 3d.	,,		
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN of par	tnership	
	· ·			
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	<u> </u>	Yes	No
С	Is the partner disposing of its entire interest in the partnership?		Yes	☐ No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
	securities market?		Yes	☐ No
Par				
4	Name of transferee (foreign corporation)	5a Identifyi	ing numb	er, if any
		-		•
PAI	RTNERS CO-INVESTMENT VI FEEDER FUND L.P.	98-15656	76	
6	Address (including country)	<b>5b</b> Reference	ce ID num	ber
	ELGIN AVENUE	DOMETHE D		
	GETOWN, GRAND CAYMAN CAYMAN ISLANDS	PCVIFFLP		
7 C.T	Country code of country of incorporation or organization			
CJ				
8	Foreign law characterization (see instructions)			
	YMAN ISLANDS LP			X No
9	Is the transferee foreign corporation a controlled foreign corporation?	<u></u>	Yes	L^_ NO

Form 926 (Rev. 11-2018)

Part III Information		sfer of Property (see	instructions)	73 012	Page Z
Section A - Cash	<u> </u>		,		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023		449,674.		
10 Was cash the only pro If "Yes," skip the rema  Section B - Other Pro	ainder of Part III and g	o to Part IV.	subject to section 3		X Yes No
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
 Totals					
(including a branch the If "Yes," continue to lice Immediately after the transferee foreign corlif "Yes," continue to lice Imter the transferred Imperior Im	b. domestic corporation at is a foreign disregatine 12c. If "No," skip I transfer, was the domporation? ine 12d. If "No," skip I loss amount included asfer property describ	that transferred substantiall rded entity) to a specified 1 ines 12c and 12d, and go to lestic corporation a U.S. shimmer 12d, and go to line 13. in gross income as required in section 367(d)(4)?	y all of the assets of a forei 0%-owned foreign corporat o line 13. areholder with respect to the	gn branch tion? [	Yes No Yes No Yes No Yes No
Section C - Intangible	e Property Subje	ct to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length point on date of trans		(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)					
Totals					
					Form 926 (Rev. 11-2018)

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14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
17 0	reasonably anticipated to exceed 20 years?	Yes	No
h	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		□ No
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
Ŭ	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	I If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
_	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
	time the earlier, a platform contribution as downed in riegalations section 1.162 7(6)(1).		
Sup	oplemental Part III Information Required To Be Reported (see instructions)		
	,		
_			
Pa	art IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before% (b) After%		
17	Type of nonrecognition transaction (see instructions)		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
<b>20</b> a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b			
	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶\$	
	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)  Did the domestic corporation not recognize gain or loss on the distribution of property because the	▶\$	
			□ No
	Did the domestic corporation not recognize gain or loss on the distribution of property because the		☐ No

Form **926** (Rev. 11-2018)

TAXABLE YEAR

California Exempt Organization Annual Information Return

328941 12-26-23 **FORM** 

	202	3 Annual Informati	on Return					199	)
Ca	lendar Year	2023 or fiscal year beginning (mm/dd/yyyy)	07/01/2023	, and ending	(mm/dd/yy)	/y)	06/	/30/2024	
Со	rporation/Org	anization name			Cali	fornia corpo	oration	number	
~-						042426	_		
_		A STATE UNIVERSITY FOUNDATION lation. See instructions.			FE	043136	7		
Λu	ditional inform	auon. See instructions.			'	95-61	2375	57	
Str	eet address (s	uite or room)				PMB no.		-	
40	)1 GOLDE	N SHORE							
Cit	у				State	ZIP code			
LC	NG BEAC	а			CA	90802			
For	reign country	name	Foreign province/state/county			Foreign p	ostal co	ode	
_									
Α	First retu			d the organization ha		-	-		
B C		return •		t reported to the FTB exempt under R&TC					₹ No
D		on 4947(a)(1) trustrmation return?		gaged in political act					No
_				the organization exe					
	<u> </u>	(mm/dd/yyyy) •	= =	Yes," enter the gross				· — —	_
E	Check ac	counting method: (1) Cash (2) X Accrua	al (3) Other L IS	the organization a lir	nited liability	company	?	• Yes X	No
F		eturn filed? (1) $\bullet$ $\boxed{X}$ 990T (2) $\bullet$ 990PF (3)		d the organization file					_
	. ,	Other 990 series	rep	oort taxable income?		<b></b>		• X Yes	No
G 		group filing? See instructions		the organization und					
Н		ganization in a group exemption		S audited in a prior y federal Form 1023/1					≓ '''
	ii res, v	/hat is the parent's name?		te filed with IRS				162	<u>-                                    </u>
			Da	to filed with into					
F	Part I o	omplete Part I unless not required to file this fo	rm. See General Informatio	n B and C.					
		1 Gross sales or receipts from other sources	s. From Side 2, Part II, line 8				1	22,185,0	71 00
		2 Gross dues and assessments from member	ers and affiliates				2		00
		3 Gross contributions, gifts, grants, and sim				•	3	1,969,0	66 00
	Receipts	4 Total gross receipts for filing requirement			STMT 2			24 154 1	27 22
	and	This line must be completed. If the result				00	4	24,154,1	3/ 00
F	Revenues	<ul><li>Cost of goods sold</li><li>Cost or other basis, and sales expenses of</li></ul>	accate cold	• 5 • 6	20,207,				
			asscts solu			100	7	20,207,7	71 00
		8 Total gross income. Subtract line 7 from li				_	8	3,946,3	
_	F	9 Total expenses and disbursements. From \$	Side 2, Part II, line 18				9	4,871,6	
_'	Expenses	10 Excess of receipts over expenses and disb	ursements. Subtract line 9 f	rom line 8			10	-925,2	82 00
							11		00
							12		00
		Payments balance. If line 11 is more than		40		_	13		00
,	Payments	<ul><li>14 Use tax balance. If line 12 is more than line</li><li>15 Penalties and interest. See General Information</li></ul>					14 15		00
				esult					00
_		<b>16 Balance due.</b> Add line 12 and line 15. The Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer (continuous)	this return, including accompanying ther than taxpaver) is based on all	ng schedules and statem	nents, and to the	e best of m	y knowl	ledge and belief,	100
Sig	gn ere		Title		Date	3		Telephone	
_	,10	Signature of officer	CFO						
		Preparer's DI DANOP A LIVING (TON		Date	Check	if		● PTIN	
		signature ELEANOR A. LIVINGSTON,	CPA, MST	11/20/24	self-en	nployed		P00226461  ● Firm's FEIN	
Pa		Firm's name (or yours, WINDES INC						95-3001179	
	eparer's se Only	if self- employed) P.O. BOX 87						● Telephone	
US	oe Ulliy	and address LONG BEACH, CA 90801-00	87					949-852-9433	
_		May the FTB discuss this return with the prepare		tions		• X	Yes	<del>'</del>	
_									

328951 12-26-23

-925,282

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

		1	Gross sales or receipts from all busin	ess activities. See instru	ctions				•	1	00
			Interest						•	2	507,193 00
		3	Dividends						•	3	00
Receip	ots	4	^						•	4	00
from		5	Gross royalties						•	5	00
Other		6	Gross amount received from sale of a	ssets (See instructions)			STAT	EMENT 3	•	6	21,460,004 00
Source	98	7							•	7	217,874 00
Counce	.	8	Total gross sales or receipts from oth					n Side 1 Part I line	1	8	22,185,071 00
		9	Contributions, gifts, grants, and simil						`. ⊦	9	4,001,679 00
		10	Disbursements to or for members						•	10	00
		11	Compensation of officers, directors, a	nd truetage			SEE STATEM	ENT 6		11	0 00
									1	12	00
Evnon			Other salaries and wages						`	13	
Expens	ses	13	Interest						`	14	00
and		14	Taxes						`		00
Disbur		15	Rents						<u> </u>	15	00
ments		16	Depreciation and depletion (See instr	actions)			CDD CMAMDM		<u> </u>	16	869,969 <sub>00</sub>
		17	Other expenses and disbursements				SEE STATEM	ENI /	•	17	
Cobe			Total expenses and disbursements. A					rt I, line 9		18	4,871,648 00 able year
Sche		e L	Balance Sheet	Beginning of	taxabi	ie y		(1)	Ella 0	Itaxa	
Assets			_	(a)			(b)	(c)			(d)
1 Ca							2,090,543				1,458,077
			s receivable								• 36,530 •
			ceivable								
											•
			state government obligations								•
			in other bonds								•
			in stock								•
	ortga	•					20 064 012				42.761.404
			ments STMT 8				38,864,912				• 42,761,494
			le assets								
			mulated depreciation								
<b>11</b> La	and .										•
			STMT 9				11,289,499				• 10,499,025
							52,244,954				54,755,126
			et worth								
			yable				46,753				• 47,398
<b>15</b> Co	ontribi	ution	s, gifts, or grants payable	<u> </u>							•
			otes payable								•
			ayable								•
			es STMT 10				8,319,573				9,042,968
<b>19</b> Ca	apital	stock	or principal fund								•
			tal surplus. Attach reconciliation								•
			nings or income fund				43,878,628				• 45,664,760
			ies and net worth				52,244,954				54,755,126
Sche	edul	e M	I-1 Reconciliation of income per b Do not complete this schedule i			ne 1	3, column (d), is les	s than \$50,000.			
1 Ne	et inco	ome p	per books	• 1,786	,132	2 7	7 Income recorded	on books this year			
<b>2</b> Fe	deral	incor	me tax	•			not included in th	is return. Attach sch	edule	*	• 2,711,414
			pital losses over capital gains	•		] 8	B Deductions in this	s return not charged			
			recorded on books this year.				against book inco	-			
			dule	•				-			•
			corded on books this year not			] (		and line 8			2,711,414
de	educte	d in t	this return. Attach schedule	•			Net income per re				

1,786,132 \* SEE STATEMENT

6 Total. Add line 1 through line 5

Subtract line 9 from line 6

CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	PATEMENT 1
CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
633 3RD AVE NEW YORK, NY 10017-6706		504,000.
1 LOMBARD ST STE 305 SAN FRANCISCO, CA 94111-1130		150,000.
475 BRANNAN ST STE 110 SAN FRANCISCO, CA 94107-5419		137,301.
6040 N IRWINDALE AVE IRWINDALE, CA 91702-3207		100,000.
400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022		100,000.
1079 DEEP WOOD DR WESTLAKE VILLAGE, CA 91362-4216		25,000.
PO BOX 1459 EL CERRITO, CA 94530-4459		40,000.
1647 STEWART ST SANTA MONICA, CA 90404-4019		27,500.
444 CASTRO STREET 140 MOUNTAIN VIEW, CA 94041		25,000.
333 S HOPE ST FL LOS ANGELES, CA 90071-1406		20,000.
221 S. FIGUEROA ST. STE 400 LOS ANGELES, CA 90012		20,000.
5400 E OLYMPIC BLVD STE 300 COMMERCE, CA 90022-5187		17,000.
15332 NEWPORT AVE TUSTIN, CA 92780		17,000.
	CONTRIBUTOR'S ADDRESS  633 3RD AVE NEW YORK, NY 10017-6706  1 LOMBARD ST STE 305 SAN FRANCISCO, CA 94111-1130  475 BRANNAN ST STE 110 SAN FRANCISCO, CA 94107-5419  6040 N IRWINDALE AVE IRWINDALE, CA 91702-3207  400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022  1079 DEEP WOOD DR WESTLAKE VILLAGE, CA 91362-4216  PO BOX 1459 EL CERRITO, CA 94530-4459  1647 STEWART ST SANTA MONICA, CA 90404-4019  444 CASTRO STREET 140 MOUNTAIN VIEW, CA 94041  333 S HOPE ST FL LOS ANGELES, CA 90071-1406  221 S. FIGUEROA ST. STE 400 LOS ANGELES, CA 90012  5400 E OLYMPIC BLVD STE 300 COMMERCE, CA 90022-5187	CONTRIBUTOR'S ADDRESS  G33 3RD AVE NEW YORK, NY 10017-6706  1 LOMBARD ST STE 305 SAN FRANCISCO, CA 94111-1130  475 BRANNAN ST STE 110 SAN FRANCISCO, CA 94107-5419  6040 N IRWINDALE AVE IRWINDALE, CA 91702-3207  400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022  1079 DEEP WOOD DR WESTLAKE VILLAGE, CA 91362-4216  PO BOX 1459 EL CERRITO, CA 94530-4459  1647 STEWART ST SANTA MONICA, CA 90404-4019  444 CASTRO STREET 140 MOUNTAIN VIEW, CA 94041  333 S HOPE ST FL LOS ANGELES, CA 90071-1406  221 S. FIGUEROA ST. STE 400 LOS ANGELES, CA 90012  5400 E OLYMPIC BLVD STE 300 COMMERCE, CA 90022-5187  15332 NEWPORT AVE TUSTIN, CA

3 STATEMENT(S) 1 2023.05000 CALIFORNIA STATE UNIVERSI 01163.T1

CALIFORNIA STATE UNIVERSI	TY FOUNDATION	95-6123757
ANONYMOUS	522 ALBRO ST SAN PEDRO, CA	
	90732-2602	12,000.
FIDELITY BROKERAGE	900 SALEM STREET SMITHFIELD,	
SERVICES	RI 02917-1243	11,000.
CHEVRON	1201 K ST STE 1910 SACRAMENTO,	
	CA 95814-3996	10,000.
ERNST & YOUNG FOUNDATION	200 PLAZA DRIVE SECAUCUS, NJ	10.000
TEWTCH COMMINITEN	07094 4950 MURPHY CANYON ROAD SAN	10,000.
JEWISH COMMUNITY FOUNDATION - SAN DIEGO	DIEGO, CA 92123	10,000.
RAZI FAMILY FOUNDATION	2201 DUPONT DR SUITE 300	10,000.
	IRVINE, CA 92612	10,000.
ORANGE COUNTY'S UNITED	18012 MITCHELL SOUTH IRVINE,	,
WAY	CA 92614	10,000.
BARCLAYS	745 7TH AVE NEW YORK, NY	
	10019-6801	10,000.
SANTE HEALTH SYSTEM	7370 N PALM AVE, STE 101	
	FRESNO, CA 93711-5782	10,000.
BMO FINANCIAL GROUP	111 W MONROE ST CHICAGO, IL	
TOOMES CROWN	60603-4096	10,000.
ICONIC GROUP	3490 MARTIN HURST RD	8,000.
MARCHING ORDER	TALLAHASSEE, FL 32312-1702 303 W JOAQUIN AVE, SUITE 230	8,000.
MARCHING ORDER	SAN LEANDRO, CA 94577	8,000.
ADE VENTURES	8917 CARDROSS CV GERMANTOWN,	0,000.
TIBE VERTORIES	TN 38139-3416	8,000.
KI KRUEGER INTERNATIONAL.	1330 BELLEVUE STREET GREEN	,
INC	BAY, WI 54302-2119	7,482.
STEVE RELYEA	1351 BRYANT RD LONG BEACH, CA	
	90815-4105	7,000.
LESLIE GILBERT-LURIE	149 N CLIFFWOOD AVE LOS	
	ANGELES, CA 90049-2613	7,000.
SYCUAN CASINO RESORT	5485 CASINO WAY EL CAJON, CA	T 000
COLLEGENER	92019-1802 805 SW BROADWAY SUITE 1600	7,000.
COLLEGENET	PORTLAND, OR 92705	6,000.
SHOW IMAGING, INC.	1125 JOSHUA WAY VISTA, CA	0,000.
bilow IFIAGING, INC.	92081-7840	6,000.
CALIFORNIA GROCERS	1005 12TH ST STE 200	,,,,,,
ASSOCIATION	SACRAMENTO, CA 95814-3920	5,000.
CALIFORNIA GROCERS	1005 12TH ST STE 200	
ASSOCIATION EDUCATIONAL	SACRAMENTO, CA 95814-3920	5,000.
FOUNDATION		
FRESNO MAZDA	5499 N BLACKSTONE AVE FRESNO,	
	CA 93710-5015	5,000.
LAURENCE GOULD	211 MAIN ST SAN FRANCISCO, CA	
CARNITATE COMPANY TO	94105-1905 51 MIGHA IN GHANHODD GA	5,000.
CARNEGIE FOUNDATION FOR		E 000
THE ADVANCEMENT OF	94305-8703	5,000.
TEACHING		
TOTAL INCLUDED ON LINE 3		1,393,283.
· · • · · · · · · · · · · · · ·		

	NCASH CONTRIBU DED ON PART I,			STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS		
42CHAT	1192 E DRAPER 84020	PKWY, SUIT	E 418 DR	APER, UT
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GI	FT	TOTAL AMOUNT
SPONSORSHIP CHATBOT	06/30/24		12,000.	12,000
TOTAL INCLUDED ON LINE 3			12,000.	12,000
CA 199 GROSS AM	OUNT FROM SALE	OF ASSETS		STATEMENT 3
	OUNT FROM SALE  DAT  ACQUI	'E DAT		STATEMENT 3 METHOD CQUIRED
	DAT	'E DAT	D AC	METHOD
DESCRIPTION	DAT	'E DAT	D AC	METHOD CQUIRED TRCHASED E GROSS
DESCRIPTION	DAT ACQUI	TE DATE	EXPENSE	METHOD CQUIRED TRCHASED E GROSS
DESCRIPTION	COST OR OTHER BASIS	PE DATE SOI	EXPENSE OF SALE	METHOD CQUIRED PRCHASED GROSS SALES PRICE
DESCRIPTION SECURITIES  TOTAL TO FORM 199, PAGE 2, LN 6	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	METHOD CQUIRED IRCHASED  E GROSS E SALES PRICE 0. 21,460,004
DESCRIPTION SECURITIES  TOTAL TO FORM 199, PAGE 2, LN 6	COST OR OTHER BASIS  20,207,771.	DEPREC.	EXPENSE OF SALE	METHOD CQUIRED PRCHASED  E GROSS E SALES PRICE  O. 21,460,004  O. 21,460,004
DESCRIPTION SECURITIES	COST OR OTHER BASIS  20,207,771.	DEPREC.	EXPENSE OF SALE	METHOD CQUIRED  FRCHASED  GROSS SALES PRICT  0. 21,460,004  0. 21,460,004  STATEMENT 4

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA		STATEMENT 5
ACTIVITY CLASSIFICAT	ION: GRANTS		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TRUSTEES OF THE CSU	401 GOLDEN SHORE - LONG BEACH, CA 90802	NONE	927,751.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU LONG BEACH RESEARCH FOUNDATION	6300 STATE UNIVERSITY DR. #332 - LONG BEACH, CA 90815	NONE	185,761.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU FULLERTON PHILANTHROPIC FOUNDATION	2600 NUTWOOD AVE #850 - FULLERTON, CA 92831	NONE	124,470.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU DOMINGUEZ HILLS PHILANTHROPIC FDN		NONE	99,040.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU SAN BERNADINO PHILANTHROPIC FDN	5500 UNIVERSITY PARKWAY - SAN BERNADINO, CA 92407	NONE	62,343.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU STANISLAUS	1 UNIVERSITY CIRCLE - TURLOCK, CA 95382	NONE	50,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU BAKERSFIELD	9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	NONE	50,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU LOS ANGELES UNIVERSITY AUXILIARY SVS	5151 STATE UNIVERSITY DRIVE, GE 314 - LOS ANGELES, CA 90032	NONE	32,386.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU NORTHRIDGE	18111 NORDHOFF ST - NORTHRIDGE, CA 91330	NONE	26,400.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY FOUNDATION AT SACRAMENTO STAT	6000 J STREET MODOC HALL 3001 - SACRAMENTO, CA 95819	NONE	15,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HISPANIC ASSOCIATION OF COLLEGES AND UNI	4801 NW LOOP 410 STE 701 - SAN ANTIONIO, TX 78229	NONE	15,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU NORTHRIDGE FOUNDATION	18111 NORDHOFF ST, VALERA HALL 110 - NORTHRIDGE, CA 91330	NONE	14,300.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CAL POLY POMONA PHILANTHROPIC FOUNDATION	3801 WEST TEMPLE AVENUE - POMONA, CA 91768	NONE	11,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA COALITION FOR PUBLIC HIGHER E		NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GREAT MINDS IN STEM	5211 E. WASHINGTON BLVD 2-320 - LOS ANGELES, CA 90040	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU NORTHRIDGE FOUNDATION	18111 NORDHOFF ST, VALERA HALL 110 - NORTHRIDGE, CA 91330	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA POLYTECHNIC STATE UNIV FDN	ONE GRAND AVENUE HERON HALL 117 RM 215 - SAN LUIS OBISPO, CA 93407	NONE	9,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU FULLERTON PHILANTHROPIC FOUNDATION	2600 NUTWOOD AVE #850 - FULLERTON, CA 92831	NONE	9,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIANS DEDICATED TO EDUCATION FDN	548 MARKET STREET, #PMB 75621 - SAN FRANCISCO, CA 94104	NONE	7,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AFRICAN AMERICAN MALE EDUCATION NETWORK	PO BOX 151 - ELK GROVE, CA 95759	NONE	7,500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVASSIST INC	55 UNION PLACE # 146 - SUMMIT, NJ 07901	NONE	6,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU FRESNO FOUNDATION	4910 N. CHESTNUT AVENUE - FRESNO, CA 93726	NONE	5,200.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA FORWARD	1611 SYCAMORE AVE, #5369 - HERCULES, CA 94547	NONE	5,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AMERICAN ASSOCIATION OF BLACKS IN HIGHER	1155 F STREET, NW. SUITE 1050 - WASHINGTON, DC 20004	NONE	5,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA COMPETES	1300 CLAY STREET, SUITE 1020 - OAKLAND, CA 94612	NONE	5,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
OTHER GRANTS TO ORG'S BELOW \$5,000	401 GOLDEN SHORE - LONG BEACH, CA 90802	NONE	13,600.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SCHOLARSHIPS OR FINANCIAL ASSISTANCE	401 GOLDEN SHORE - LONG BEACH, CA 90802	NONE	2,164,428.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STIPENDS TO FACULTY AND ADMINISTRATORS	401 GOLDEN SHORE - LONG BEACH, CA 90802	NONE	120,000.
	TOTAL FOR THIS ACTIVITY		4,001,679.
TOTAL INCLUDED ON FOR	M 199, PART II, LINE 9		4,001,679.

CA 199	COMPENSATION OF OFFICER	S, DIRECTORS AND TRUSTEES	STATEMENT 6
NAME AND ADDR	ESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOLENE KOESTE 401 GOLDEN SHO LONG BEACH, C	ORE	CHANCELLOR-EX OFFICIO (THR	0.
STEVE RELYEA 401 GOLDEN SHO LONG BEACH, CA		PRESIDENT (12/29/23-2/11/2	0.
LORI A. REDFE 401 GOLDEN SHO LONG BEACH, CA	ORE	PRESIDENT (THRU 12/29/23) 6.00	0.
AARON J. MOOR 401 GOLDEN SHO LONG BEACH, CA	ORE	CHIEF FINANCIAL OFFICER	0.
MILDRED GARCIA 401 GOLDEN SHO LONG BEACH, CA	ORE	CHANCELLOR-EX OFFICIO (AS 2.00	0.
WENDY CHAVIRA 401 GOLDEN SHO LONG BEACH, C	ORE	VICE PRESIDENT 18.00	0.
KRISTIN CRELL: 401 GOLDEN SHO LONG BEACH, CA	ORE	CHAIR 1.00	0.
GILLIAN WRIGH 401 GOLDEN SHO LONG BEACH, CA	ORE	VICE CHAIR 1,00	0.
RONALD FONG 401 GOLDEN SHO LONG BEACH, CA		SECRETARY 1.00	0.
MICHAEL LUCKI 401 GOLDEN SHO LONG BEACH, C		TREASURER 1.00	0.
KERI ASKEW BA 401 GOLDEN SHO LONG BEACH, C	ORE	DIRECTOR (THRU 1/22/24) 1.00	0.

CALIFORNIA STATE UNIVERSITY FOUNDATION	DN	95-6123757
JOHN AUGUSTINE 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
RONALD BARHORST 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
KIMBERLEY GOODE 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
MICHAEL LIZARRAGA 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
LORENE MILLER 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
HENRY PEREA 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
ALI RAZI 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
STEVEN STUCK 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
GADDI VASQUEZ 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
SCOTT WELLS 401 GOLDEN SHORE LONG BEACH, CA 90802	DIRECTOR 1.00	0.
GREG SAKS 401 GOLDEN SHORE LONG BEACH, CA 90802	PRESIDENT (AS OF 2/12/24) 6.00	0.
MELISSA WATKINS 401 GOLDEN SHORE LONG BEACH, CA 90802	CHIEF ADMIN. OFFICER (AS O 6.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER	EXPENSES		ST	ATEMENT	r 7
DESCRIPTION					AMOUNT	1
OTHER EXPENSES					2:	92,861
FUNDRAISING						, 19,267
LEGAL FEES						1,307
ACCOUNTING FEES					•	46,350
LOBBYING FEES					:	23,138
INVESTMENT MANAGEMENT FEES						42,313
OTHER PROFESSIONAL FEES			A			41,441
ADVERTISING AND PROMOTION						13,236
OFFICE EXPENSES						29,975
TRAVEL						31,669
CONFERENCES AND CONVENTIONS INSURANCE					3.	18,458 9,954
TOTAL TO FORM 199, PART II, LI	NE 17				81	69,969
CA 199	OTHER :	INVESTMENTS		ST	ATEMENT	г 8
	OTHER :		DEC OF VEX			
	OTHER \		BEG. OF YEA		ATEMENT	
DESCRIPTION	2		BEG. OF YEA	R E		
DESCRIPTION VENTURE CAPITAL AND PARTNERSHI	2			R E	ND OF Y	EAR
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS	2		11,8	R E	ND OF Y	<b>EAR</b>
CA 199  DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES  TOTAL TO FORM 199, SCHEDULE L,	PS		11,874,9	R E	ND OF Y	EAR 8,777 21,106
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES	PS		11,8 11,874,9 26,978,1	R E	ND OF Y	EAR 8,777 21,106 31,611
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES  TOTAL TO FORM 199, SCHEDULE L,	PS LINE 9		11,8 11,874,9 26,978,1	R E 10. 82. 20.	ND OF Y	7EAR 8,777 21,106 31,611 61,494
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES	PS LINE 9		11,8 11,874,9 26,978,1	R E 10. 82. 20.	12,8: 29,9: 42,70	7EAR 8,777 21,106 31,611 61,494
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES  TOTAL TO FORM 199, SCHEDULE L,	PS LINE 9	- ASSETS	11,8 11,874,9 26,978,1	R E 10. 82. 20. 12.	12,8: 29,9: 42,70	7EAR 8,777 21,106 31,611 61,494
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES  TOTAL TO FORM 199, SCHEDULE L,	PS LINE 9	- ASSETS	11,8 11,874,9 26,978,1 38,864,9	R E  10. 82. 20. 12. ST	12,83 29,93 42,70 ATEMENT	7EAR 8,777 21,106 31,611 61,494
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES  TOTAL TO FORM 199, SCHEDULE L,  CA 199  DESCRIPTION PLEDGES AND GRANTS RECEIVABLE	PS LINE 9 OTHER	- ASSETS	11,874,9 26,978,1 38,864,9 BEG. OF YEA	R E  10. 82. 20. 12. ST  R E	12,8: 29,9: 42,70 ATEMENT	7EAR 8,777 21,106 31,611 51,494 Γ 9
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES  TOTAL TO FORM 199, SCHEDULE L,  CA 199  DESCRIPTION  PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED	PS LINE 9 OTHER	- ASSETS	11,874,9 26,978,1 38,864,9  BEG. OF YEA	R E  10. 82. 20. 12. ST  R E  00.	12,8: 29,9: 42,70 ATEMENT	7EAR 8,777 21,106 31,611 51,494 Γ 9 7EAR
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES  TOTAL TO FORM 199, SCHEDULE L,  CA 199  DESCRIPTION  PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CRUT RECEIVABLES OTHER CURRENT ASSETS	PS LINE 9 OTHER	- ASSETS	11,874,9 26,978,1 38,864,9  BEG. OF YEA 3,116,3 17,2 132,7 32,3	R E  10. 82. 20. 12.  ST  R E  00. 72. 74. 666.	12,8; 29,9; 42,70  ATEMENT  ND OF Y  1,6; ;	7EAR  8,777 21,106 31,611  61,494  P 9  7EAR  16,000 17,351 39,346 0
DESCRIPTION  VENTURE CAPITAL AND PARTNERSHI ALTERNATIVE INVESTMENTS PUBLICLY TRADED SECURITIES  TOTAL TO FORM 199, SCHEDULE L,  CA 199  DESCRIPTION	PS LINE 9 OTHER	- ASSETS	11,8 11,874,9 26,978,1 38,864,9 BEG. OF YEA 3,116,3 17,2 132,7	R E  10. 82. 20. 12.  ST  R E  00. 72. 74. 666.	12,8; 29,9; 42,70  ATEMENT  ND OF Y  1,6; ;	7EAR 8,777 21,106 31,611 61,494 7 9 7EAR 16,000 17,351 39,346

CA 199 OTHER LIABILITI	STATEMENT 10	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CRUT PAYABLES ALUMNI COUNCIL LIABILITY CHARITABLE GIFT ANNUITY	132,774. 196,012. 7,990,787.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	9,042,968.	
CA 199 INCOME RECORDED ON BOOKS NOT INCLUDED IN THIS		STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTMENTS		2,711,414.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		2,711,414.
CA 100		CONTRACTOR 12
CA 199 FUND BALANCES		STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS	6,830,236. 37,048,392.	7,526,201. 38,138,559.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	43,878,628.	45,664,760.

### 3509

# Political or Legislative Activities by Section 23701d Organizations

	calendar year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023 ch to Form 199. FTB 199N filers see instructions.	3 ,	and ending (mm/dd/yyyy)	06/30/2024		
Cor	poration/Organization name IFORNIA STATE UNIVERSITY FOUNDATION			California corp	oration number	
	et address (suite, room, or PMB no.) GOLDEN SHORE			FEIN 95-6123757		
	G BEACH	State CA	ZIP code 90802			
Pa	t I - Political Activities					
1	aplete if the organization supported or opposed a candidate for public on the organization participated or intervened in any political campaign "Yes," describe the activities. Provide a summary of any published materials.	n on beha	alf of any elective public office	ce candidate? <b>1</b> [	Yes X	∷ No
	Has the organization contributed funds to support or oppose any individual formed to support or oppose a public office candidate?  If "Yes," describe the activities. Include the name of the individual or orginal the amount paid, and date of contribution.			2	Yes X	No
Pa	t II - Legislative Activities					
3	aplete if the organization attempted to influence legislation.  Has the organization attempted to influence any national, state or local federal Form 5768, Election/Revocation of Election by an Eligible Section Influence Legislation?  If "Yes," See instructions.	on 501(c)(	3) Organization To Make Ex	penditures To	Yes X	⊡ No
4b	Has the organization, during the 2023 taxable year, filed a federal Form If "Yes," attach a copy of federal Form 5768 filed with the Internal Rever organization's need to file an election for state purposes. If "No", go to question 4b and see instructions.  Has the organization filed a federal Form 5768 in a prior year that has no Note: The organization cannot make this election if it is a church, an internal affiliated organization.	nue Servi ot been re	ce and skip question 4b. The	nis fulfills the	Yes X	No
Furr	ish the following financial information for the taxable year:					
	Exempt Purpose Expenditures					
6	The total amount paid or incurred to accomplish the charitable, education Lobbying Expenditures				4,686,002	00
	The total amount expended for the purpose of influencing legislation through con of a legislative body or any government official or employee who may participate <b>Grass Roots Expenditures</b>				966	00
	The amount expended to influence any legislation through attempts to a segment of it			olic or any	33,138	00

Date Accepted	

TAXABLE YEAR 2023

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO** 

		Exe	mpt Organiza	1110115								
Exempt Or	ganizat	ion name								Identify	ring number	
			RSITY FOUNDATION							95	-6123757	1
Part I			nformation (whole dolla	3,								
<b>1</b> To	tal gro	oss receipts or ur	related business taxable	e income (Form 199, line	4 or For	n 109, li	ine 5)			1		24,154,137
<b>2</b> To	tal gro	oss income or tot	al tax (Form 199, line 8 o	or Form 109, line 14)						2	!	3,946,366
			ursements (Form 199, line									
		(Form 109, line 2	,									
	erpay	ment (Form 109,	line 24)							5	<u> </u>	
Part II	_		nt Electronically for Tax	able Year 2023								
6	_	•	fund (Form 109 only.)									
7		ctronic funds wit			T inatallm		thdrawal c				vomnt orga	ninotion owen \
Part III	501	edule of Estimated	Tax Payments for Taxable	T ,		eni payn				T the ex		
			First Payment	Second Paymen	t		Third Pay	ment			Fourth	Payment
8 Am												
		al Date	n (Have you verified the	avamet arganization's b	ankina ir	of a way a ti	on2)					
Part IV			in (nave you verilled the	exempt organization's b	arikirig ii	IIOIIIIau	OIT?)					
<b>10</b> Rou	U				40 T		. г				٦	
11 Acc		number claration of Offic	oor		12 1	pe of a	ccount: L		hecking		Saving	<u>S</u>
				designated in Deat II 16 Leb	aali Dawi I	hau C. I	al a a l a u a Ala a	. 4 4 6 6 16 .			aifiad in Da	
direct de	posit r	efund agrees with t	n's account to be settled as the authorization stated on n nts listed on Part III, line 8 f	ny return. If I check Part II,	box 7, I a	uthorize a	deciare tha an electroni	t the back c funds	ank acco withdra	unt spe wal for	the amoun	irt IV for the t listed on line 7a
organizat statemen	tion wi	II remain liable for t transmitted to the F	I that if the Franchise Tax Bo the tax liability and all applic TB by the ERO, transmitter, isclose to the ERO or intern	able interest and penalties. or intermediate service pro	l authoriz vider. <b>If t</b>	e the exe he proce	mpt organizes	zation r e exem <sub>l</sub>	eturn and <b>pt organ</b> i	d accor <b>zation</b> '	mpanying s s return or	chedules and refund is
<del></del>					Title							
I declare am only a accuratel provided 1345, 20 the exem I declare	Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.  I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.											
	ERO's				Date		Check if also paid		Check if self-		ERO's P	TIN
ERO	signa	WINDES	, INC.				preparer		employ	ed	P0022	6461
Must		s name (or yours -employed)	WINDES, INC.							Firm's	s FEIN 95	-3001179
Sign		ddress	2050 MAIN ST., STIRVINE, CA	TE. 1300						ZIP co	ode 92614	
			re that I have examined the and complete. I make this de						atements	, and to	o the best o	f my knowledge
Paid	,,	Paid	,			Date		Check		1	Paid preparer	's PTIN
Prepa	rer	preparer's signature				24.0		if self-		¬	P0022	
Must	. •.	Firm's name (or yours	windes, inc.					Lembio	,	Firm's		-3001179
Sign		if self-employed)	$\frac{\text{WINDES, INC.}}{\text{P.O. BOX 87}}$							Fiftii S	DI EIN 33	
J.911		and address	LONG BEACH, CA	Δ						710 0	ode 90801	-0087
				<del></del>						ZII- C	Jac 2 3 3 3 1	

FTB 8453-EO 2023

TAXABLE YEAR California

2023

**California Exempt Organization Business Income Tax Return** 

328961 12-26-23

FORM **109** 

Calendar Ye	ear 20	23 or fiscal year beginning (mm/dd/yyyyy) 07/01/2023 , and ending (mm/	/dd/yyyy)	(	06/30/20	24	
	-	nization name STATE UNIVERSITY FOUNDATION		C	alifornia co 043136	rporation number 7	
Additional	infor	mation. See instructions.		FE	EIN OF 61	.02555	
Street addre		uite/room no.)	F	PMB no.	95-61	L23757	
	corpoi	ration has a foreign address, see instructions.)		ZIP code 0802			
Foreign co	ountry	r name Foreign province/state/county	F	oreign p	ostal code	Э	
B Is this a R&TC S C Is the or audited D Final ret	in eduction rganization a protoro turn? Dissonate (moderaturing moderaturing modera	A cation IRA within the meaning of action IRA within the meaning of 23712?  A cation under audit by the IRS or has the IRS ation under audit by the IRS or has the IRS ation under audit by the IRS or has the IRS ation under audit by the IRS or has the IRS ation under audit by the IRS or has the IRS ation under audit by the IRS or has the IRS ation under audit by the IRS or has the IRS ation under audit by the IRS or has the IRS at IR	n 4947(a)(1 ming any foi y Military Ba ix Area (TTA A) tax benef ialified pens scribed in IR ivity (UBA) (	rmer Enter ase Recove A), or Manu fits? Sion, profit RC Section code	prise ery Area ufacturing -sharing, or 401(a)?	• Yes [	X No
Taxable Corporation  Taxable	1 2 3	Unrelated business taxable income from Side 2, Part II, line 30  Mult. In 1 by the avg. apport. pctg  % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter	Part B, In 5.	See instr. •	1 2 3 4	-27,51 -27,51	00
Tax Compu- tation	5 6 7 8 9	Unrelated business taxable income from Side 2, Part II, line 30  Unrelated business taxable income from line 3 or line 4  EZ, LAMBRA, or TTA NOL carryover deduction  Net Operating Loss deduction. See General Information N  Add line 6 and line 7  Net unrelated business taxable income. Subtract line 8 from line 5  Tax 8.84 % x line 9. See General Information J		•	5 6 7 8 9	-27,51 -27,51	00 00 00 L6 00
Total Tax	13	Tax credits from Schedule B. See instructions  Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-  Alternative minimum tax. See General Information 0  Total tax. Add line 12 and line 13		• •	11 12 13 14		00 00 00 0
Payments	_	Overpayment from a prior year allowed as a credit  2023 estimated tax payments. See instructions  Withholding (Form 592-B and/or 593). See instructions  Amount paid with extension (form FTB 3539)  15  16  17	1,	363 <sub>00</sub> 00 00 00			
Use Tax/ Tax Due/	19 20 21 22	Use tax. See instructions Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20		•	19 20 21 22		00 00 53 00 00
Overpay- ment	23 24 25	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions  Overpayment. Subtract line 14 from line 21. See instructions  Enter amount of line 24 to be applied to 2024 estimated tax		•	23 24 25		00 53 00 53

Refund of Amount   Amount   Fill in the account information to have the refund directly deposited. Routing number   Part   Peralties and interest. See General information M   28   Caccount Number   Part   Peralties and interest. See General information M   28   Peralties and interest. See General information M   Part   Part   Depart   Part   Depart   Part   P							
Name		26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	······	•	26	] [0	<u> </u>
Date   Dispertity   Dispertit	Refund or						
29	Amount		26c			т т	
29   Total amount due. Add line 22, line 25, and line 27, then subtract line 24   20   20	Due				27		<u> </u>
Numerial content   Numerial co						<u> </u>	
Part   Unrelated Trade or Business Income   0   1   0   0   0   0   0   0   0   0				<b>(</b>	29	] [0	<u>)0</u>
1 a Cross-receipts or gross sales   b Lees returns and allowances   c Balance   1 c   0.00   2 Cost of goods sold and/or operations (Schedule A, line 7)   e 2							
2   Cost of goods Sold and/or operations (Schedule A, line 7)   2   0.00   3   Gross profit. Subtract line 2 from line 1c   3   0.00   0.00   4   a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)   4   4   10,295   0.00   0.0					_	т т	
3   Gross profit. Subtract line 2 from line 1   0   0   0				•			
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)	2 Cost o	goods sold and/or operations (Schedule A, line 7)		•	-		<u>)0</u>
b Net gain (loss) from Schedule D-1, Part II	<b>3</b> Gross	profit. Subtract line 2 from line 1c		•	3		<u> </u>
to Capital loss deduction for trusts    4c				•	<u>4a</u>	10,295 0	<u> </u>
S   Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions.  Attach Schedule K-1 (565, 568, or 1005) or similar schedule  Attach Schedule K-1 (565, 568, or 1005) or similar schedule  B Rental income (Schedule C)  Unrelated debt-financed income (Schedule D)  I Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)  I Exploited exempt activity income (Schedule G)  I College of the income. Attach Schedule  I D Exploited exempt activity income (Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A)  I Columna Attach Schedule H, Part III, Column A, III, Annuil B, Annuil B	<b>b</b> Net	gain (loss) from Schedule D-1, Part II		•	4b	<u> </u>	<u> </u>
Attach Schedule K-1 (565, 568, or 100S) or similar schedule C   6   6   0.00   6 Rental income (Schedule C)   7   0.00   8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)   8   0.00   9 Interest, Annutiues, Royalties and Rents from controlled organizations (Schedule E)   9   0.00   10 Exploited exempt activity income (Schedule G)   0.00   11 Advertising income (Schedule H, Part III, Column A)   11   0.00   12 Other income. Attach schedule   12   0.00   13 Total unrelated trade or business income. Add line 3 through line 12   13   0.23, 457   0.00   14 Compensation of officers, directors, and trustees from Schedule I   14   0.00   15 Salaries and wages   16   0.00   16 Repairs   16   0.00   17 Bad debts   17   0.00   18 Interest. Attach schedule   SEE STATEMENT 1.3   18   2,306   0.00   19 Taxes. Attach schedule   SEE STATEMENT 1.3   18   2,306   0.00   20 Contributions. See instructions and attach schedule   SEE STATEMENT 1.5   0.00   0.00   21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 385F)   21a   0.00   22 Depletion. Attach schedule   SEE STATEMENT 1.5   0.00   0.00   23 a Contributions. See instructions and attach schedule   SEE STATEMENT 1.5   0.00   0.00   24 Other deductions. Attach schedule   SEE STATEMENT 1.5   0.00   0.00   25 Total deductions. Attach schedule   SEE STATEMENT 1.5   0.00   0.00   26 Contributions to deferred compensation plans   0.00   0.00   0.00   27 Excess advertising costs (Schedule H, Part III, Column B)   0.00   0.0	<b>c</b> Capi	tal loss deduction for trusts		•	4c	<u> </u>	<u> </u>
Rental income (Schedule C)							
Tunrelated debt-financed income (Schedule D)   Stressment income of an R&TC Section 23701g, 23701i, or 23701in organization (Schedule E)   Statistical exempt activity income (Schedule G)   Stressment income of an R&TC Section 23701g, 23701in organization (Schedule E)   Stressment activity income (Schedule G)   Stressment activity income (Schedule G)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment activity income (Schedule H, Part III, Column A)   Stressment Attach schedule   Stressment Attach	Attach	Schedule K-1 (565, 568, or 100S) or similar schedule		•	5	-33,752 c	<u> </u>
B   Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule F)		, , , , , , , , , , , , , , , , , , , ,		•	6	C	<u> </u>
Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)   0   0   0   0   0   0   0   0   0	<b>7</b> Unrela	ed debt-financed income (Schedule D)		•	7	C	<u> </u>
Exploited exempt activity income (Schedule G)				•	8	C	<u> </u>
11   Advertising income (Schedule H, Part III, Column A)				•	9	C	<u> </u>
11   Advertising income (Schedule H, Part III, Column A)	10 Exploit	ed exempt activity income (Schedule G)		•	10	C	00
12	11 Advert	sing income (Schedule H, Part III, Column A)		•	11	C	00
13   Total unrelated trade or business income. Add line 3 through line 12   13   -23,457   00				•	12	C	00
14 Compensation of officers, directors, and trustees from Schedule		nrelated trade or business income. Add line 3 through line 12		•		, ,	00
15   Salaries and wages	Part II	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unre	lated b	usine	ess in	come.)	
16   Repairs	<b>14</b> Compe	nsation of officers, directors, and trustees from Schedule I		•	14	C	00
16   Repairs	15 Salarie	s and wages		•	15	C	00
17				•	16	C	00
18   Interest. Attach schedule   SEE STATEMENT 13   18   2,306   00     19   Taxes. Attach schedule   SEE STATEMENT 14   19   3   3   00     20   Contributions. See instructions and attach schedule   SEE STATEMENT 15   20   0   0   00     21   a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)   East; depreciation claimed on Schedule A. See instructions   21b   00   21   00     22   Depletion. Attach schedule   22   00     23   a Contributions to deferred compensation plans   23a   00     b Employee benefit programs. See instructions   23b   00     24   Other deductions. Attach schedule   SEE STATEMENT 16   24   1,750   00     25   Total deductions. Add line 14 through line 24   25   4,059   00     26   Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13   26   -27,516   00     27   Excess advertising costs (Schedule H, Part III, Column B)   27   00     28   Unrelated business taxable income before specific deduction. Subtract line 27 from line 26   28   -27,516   00     29   Specific deduction. See instructions   29   00     30   Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28   00   00   00   00   00   00   00				•	17		00
19 Taxes. Attach schedule  Contributions. See instructions and attach schedule  Depletion. Attach schedule  Contributions to deferred compensation plans  Demployee benefit programs. See instructions  10 Unrelated business taxable income before specific deduction. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  Durpleted business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  Courspiracy of the desired to the best of my knowledge and bellef, it is true, correct, and completes of perparer (other than taxpayer) is based on all information of which preparer has any knowledge.  SEE STATEMENT 15  Page 121a  OD  21	18 Interes	t. Attach schedule SEE STATEMENT 13		•	18	2,306	00
20 Contributions. See instructions and attach schedule  21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)  21 a	<b>19</b> Taxes.	Attach schedule SEE STATEMENT 14		•	19	3 (	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)  b Less: depreciation claimed on Schedule A. See instructions  21 Depletion. Attach schedule  22 000  23 a Contributions to deferred compensation plans  b Employee benefit programs. See instructions  23 a 000  24 Other deductions. Attach schedule  5EE STATEMENT 16  5IT Total deductions. Add line 14 through line 24  25 4, 059 00  26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13  6IT Excess advertising costs (Schedule H, Part III, Column B)  7IT Excess advertising costs (Schedule H, Part III, Column B)  8I Unrelated business taxable income before specific deduction. Subtract line 27 from line 26  9IT Specific deduction. See instructions  8IT Our privacy notice can be found in annual tax booklets or online. Go to fib.ca. gov/privacy believe bear about our privacy policy statement, or go to fib.ca. gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.  8IT Total deductions and Association of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  8Ignature  1Itile  Date  1 Title  1	20 Contril	outions. See instructions and attach schedule SEE STATEMENT 15		•	20	0 (	00
b Less; depreciation claimed on Schedule A. See instructions  21b 00 21 00  22 Depletion. Attach schedule  22 00  23 a Contributions to deferred compensation plans  5 Employee benefit programs. See instructions  23b 00  24 Other deductions. Attach schedule  25 Total deductions. Attach schedule  26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13  26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13  27 Excess advertising costs (Schedule H, Part III, Column B)  28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26  29 00  30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  Signalure  Title  Date  Telephone				00			
22 Depletion. Attach schedule  22 Opeletion. Attach schedule  23 a Contributions to deferred compensation plans  23 b Opeletion. Attach schedule  24 1,750 00  25 Total deductions. Attach schedule  26 4 1,750 00  27 Total deductions. Add line 14 through line 24  28 4 1,750 00  29 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13  29 Copeletion. Attach schedule  29 Copeletion. Attach schedule  29 Copeletion. Attach schedule  20 Copeletion. Attach schedule  20 Copeletion. Attach schedule  21 Copeletion. Attach schedule  22 Copeletion. Attach schedule  23 Copeletion. Attach schedule  24 Copeletion. Attach schedule  25 Copeletion. Attach schedule  26 Copeletion. Attach schedule  27 Copeletion. Attach schedule  28 Copeletion. Attach schedule  29 Copeletion. Attach schedule  20 Copeletion. Attach schedule  20 Copeletion. Attach schedule  20 Copeletion. Attach schedule  20 Copeletion. Attach schedule  21 Copeletion. Attach schedule  22 Copeletion. Attach schedule  23 Copeletion. Attach schedule  24 Copeletion. Attach schedule  25 Copeletion. Attach schedule  26 Copeletion. Attach schedule  27 Copeletion. Attach schedule  28 Copeletion. Attach schedule  29 Copeletion. Attach schedule  29 Copeletion. Attach schedule  20 Copeletion. Attach schedule  20 Copeletion. Attach schedule  21 Copeletion. Attach schedule  22 Copeletion. Attach sche				00	21		00
b Employee benefit programs. See instructions  23b	22 Deplet	on. Attach schedule		•	22		00
b Employee benefit programs. See instructions  23b	<b>23 a</b> Con	ributions to deferred compensation plans			23a	C	 00
24 Other deductions. Attach schedule  SEE STATEMENT 16  Q24 1,750 00  25 Total deductions. Add line 14 through line 24  26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13  Packets advertising costs (Schedule H, Part III, Column B)  26 -27,516 00  27 Excess advertising costs (Schedule H, Part III, Column B)  28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26  29 Specific deduction. See instructions  Our privacy notice can be found in annual tax booklets or online. So to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/proms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Date  Packet 1,750 00  24 1,750 00  25 4,059 00  26 27,516 00  27 28 28 -27,516 00  28 29 00  00  00  00  00  00  00  00  00  00	<b>b</b> Emp	loyee benefit programs. See instructions			23b	C	 00
25 4,039 00 26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13  27 Excess advertising costs (Schedule H, Part III, Column B)  28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26  29 Specific deduction. See instructions  29 00  30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  30 -27,516 00  30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  30 -27,516 00  30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  30 -27,516 00  30 Unrelated business taxable income on the found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Title  Date  Telephone		leductions. Attach schedule SEE STATEMENT 16		•		1,750 (	 00
Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13  Excess advertising costs (Schedule H, Part III, Column B)  Unrelated business taxable income before specific deduction. Subtract line 27 from line 26  Specific deduction. See instructions  Subtract line 27 from line 26  28  -27,516  00  29  Specific deduction. See instructions  Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Title  Date  26  -27,516  00  28  -27,516  00  29  Double 10  Doub	25 Total o	eductions. Add line 14 through line 24			25	4,059 (	00
27 Excess advertising costs (Schedule H, Part III, Column B)  28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26  29 Specific deduction. See instructions  30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  30 -27,516 00  30 Unrelated business taxable income. Subtract line 29 from line. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  1 Title  Date  1 Telephone	26 Unrela	ted business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		•	26	-27,516 c	 00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26  29 Specific deduction. See instructions  30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  30 -27,516 00  30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  Sign  Here  Our privacy notice can be found in annual tax booklets or online. Go to ftb. ca.gov/privacy to learn about our privacy policy statement, or go to ftb. ca. gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Title  Date  Telephone		advantation and a (Only date III Deat III Only and D)		•	27	C	 00
29 Specific deduction. See instructions  10 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  10 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  10 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  10 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  10 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  11 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  11 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  11 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  11 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  12	28 Unrela			•	28	-27,516 c	 00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Date  Telephone				•	29	C	 00
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca. gov/privacy to learn about our privacy policy statement, or go to ftb.ca. gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Our privacy policy statement, or go to ftb.ca. gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Date  Telephone	30 Unrela	ted husiness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.			30	-27,516 (	 00
Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature  Date  Telephone		Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or	r go to f	tb.ca.	gov/fo 8 wher	rms and search for 1131 to ninstructed.	
Signature Title Date • Telephone							
	Here				- [•	■ Telephone	
of officer ▶ CFO		of officer > CFO				·	
Preparer's Date Check if self-   ● PTIN			if self-		•	PTIN	
Paid   Pa	Paid			▶ [	¬ ₽	00226461	
1 Toparot 3	Preparer's Use Only	-				Firm's FEIN	
if self-employed) WINDES, INC. 95-3001179							
and address P.O. BOX 87					-  -	Telephone	
LONG BEACH, CA 90801-0087 949-852-9433							
May the FTB discuss this return with the preparer shown above? See instructions		May the FTB discuss this return with the preparer shown above? See instructions				X Yes No	

Schedule A	Cost of Goods Sold and/	or Operations
------------	-------------------------	---------------

Met	hod of inventory valuation (specify)	N/A					
1	Inventory at beginning of year				1		00
	Purchases				2		00
3	Cost of labor			•	3		00
4	a Additional IRC Section 263A costs. Attach schedule				4a		00
	<b>b</b> Other costs. Attach schedule			•	4b		00
5	Total. Add line 1 through line 4b				5		00
	Inventory at end of year				6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on the cost of goods and/or operations.				7		00
_	Do the rules of IRC Section 263A (with respect to property produced or acquired fo	r resale) apply to this	organi	zation?	. L	Yes X No	
_	hedule B Tax Credits.						
	Enter credit name code •	•   1		00			
	Enter credit name code ●	•   2		00			
	Enter credit name code ●			00			_
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all						
<u> </u>	on line 4. Enter here and on Side 1, line 11		<u></u>		4		00
_		AU I C FTD O	204				Т
	Interest computation under the look-back method for completed long-term contract				1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or reside				2a		00
	<b>b</b> Method for non-dealer installment ob				2b		00
	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangib				3 4		00
					5		00
	Total. Combine the amounts on line 1 through line 4. See instructions  hedule R Apportionment Formula Worksheet. Use only for unrelated trade of				<u> </u>		00
	t A. Standard Method - Single-Sales Factor Formula. Complete this part only if the		einale	ealee factor formula			
	The standard motified Single Suise Patter Formula. Complete also part only in the	(a) Total within ar outside Califor	nd	(b) Total within California		(c) Percent within California [(b) ÷ (a)] x	100
1	Total sales	• Outside Camon	iia	• Camorna		Camorria (Co) (Cr) A	
	Apportionment percentage. Divide total sales column (b) by total sales column (a)						
_	and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.						
Par	t B. Three Factor Formula. Complete this part only if the corporation uses the three	V				•	
		(a)		(b)		(c)	
		Total within ar outside Califor		Total within California		Percent within California [(b) ÷ (a)] x	100
1	Property factor: See instructions	•		•		•	
2	Payroll factor: Wages and other compensation of employees			•		•	
3	Sales factor: Gross sales and/or receipts less returns and allowances	•		•		•	
4	Total percentage: Add the percentages in column (c)						
5	Average apportionment percentage: Divide the factor on line 4 by 3 and enter the						
	result here and on Form 109, Side 1, line 2. See instructions for exceptions					•	
Sc	hedule C Rental Income from Real Property and Personal Property Leased	with Real Property					
For	rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, an	nd Section 23701n organi	zations.	See instructions for exce	otions.		
(a)	Description of property		( <b>b)</b> R	ent received or accrued		ercentage of rent attributat ersonal property	ole to
							%
							%
							%
(d)	Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income	(e) Complete if any ite	em in col	umn (c) is more than 10%			
(I) [	Deductions directly connected  (II) Income includible, column (b) less column (d)(i)	(I) Gross income repo column (b) x colum		(II) Deductions directly co with personal property (attach schedule)		(III) Net income includi column (e)(i) less column (e)(ii)	ble,
_							
_							
_							
Add	the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I,	line 6			4		

022 3643234 Form 109 2023 **Side 3** 

5	cnedule D Unrelated [	ebt-Finance)	d Income											
— (а	) Description of debt-financed prope	erty				(b) Gross income allocable to de	from or	(c) Deduct	tions directly	connected with	or allocable t	to debt-fi	nanced property	
`	,					property	ebt-financed	(I) Straigh	ht-line dep n schedule	reciation )	(II) (	Other d	eductions schedule)	
1	•					•		•			•			
÷	•					•		•			<b>-</b>			
<u>-</u> 3	•					•		•			•			
<u>s</u> (d	A	(e) Average ac of or alloca debt-financ (attach sch	ced property	(f) Debt bas percenta column ( column (	ige, (d) ÷	(g) Gross income reportable, column (b) x c		_	able deduc nns (c)(i) an nn (f)	tions, total of id (c)(ii) x	(i) N	(i) Net income (or loss) includible, column (g) less column (l		
1	•	•		•	%	•		•	•			•		
2	•	•		•	%	•		•			•			
=- 3	•	•		•	%	•		•			•			
<u>⊸</u> ⊿	Total. Enter here and on Side	2 Part I line	7		70			1			4 •			
S				n 23701a	Section 2	23701i, or Section	n 23701n	Organizat	ion		<del>                                      </del>			
_	) Description	111001110 01 41	(b) Amount	2070 1g,		actions directly ected		estment inco		Set-asides		(f)	Balance of investment income, column (d) less column (e)	
<u> </u>												+		
2			_									_		
3											3			
4	Enter gross income from me						<u></u>				4	4		
5	Schedule F Interest, Ar	inuities, Roya	alties and Rer	its from Cor	ntrolled (				_					
						Exempt Contro	lled Organi	zations		_				
				identification	on	income (loss)		payments	made			n	connected with income in column (e)	
1												_		
2												_		
3														
1	Nonexempt Controlled Organiza	ations								_				
(g	I) Taxable income					(h) Net unrelated income (loss)	(i)	Total of spe payments r		(j) Part of that is i the con organiz gross in	ncluded ir trolling ation's		k) Deductions directly connected with income in column (j)	
1							$\Box$							
2														
3														
4	Add the amounts in columns	(e) and (i)							4					
 5	Add the amounts in columns									•		5		
<u>-</u>			on Side 2. Pa	rt I. line 9								6		
			y Income, oth		ertisina	Income						-		
	Description of exploited activity (at schedule if more than one unrelate is exploiting the same exempt activities.)	tach d activity vity) (b)	Gross unrelated business ncome from trade or business		es directly ed with ion of d	(d) Net income from unrelated trade or business, col. (b) less col. (c	is not busine	activity that unrelated ess		nses utable lumn (e)	Excess exe expense, co (f) less colu but not mo column (d)	olumn umn (e) re than	(h) Net income includible, column (d) less column (g) but not less than zero	
1														
2														
3														
<u> </u>														
<u>-</u> 5	Total. Enter here and on Side	2, line 10										. 5		

**Side 4** Form 109 2023

022 3644234

## Schedule H Advertising Income and Excess Advertising Costs

Pa	art I Income from Periodicals Repor	ted c	n a Consolidate	d Ba	ısis										
(a)	Name of periodical	` '	Gross advertising income	` ' ;	Direct advertising costs		cosi grea (c), (e), colu thar the colu	ertising income excess advertising to the state than column (b) is atter than column complete columns (f), and (g). If unn (c) is greater n column (b), enter excess in Part III, unn B(b). Do not nplete columns (e), and (g).	(e) Circu	lation ne	(f) Rea cos	dership is	(g	) If column (e) is greater than column (f), enter the income shown in column (d), in Part IIII, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (e) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0	
1	•	•		•					•		•				
2	•	•		•					•		•				
3	•	•		•					•		•				
4	Totals 4	•		•			•		•		•		•	)	
Pa	art II Income from Periodicals Repo	rted	on a Separate E	Basis	3										
1	•	•		•			•		•		•		•	•	
2	•	•		•			•		•		•		•	•	
3		•		•			•		•		•		•	)	
Pa	art III Column A - Net Advertising l	ncom	ie				Part			ess Advert	ising Co	sts			
(a)	Enter "consolidated periodical" and/or names of non-consolidated periodicals		(b) Enter total am columns (d) or in Part II, columns	r (g), a	ınd amount l	listed	(a) En	ter "consolidated mes of non-cons	d periodical olidated pe	" and/or riodicals		(b) Enter to and am	r total amount from Part I, column (d), amounts listed in Part II, column (d)		
1	•		•				•					•			
2	•		•				•					•			
3	•		•				•					•			
4	Enter total here and on Side 2, Part I, line 11		•				5 Ent	er total here a	nd on Sid	e 2, Part II,	line 27	•			
Sc	hedule I Compensation of Offic	ers,	Directors, and T	rust	ees							•			
(a)	Name					(b) Tit	le		<u> </u>		` ´ dev	cent of time oted to iness	`´a	Compensation attributable to unrelated business	
1												%			
2												%			
3				7								%			
4												%			
5												%			
6	Total. Enter here and on Side 2, Part II,	line	14	1								6			
	chedule J Depreciation (Corpora			ns o	nly. Trusts	s use 1	form F	TB 3885F.)				······ • 1			
(2)	Group and guideline class or description of property		Date acquired (mm/dd/yyyy)		(c) Cost o			(d) Depreciation allowed or in prior year	allowable	(e) Method computi deprecia	iig į	(f) Life or rate		(g) Depreciation for this year	
1	Total additional first-year depreciation (	do n	ot include in iter	ns b	elow)										
	Depreciation:														
2a	Buildings 2	a													
	Furniture and fixtures 2		<del>-</del>												
	Transportation equipment 2														
2d	Machinery and other equipment 2														
	Other (specify) 2														
3	Other depreciation	_		3											
	Total													_	
	Amount of depreciation claimed elsewh												5		
	Ralance Subtract line 5 from line 4. En												6		

022 3645234 Form 109 2023 **Side 5** 

CA 109	INTEREST PAID	STATEMENT 13
DESCRIPTION		AMOUNT
PASSTHROUGH INTEREST EXPENSE OTHER DEDUCTIONS FROM PASSTHROU	JGHS	1,688. 618.
TOTAL TO FORM 109, PAGE 2, LINE	I 18	2,306.
CA 109	TAXES PAID	STATEMENT 14
DESCRIPTION		AMOUNT
FOREIGN TAXES PAID		3.
TOTAL TO FORM 109, PAGE 2, LINE	E 19	3.

CA 109 CASH & CARRYOVER CHARITABLE CONTRIBUTIONS	STATEMENT 15
DESCRIPTION	AMOUNT
CSU LONG BEACH RESEARCH FOUNDATION	185,761.
CSU FULLERTON PHILANTHROPIC FOUNDATION	124,470.
CSU DOMINGUEZ HILLS PHILANTHROPIC FOUNDATION	99,040.
CSU SAN BERNADINO PHILANTHROPIC FOUNDATION	62,343.
CSU LOS ANGELES UNIVERSITY AUXILIARY SERVICES	32,386.
UNIVERSITY FOUNDATION AT SACRAMENTO STATE	15,000.
HISPANIC ASSOCIATION OF COLLEGES AND UNIVERSITIES	15,000.
CSU NORTHRIDGE FOUNDATION	14,300.
CAL POLY POMONA PHILANTHROPIC FOUNDATION	11,000.
CALIFORNIA COALITION FOR PUBLIC HIGHER EDUCATION	10,000.
GREAT MINDS IN STEM	10,000.
CSU NORTHRIDGE FOUNDATION	10,000.
CALIFORNIA POLYTECHNIC STATE UNIV FOUNDATION	9,500.
CSU FULLERTON PHILANTHROPIC FOUNDATION	9,000.
CALIFORNIANS DEDICATED TO EDUCATION FOUNDATION	7,500.
AFRICAN AMERICAN MALE EDUCATION NETWORK	7,500.
UNIVASSIST INC	6,500.
CSU FRESNO FOUNDATION	5,200.
CALIFORNIA FORWARD	5,000.
AMERICAN ASSOCIATION OF BLACKS IN HIGHER EDUCATION	5,000. 5,000.
CALIFORNIA COMPETES CSU NORTHRIDGE FOUNDATION	26,400.
CSU STANISLAUS	50,000.
CSU BAKERSFIELD	50,000.
CHARITABLE CONTRIBUTIONS - KKR AMERICAS FUND XII (IVORY)	
L.P.	3.
CHARITABLE CONTRIBUTIONS - KKR AMERICAS XII NEPTUNE CHARITABLE CONTRIBUTIONS - PA SMALL COMPANY PRIVATE EQUITY	1.
FUND IX, LP	5.
CARRYOVER FROM PRIOR YEAR(S)	645,833.
LESS EXCESS CONTRIBUTIONS	-1,421,742.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	0.
CA 109 OTHER DEDUCTIONS	STATEMENT 16
DESCRIPTION	AMOUNT
TAX PREP FEES	1,750.
	<del></del>
TOTAL TO FORM 109, PAGE 2, LINE 24	1,750.

2023

Attach to I	Form 100, Form 10	00W, Form 100S,	, or Form 109.				California corporation number
Corporation	name						Camornia corporation number
CALTEOR	RNIA STATE UI	NIVERSITY FO	OUNDATTON				0431367
				ion was a(n):	cornoration		FEIN
During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation  S corporation  Example organization  Limited liability company (electing to be taxed as a corporation)							95-6123757
	•	•	ax returns under another		-	. ,	n number:
<u>•</u>				,			
If the corp	oration is include	d in a combined	report of a unitary group	, see instructions, Gene	ral Information C, Combi	ned Reporting.	
			does not have a current				
			00W, line 18; Form 100S,				
Enter	as a positive num	ber					27,516 <b>00</b>
2 2023 disaster loss included in line 1. Enter as a positive number   3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions   3 3							27,516 <b>00</b>
			s, enter -o- and see instru I by a new business includ				27,310 00
			l by an eligible small busi			00	
	dd line 4a and line						00
<b>5</b> Gener	al NOL. Subtract I					@ <b>-</b>	27,516 <b>00</b>
6 Curre	nt year NOL. Add	line 2, line 4c, an	d line 5. See instructions			• 6 _	27,516 <b>00</b>
Part II N	IOL carryover and	disaster loss ca	rryover limitations. See	instructions.			
4 Notin	oomo Enter the	amount from For	m 100 line 10: Form 100	N line 10: Form 1000 lin	o 15 loop line 10:	(g) Available ba	lance
			m 100, line 18; Form 100\ )-).				0
Prior Yea		it flot loss than to	/ <b>)•</b>		<u> </u>	1	
(a)	(b) Code - See	(c)	(d)	(e)	(f)		(h)
Year	of Codè -' See instructions	Type of NOL -		Carryover	Amount used		Carryover to 2024
loss	mon donono	See below *	See instructions	from 2022	in 2023		col. (e) minus col. (f)
2 ©2022	2 🖲	● GEN	17,130	17,130	0		0 17,130
•	•	•	•		•		•
		<del>-</del>					
•	•	•	•	•	•		
•	•	•	•	•	•		•
Current Y	ear NOLs						201 (d) minus 201 (f)
							col. (d) minus col. (f) See instructions.
3 2023		DIS					
4 0000		GEN	27 516				27 516
4 2023		GEN	27,516				27,516
2023							
2020							
2023							
2023							
	•	,	s (NB), Eligible Small Busi	iness (ESB), or Disaster (	DIS).		
	023 NOL deduction		(0)			<u> </u>	T
	the amounts in Pa		* * * * * * * * * * * * * * * * * * * *		d on Form 100 line 01:	• 1 _	00
			epresents disaster loss ca 19. Form 109 filers enter	0	, ,	2	00
		•	ult here and on Form 100,		19: Form 100S.	······ <sup>2</sup> _	00
	7; or Form 109, lir	-		, in the second second		<b>●</b> 3	00
-	, , , , , , , , , , , , , , , , , , , ,			•••••		·····	1

Date Accepted		

<u>TAXABLE YEAR</u> **2023** 

## California e-file Return Authorization for Exempt Organizations

FORM **8453-EO** 

20	20	Exer	npt Organiza	ntions						0100 E	
Exempt Or	rganization r	name							Identifyir	ng number	
CALIFO	ORNIA S	TATE UNIVER	SITY FOUNDATION						95-	6123757	
Part I	Electr	onic Return In	formation (whole dolla	rs only)				•			_
<b>1</b> To	tal gross	receipts or unr	elated business taxable	income (Form 199, line	4 or Form 109	, line 5)			1	-27,51	6
		orm 109, line 23		,							
<b>5</b> Ov	erpayme	nt (Form 109, I									3
Part II	Settle	Your Account	Electronically for Tax	able Year 2023							
6	Direct	Deposit of refu	nd (Form 109 only.)								
7	Electro	onic funds with	drawal <b>7a</b> Amoun	t	7b \	Vithdrawal o	date (mr	n/dd/y	γγγ)		
Part III	Schedu	le of Estimated	Tax Payments for Taxable	Year 2024 (These are NO						empt organization owes.)	
			First Payment	Second Paymer	nt	Third Pa	yment			Fourth Payment	
8 Am	ount		•	•						•	
9 Witl	hdrawal I	Date									
Part IV	Banki	ng Information	(Have you verified the	exempt organization's b	anking informa	ation?)					
<b>10</b> Rou	ıting nun	nber									
<b>11</b> Acc	ount nur	nber			12 Type of	account:	Ch	ecking		Savings	
Part V	Decla	ration of Office	er								
and any under petransmitt California a balance organizar statemer delayed, Sign Here Part VI I declare am only accurated 1345, 20 the exem I declare	estimated enalties of ter, or inte a electronic e due retution will rents be tran, I authori.  Decla that I hav an intermity reflects the organization of the organiza	payment amount perjury, I declare rmediate service c return. To the tran, I understand the main liable for the smitted to the FT ze the FTB to discrete ration of Elect e reviewed the at diate service protect the data on the rization officer with wook for Authorization return is file e examined the a	is listed on Part III, line 8 fire that I am an officer of the provider and the amounts best of my knowledge and that if the Franchise Tax Bote tax liability and all applic B by the ERO, transmitter, close to the ERO or intermination. I never a consider that I applicate that I applicate the that a copy of all forms and it are ed, whichever is later, and bove exempt organization!	above exempt organization in Part I above agree with a belief, the exempt organization and (FTB) does not receive able interest and penalties, or intermediate service provider the Date  r (ERO) and Paid Preparation and that the entries are not responsible for resignation officer's signation officer's sign	ified in Part IV.  and that the infethe amounts on the tion's return is trefull and timely plauthorize the evider. If the profereason(s) for the ereason(s) for the ereason form FTB 845 wing the exemption form FTB, and lile for four years ento the FTB upor schedules and second successions.	prmation I prothe corresponding, correct, a ayment of the xempt organicessing of the delay or to a organization as 8453-EO be I have followed from the duen request. If I	ovided to ding line nd comp e exempt zation re e exemp he date mplete an 's return fore tran d all oth date of am also	my elec s of the lete. If ti organiz turn and t organi when th	ctronic rexempt he exempt he exempt ation's for accommentation's refundance r	e best of my knowledge. (If ever, that form FTB 8453-Et turn to the FTB. I have secribed in FTB Pub.	 I D
	ERO's signature				Date	Check if also paid		Check if self-		ERO's PTIN	
ERO		MINDES				preparer		employ	ed	P00226461	_
Must	Firm's nar if self-em	ne (or yours oloyed)	WINDES, INC.						Firm's	FEIN 95-3001179	_
Sign	and addre		2050 MAIN ST., ST	re. 1300							
			IRVINE, CA						ZIP cod	de 92614	
		. , , ,		above organization's return claration based on all infor	, ,	•		tements	, and to	the best of my knowledge	
Paid	Pa pre	parer's			Date		Check if self-	_	_  P	aid preparer's PTIN	
Prepa	irer sig	nature	\				employ	ed		P00226461	_
Must		m's name (or yours elf-employed)	WINDES, INC.						Firm's	FEIN 95-3001179	_
Sign	and	daddress	P.O. BOX 87							00001 0007	
			LONG BEACH, CA						ZIP cod	de 90801-0087	_

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

#### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

	Check if:							
GLI TRODUTA GELER INVIVERGIEN ROUNDARION			Change of address					
CALIFORNIA STATE UNIVERSITY FOUNDATION  Name of Organization			Amended report					
Name of Organization	∟ Org	ganization requests email notifications						
List all DBAs and names the organization uses or has used								
401 GOLDEN SHORE	State Cha	arity Registration Number 003993						
Address (Number and Street)								
LONG BEACH, CA 90802		Corporation or Organization No. 0431367						
City or Town, State, and ZIP Code	_	corporation or organization rio.						
562-951-4810		Federal E	mployer ID No. 95-6123757					
Telephone Number E-mail Addre	ss							
ANNUAL REGISTRATIO	ON RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departm							
Total Revenue Fee	Total Revenue	Fee	Total Revenue	Fee	Э			
Less than \$50,000 \$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80	00			
Between \$50,000 and \$100,000 \$50	Between \$1,000,001 and \$5 million		Between \$100,000,001 and \$500 million	\$1,	000			
Between \$100,001 and \$250,000 \$75	Between \$5,000,001 and \$20 millio	n \$400	Greater than \$500 million	\$1,	200			
PART A - ACTIVITIES								
For your most recent full accounting	period (beginning 07/01/2023	enc	ling					
Total Revenue	366 Nonagah Contributions &		1,610 Total Assets \$ 54,	755 1	126			
(including noncash contributions) \$ 3,946	4 700 839	Total Evo	enses \$ 4,871,648	, 55 , .				
			·					
PART B - STATEMENTS REGARDING OR	GANIZATION DURING THE PERIOD C	F THIS RE	PORT					
Note: All questions must be answered. In providing an explanation and deta				Yes	No			
During this reporting period, were there					.,,			
and any officer, director or trustee there								
any financial interest?		•	·		х			
2. During this reporting period, was there	any theft, embezzlement, diversion or m	nisuse of th	e organization's charitable property					
or funds?					Х			
During this reporting period, were any control of the control	organization funds used to pay any pena	alty, fine or	judgment?					
	. , , , .				Х			
4. During this reporting period, were the s	ervices of a commercial fundraiser, fund	draising cou	unsel for charitable purposes, or					
commercial coventurer used?					Х			
5. During this reporting period, did the org	ganization receive any governmental fun	iding?			, l			
					Х			
6. During this reporting period, did the org	ganization hold a raffle for charitable pur	poses?			x			
					Λ			
7. Does the organization conduct a vehicle	e donation program?				х			
8. Did the organization conduct an indepe		ial stateme	nts in accordance with					
generally accepted accounting principle	es for this reporting period?			Х				
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?								
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.								
and belief, the content is true, correct and	i complete, and I am authorized to sig	,···						
AARON J. MOORE CFO								
	inted Name		itle Date					