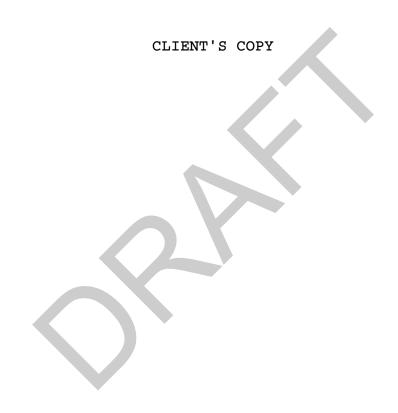
WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087

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:						
	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	25.						
Please mail on or before May 15, 2025. 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

, 2023, and ending $\underline{\hspace{1.5cm}}$ JUN $\hspace{1.5cm}$ 30 For calendar year 2023, or fiscal year beginning _____JUL_1

,2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form **8879-TE**

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN

	CALIFORNIA STATE U	NIVERSITY FOUNDATION		95-6123757
Name a	nd title of officer or person subject t	otax AARON J MOORE		
		CFO		
Part	Type of Return an	d Return Information		
Form 5 or 10a whiche	5330 filers may enter dollars and below, and the amount on that	you are using this Form 8879-TE and e cents. For all other forms, enter whole line for the return being filed with this for enter -0-). But, if you entered -0- on the line for the return being filed with this form.	dollars only. If you check the box on lind orm was blank, then leave line 1b, 2b,	ne <mark>1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9</mark> a 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check here	b Total revenue, if any (Form	n 990, Part VIII, column (A), line 12)	1b 3,946,366.
2a	Form 990-EZ check here		n 990-EZ, line 9)	
За	Form 1120-POL check here		, line 22)	
4a	Form 990-PF check here		income (Form 990-PF, Part V, line 5)	
5a	Form 8868 check here	b Balance due (Form 8868,	line 3c)	5b
6a	Form 990-T check here		t III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part	: III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of to	ax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part	II, line 19)	9b
10a	Form 8038-CP check here		t requested (Form 8038-CP, Part III, li	ine 22) 10b
Part		Signature Authorization of Offication at IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the above entire IX I am an officer of the IX I am an offic	<u> </u>	
complintermacknown acknown of any entry the financiater the payme persor	ete. I further declare that the amediate service provider, transmit wledgement of receipt or reason refund. If applicable, I authorize to the financial institution accour al institution to debit the entry to the support of the tran 2 business days prior to the ent of taxes to receive confidentians.	ring schedules and statements, and, to ount in Part I above is the amount show ter, or electronic return originator (ERO) for rejection of the transmission, (b) the U.S. Treasury and its designated Fat indicated in the tax preparation softwood this account. To revoke a payment, I repayment (settlement) date. I also authout information necessary to answer inques my signature for the electronic return as	wn on the copy of the electronic return to send the return to the IRS and to ree reason for any delay in processing the reason for any delay in processing the inancial Agent to initiate an electronic are for payment of the federal taxes on must contact the U.S. Treasury Financize the financial institutions involved in uiries and resolve issues related to the and, if applicable, the consent to electronic the interest of the inter	. I consent to allow my eceive from the IRS (a) an he return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the ial Agent at 1-888-353-4537 no n the processing of the electronic payment. I have selected a
_		ERO firm name		Enter five numbers, but do not enter all zeros
	, ,	ear 2023 electronically filed return. If I had lating charities as part of the IRS Fed/Sunsent screen.		
	return. If I have indicated wit	ect to tax with respect to the entity, I wi hin this return that a copy of the return I enter my PIN on the return's disclosur	is being filed with a state agency(ies) r	
Signature Part	or on lock of person subject to tax	*** THIS IS NOT A FILEABLE CO Authentication	PY ****	Date
	EFIN/PIN. Enter your six-digit e			
	er (EFIN) followed by your five-dig		33755911166 Do not enter all zeros	
submit	•	s my PIN, which is my signature on the ith the requirements of Pub. 4163, Mo		
Daomic	ob Hotame.			

11/20/24 WINDES, INC. ERO's signature Date

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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 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) Type or Name of exempt organization, employer, or other filer, see instructions. **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 ²³ , and ending JUN 30 , 2024 」 tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: 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 foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

ΑI	For the	2023 calendar year, or tax year beginning JUL 1, 2023	and	ending J	UN 30,	2024			
В	Check if applicable	C Name of organization			D Emp	oloyer ident	ificati	on number	
	Addre:	CALIFORNIA STATE UNIVERSITY FOUNDATION							
	Name chang	Doing business as	95-6123757						
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address 401 GOLDEN SHORE	E Telephone number 562-951-4810						
	termin ated	City or town, state or province, country, and ZIP or foreign postal	code		G Gross	receipts \$		24,154,137.	
	Ameno		oouo			this a group	retur		
F	Applic	,			7	r subordinat			
	pendir	SAME AS C ABOVE				e all subordinates			
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527	1 ` ′			See instructions	
	Websit		10 17 (4)(1)	0		roup exempt			
		organization: X Corporation Trust Association Other	-	L Year		on: 1962		ate of legal domicile; CA	
	art I	Summary		<u> </u>	01 10111144	on.	101 00	ato or rogar dominono.	
	1	Briefly describe the organization's mission or most significant activities:	THE MI	SSION OF	THE CA	LIFORNIA		_	
Se	-	STATE UNIVERSITY FOUNDATION IS TO ENHANCE THE EDUCATI							
Governance	2	Check this box if the organization discontinued its operations	or dispo	sed of more	than 259	% of its net a	ssets		
Ver	3						3	15	
		Number of independent voting members of the governing body (Part VI,					1	14	
ళ	5	Total number of individuals employed in calendar year 2023 (Part V, line					5	0	
iŧie	6	Total number of volunteers (estimate if necessary)					3	15	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					а	-18,502.	
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					b	0.	
						r Year		Current Year	
•	8	Contributions and grants (Part VIII, line 1h)				4,248,851		1,969,066.	
n	9	Program service revenue (Part VIII, line 2g)				31,160		26,950.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				1,547,060		1,759,426.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				220,396		190,924.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),				6,047,467		3,946,366.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				5,267,135		4,001,679.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)				0		0.	
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lir				0		0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0		0.	
be	b		19,						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				838,480		869,969.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				6,105,615		4,871,648.	
	19	Revenue less expenses. Subtract line 18 from line 12				-58,148		-925,282.	
Assets or	G			Ве	ginning o	f Current Yea	r	End of Year	
sets	20	Total assets (Part X, line 16)			5	2,244,954		54,755,126.	
ASS	21	Total liabilities (Part X, line 26)				8,366,326		9,090,366.	
	22	Net assets or fund balances. Subtract line 21 from line 20			4	3,878,628		45,664,760.	
Pa	art II	Signature Block							
Jnd	ler pena	lties of perjury, I declare that I have examined this return, including accompanyin	g schedule	s and stateme	ents, and t	o the best of i	my kno	owledge and belief, it is	
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all inform	nation of w	hich preparer	has any k	nowledge.			
						<u> </u>			
Sig	n	Signature of officer				Date			
Hei	re	AARON J. MOORE, CFO							
		Type or print name and title			2010		_	T DTIN	
		Print/Type preparer's name Preparer's signature			Date	Check if		PTIN	
Paid	d	ELEANOR A. LIVINGSTON, CPA, MST ELEANOR A. LIVII	NGSTON,	CPA, MS1	1/20/24	self-emp		P00226461	
	parer	Firm's name WINDES, INC.				Firm's EIN	95-	3001179	
Jse	Only	Firm's address P.O. BOX 87							
		LONG BEACH, CA 90801-0087				Phone no. 94	19-85		
1/10	v tha IE	25 discuss this return with the preparer shown above? See instructions						X Ves No	

Pa	Till 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	
2		Yes X No
	prior Form 990 or 990-EZ?	Yes _A 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 experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section of th	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,579,500. including grants of \$1,579,500.) (Revenue \$)
	SUPPORT OF MAJOR CSU INITIATIVES SUCH AS IMPROVING THE GRADUATION RATE	
	AND TEACHER PREPARATION THROUGH COLLABORATION WITH EXTERNAL FUNDERS.	
41-	(Code:) (Expenses \$ 956 , 911. including grants of \$ 257 , 751.) (Revenue \$	26,950.)
4b	(Code:) (Expenses \$956,911. including grants of \$257,751.) (Revenue \$THE CSU FOUNDATION SUPPORTED THE EDUCATIONAL AND GOVERNANCE ACTIVITIES	20,330.
	OF THE 23 UNIVERSITY CAMPUSES, THROUGH REGULAR MEETINGS OF ITS	
	TRUSTEES, PRESIDENTS, EMPLOYEES, AND ALUMNI LEADERS AS WELL AS	
	PROVIDING EMPLOYEE RECOGNITION.	
	INCVIDING EMILICIES RECOGNITION.	
4c	(Code:) (Expenses \$ 2,164,428. including grants of \$ 2,164,428.) (Revenue \$	
40	(Code:) (Expenses \$	
	CSU SYSTEM.	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 4,700,839.	
		Form 990 (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			
Ū	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				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,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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		X
Ь	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	<u> </u>		
_	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	116		
	the organization's separate of consolidated limited statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
ıza		40-	Х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		Х
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		Х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
				-

332003 12-21-23

Form **990** (2023)

95-6123757

Га	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ı
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

332004 12-21-23

Form **990** (2023)

95-6123757

Form 990 (2023) CALIFORNIA STATE UNIVERSITY FOUNDATION

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

2a Interfer the number of employees reported on Form W-3, Transmittation Wage and Tax Statements, Red of the calendary agar andings with or within the year accoursed by this stratum b If a least one is reported on line 2a, all of the organization file all required federal employment tax returns? b If Yes, * has it filed a Form 990 T for this year? * /* Yo, * to line 3b, provide an explanation on Schedule O s A vary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountry spuch as a bank account, securities account, or other financial accountry? 4a Vary time of the organization and account, securities account, or other financial accountry? 5b If Yes, * extent the name of the foreign country 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibeted tax shelter transaction 7 by D of any taxonization that warm or organization file Form 8886 17 5c If Yes* to line 5a or 5b, did the organization file Form 8886 17 5c If Yes* to line 5a or 5b, did the organization file Form 8886 17 5b If Yes, * (Yes* to line 5a or 5b, did the organization file Form 8886 17) 5c If Yes* to line 5a or 5b, did the organization file Form 8886 17 5c If Yes* to line 5a or 5b, did the organization file Form 8886 17 5c If Yes* to line 5a or 5b, did the organization file Form 8886 17 5c If Yes* to line 5a or 5b, did the organization and years as a contribution of the property of the organization and years are contributions and years of the organization solicit any contributions that were not tax deductible as charitable contributions under section 170(c). a bit the organization relations apprent in excess of 5f5 made party as a contribution and party for goods and services provided in the payor? 7b If Yes, * Indicate the number of Forms 8282 filed during the year 6b If Yes, * Indicate the number of Forms 8282 filed during the year 7c If Yes If Yes,				Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Id the organization have unrelated business gross incore of \$1,000 or more during the year? 41 A lar up time during the calendar year, did the organization have an intrest in or a signature or other authority over, a financial account in a treeting controlly guide as a bank account; securities account, or other hancial account(?) 42 If year, and the properties of the organization have an intrest in or a signature or other authority over, a financial account in a toreign country guide as a bank account; securities account, or other hancial accounts (FBAR). 53 Was the organization apparty to a prohibited tax shelfer fransaction at any time during the tax year? 54 Was the organization apparty to a prohibited tax shelfer fransaction at any time during the tax year? 55 Line 10 Line 5a or 5b, did the organization file Form 8886.72 56 Does the organization have amount agress excepts that was or is a party to a prohibited tax shelfer transaction or organization and properties of the organization and prohibitions or organization and prohibitions or orgits were not tax deductible or organization that the account of the organization and prohibitions or orgits were not tax deductible? 55 Line 11 Line 12	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
3a X 3b 11 **Yes*, 'has it fled a Form 990-T for this year? '# 'No* 'to fine 3b, provide an explanation on Schedule O 3b X 4		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if 11*es, * has if filed a form \$901 for this year? * 14** of the *8.b, provide an expleration on Schedule O 4c Alary 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 accountry? 5c In 1*es, * there the name of the foreign country 5c In 1*es, * there is a name of the foreign country 5c In 1*es of the properties of the foreign requirements for FinCIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c In 1*es to 1*es a rot, old the organization that it was or is a party to a prohibitot as whether transaction? 5c In 1*es to 1*es a rot, old the organization that it was or is a party to a prohibitot as whether transaction? 5c In 1*es to 1*es a rot, old the organization that it was or is a party to a prohibitot as whether transaction? 5c In 1*es to 1*es a rot, old the organization in colucte with every solicitation an express statement that such contributions or gifts were not tax deductibles of calentable contributions or under section 170(c). 5c In 1*es a rot, old the organization neither we every solicitation an express statement that such contributions or gifts were not tax deductibles of a charitable contribution and party for goods and services provided to the payo? 7c Organizations that may receive deductible contributions under section 170(c). 8d In 1*es, Indiana and the organization neither we every solicitation an express statement that such contributions or gifts were not tax deductibles or distributions or distribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d In 1*es, Indiana and the organization neither and provided to the organization and the payor that the contribution of undersection of the value of the organizat	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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b If "Yes," incline the name of the foreign country See instructions for filling requirements for FinCSN 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? 5b Id any texable party notify the organization that it was not is a party to a prohibited tax shelter transaction? 5c If "Yes" to the Sax or Sb, did the organization that it was not in a party to a prohibited tax shelter transaction? 5c If "Yes" in the Sax or Sb, did the organization that it was not tax deductibles of schartable contributions? 5c If "Yes," incline the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," incline the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," inclinate the number of Forms \$820 filed during the year 10 If the organization enable, exchange, or otherwise dispose of tangible personal property for which it was required 11 If yes," inclinate the number of Forms \$820 filed during the year 12 If Id the organization, during the year, pay premiums, directly or indirectly, to pay premiums an a personal benefit contract? 12 If Yes," inclinate the number of Forms \$820 filed during the year 13 If If the organization received a contribution of qualified intellectual property, did the organization file Form 1998 C? 14 If Yes," inclination received a contribution of a pusified intellectual property, did the organization file Form 1998 C? 15 Sponsoring organizations make any taxishing donor advised fund maintained by the sponsoring organization make any taxishing of the form 1990 file	4a				
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Sa X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If Yes' to line Sa or Sb, did the organization file Form 886617? 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 eductibles as charitable contributions or gifts were not tax deductibles on the scharitable contributions under section 170(c). 5b If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes', did the organization receive a payment in excess of \$75 made party as a contribution and party for geods and services provided to the payor? 7b If Yes', did the organization receive a payment in excess of \$75 made party as a contribution and party for geods and services provided to the payor? 7c Did the organization receive a payment in excess of \$75 made party as a contribution and party for geods and services provided to the payor? 7c X 7d Did the organization receive a payment in excess of \$75 made party as a contribution of payment of the goods or services provided? 7c X 7d Did the organization received a contribution of qualified provided the good of the payor? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A 8 Sponsoring organizations make any taxable distributions under section 4986? 8 Sponsoring organization make organization file form 500 payment for payment for payment for p	b	If "Yes," enter the name of the foreign country			
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.					
If "Yes," complete Form 6069.	17				
		that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
		If "Yes," complete Form 6069.		000	

332005 12-21-23

CALIFORNIA STATE UNIVERSITY FOUNDATION Form 990 (2023) 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 Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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			

10361120 794084 01163.TAX

CA 17 List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Own website X Another's website X Upon request

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ALICE KIM - 562-951-4627

401 GOLDEN SHORE, LONG BEACH, CA 90802

Form **990** (2023)

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	(C) Position do not check more than one ox, unless person is both an				one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated cuty		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	-		x				0.	400,918.	138,092.
(3) LORI A. REDFEARN	6.00									
PRESIDENT (THRU 12/29/23)	34.00			х		ľ		0.	304,263.	127,923.
(4) AARON J. MOORE	18.00									
CHIEF FINANCIAL OFFICER	22.00			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									
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									
DIRECTOR		Х				_		0.	0.	0.
(16) LORENE MILLER	1.00									
DIRECTOR		Х				_	_	0.	0.	0.
(17) HENRY PEREA	1.00									
DIRECTOR		Х						0.	0.	0.

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

Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hiç	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title Average		Position (do not check more than one					nne	Reportable	Reportable		Estimate	ed
	hours per	box	, unle	ss per	person is both an a director/trustee)			compensation	compensation		amount	of
	week		Cer ar	ia a a	recto	rrus	iee)	from	from related		other	
	(list any hours for	irecto						the	organizations	C	ompensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	Ι,	from th organizat	
	organizations	ruste	l trus		ee ee	m pen		1099-NEC)	1033-1120)		and relat	
	below	ndividual trustee or director	Institutional trustee	<u>.</u>	Key employee	Highest compensated employee	ь			1	rganizati	
	line)	Indiv	Instit	Officer	Key e	Highe	Former					
(18) ALI RAZI	1.00									T		
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.	Щ.		0.
(23) MELISSA WATKINS	6.00											
CHIEF ADMIN. OFFICER (AS OF 4/15/24)	22.00	<u> </u>		Х				0.	0.	Щ		0.
		_										
		<u> </u>								₩		
		-										
		-								+		
1b Subtotal								0.	1,825,918.		630,	289.
c Total from continuation sheets to Part VII								0.	0,	_		0.
d Total (add lines 1b and 1c)								0.	1,825,918.		630,	289.
Total number of individuals (including but no			/) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization									•			0
										_	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for st	uch individual	7								3	3	Х
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	ne organization			
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4	, X	
5 Did any person listed on line 1a receive or a	ccrue compen	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on				5	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor										ation	from	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin T	the organization's tax y	ear.			
(A)	addross	370						(B) Description of s	onvices	Com	(C) pensatio	n
- Name and pushiess	Name and business address NONE								ervices		perisatio	
							\dashv			—		
							\dashv					
-							\dashv					
							\sqcap					

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

95-6123757

Form 990 (2023) CALIFORNIA
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
SS	1 :	Federated campaigns 1a					
ant		Membership dues 1b					
S S		Fundraising events 1c					
fts,		I Related organizations 1d					
ija Bij	,						
ons,	,	Government grants (contributions)					
utic e	'	All other contributions, gifts, grants, and	1,969,066.				
ë		similar amounts not included above 1f	1,610.				
Contributions, Gifts, Grants and Other Similar Amounts	,	Noncash contributions included in lines 1a-1f	1,010.	1,969,066.			
Oa		Total. Add lines 1a-1f	Business Code	1,303,000.			
	_	MEEMING DEGIGEDATION E	900099	26.050	26.050		
ice	2 8	MEETING REGISTRATION F	900099	26,950.	26,950.		
er v	ŀ						
n S	(•					
ran 3ev	(
Program Service Revenue	•						
Δ		All other program service revenue					
	9	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	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ŀ	Less: rental expenses 6b					
	(Rental income or (loss) 6c					
	(Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 21,460,004.					
	ŀ	Less: cost or other basis					
e		and sales expenses 7b 20,207,771.					
her Revenue	(Gain or (loss) 7c 1,252,233.					
Ŗ		Net gain or (loss)		1,252,233.			1,252,233.
ē	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 199a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
\neg			Business Code				
sno	11 :	ADMINISTRATIVE FEES	900099	190,924.	190,924.		
nec				,	,		
Miscellaneous Revenue							
ŠĆ	``	All other revenue					
Σ	`	• 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

Form **990** (2023)

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. Accounting 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 15 Royalties 16 Occupancy 31,669. 31,669. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 318,458. 303,447. 15,011. 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. 4,871,648 4,700,839 151,542 Total functional expenses. Add lines 1 through 24e 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

Form 990 (2023)

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

Form 990 (2023) Part X | Balance Sheet

Pai	<u>t X</u>	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		2,090,543.	2	1,458,077.
	3	Pledges and grants receivable, net		3,116,300.	3	1,616,000.
	4	Accounts receivable, net		0.	4	36,530.
	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 th	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	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		17,272.	9	17,351.
	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	29,931,611.
	12	Investments - other securities. See Part IV, line	: 11	11,886,792.	12	12,829,883.
	13	Investments - program-related. See Part IV, line	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		8,155,927.	15	8,865,674.
	16			52,244,954.	16	54,755,126.
	17	Accounts payable and accrued expenses		46,753.	17	47,398.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to any current or for	mer officer, director,			
Liabilities		trustee, key employee, creator or founder, sub				
iabi		controlled entity or family member of any of th	ese persons		22	
_	23	Secured mortgages and notes payable to unre	elated third parties		23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, p	payables to related third			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
			/	8,319,573.	25	9,042,968.
	26	Total liabilities. Add lines 17 through 25		8,366,326.	26	9,090,366.
"		Organizations that follow FASB ASC 958, cl	neck here X			
čě		and complete lines 27, 28, 32, and 33.				
ılan	27	Net assets without donor restrictions		6,830,236.	27	7,526,201.
l Ba	28	Net assets with donor restrictions		37,048,392.	28	38,138,559.
ū		Organizations that do not follow FASB ASC	958, check here			
F F		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current fund			29	
sse	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			31	
Re	32	Total net assets or fund balances		43,878,628.	32	45,664,760.
	33	Total liabilities and net assets/fund balances		52,244,954.	33	54,755,126. Form 990 (2023)

Form **990** (2023)

_	rt XI Reconciliation of Net Assets			ıα	90
	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?				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 Sch	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?		За	igsquare	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		

Form **990** (2023)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public

Inspection

Name of the organization **Employer identification number** CALIFORNIA STATE UNIVERSITY FOUNDATION 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) 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	, ,	, ,	, ,	, ,	, ,	
Ŭ	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,						
	(6)						10,595,054.
6	**						17,955,722.
	Public support. Subtract line 5 from line 4.						17,333,722.
	• •	(a) 2019	(h) 2020	(a) 2021	(4) 0000	(e) 2023	(f) Total
	ndar year (or fiscal year beginning in)	7,484,299.	(b) 2020 7,939,615.	(c) 2021 6,068,818.	(d) 2022 4,655,594.	2,402,450.	(f) Total 28,550,776.
	Amounts from line 4	7,404,255.	7,333,013.	0,000,010.	1,000,001.	2,402,450.	20,330,770.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	FF2 F16	116 560	200 500	E00 01E	406 601	0.466.466
	and income from similar sources	553,716.	446,562.	388,682.	590,815.	486,691.	2,466,466.
9	Net income from unrelated business						
	activities, whether or not the						
	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						
	assets (Explain in Part VI.)	170,755.	267,291.	203,549.	220,396.	190,924.	1,052,915.
11	Total support. Add lines 7 through 10						32,204,139.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	62,769.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop		_				
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	55.76 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	54.44 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	ū	•				
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
				,,	,		Form 990) 2023

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				Y		
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.)						<u> </u>
Se	ction B. Total Support			<u> </u>	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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	ļ					
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)					10.17.70	
14	First 5 years. If the Form 990 is for the	-					
<u>Sa</u>	check this box and stop herection C. Computation of Publi	ic Support Per					
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				ne 15, column (i))		18	// %
	a 33 1/3% support tests - 2023. If the						
130	more than 33 1/3%, check this box ar						51.00
	33 1/3% support tests - 2022. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Т.,

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No_
	1		
	2		
	За		
	3b		
	3с		
	4a		
	14		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
_	100	~ 000	

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

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>Orga</u>	nizations	
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 co		•	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 in	integra	ited 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)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.	3	8	
9	Distributable amount for 2023 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
	and our mount and any mile of any our	(i)	(ii)	(iii)
Secti	ion 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			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	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:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022 Excess from 2023			
е	EAUGOO HOUL AUAO			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CALIFORNIA STATE UNIVERSITY FOUNDATION	95-6123757	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Page 1	n C,
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

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CALIFORNIA STATE UNIVERSITY FOUNDATION

95-6123757

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990	0-EZ X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
•	ganization is covered by the General Rule or a Special Rule . ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or cy) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
section contrib	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under is 509(a)(1) 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 utor, during 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; orm 990-EZ, line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
answer "No" on	anization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must Part IV, line 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 eet the filing 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	Contributors (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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT & RUTH HALPERIN FOUNDATION 1 LOMBARD ST STE 305 SAN FRANCISCO, CA 94111-1130	\$ 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SOUTHERN CALIFORNIA EDISON 6040 N IRWINDALE AVE IRWINDALE, CA 91702-3207	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HEISING-SIMONS FOUNDATION 400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	EVELYN AND WALTER HAAS, JR. FUND PO BOX 1459	\$\$	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 additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		s				
		1 12	i .			

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

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Nan	ne of orga			1	Empl	oyer identification number
Do	rt I-A		STATE UNIVERSITY FOUNDS		or io o postion 527 or	95-6123757
			ation's direct and indirect politic			ganization.
			ures			
			gn activities			
Ü	Voluntee	i flodis foi political campai	gir activities			
Pa	rt I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
			incurred by the organization un			
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
4a	Was a co	orrection made?				Yes No
		describe in Part IV.	anization is exempt und	lar agetion 501/a)	eveent eastion E01/s	1/2)
	rt I-C					
			by the filing organization for se			
2			ization's funds contributed to o			
_			A 115 4 10 5 1 1			
3			. Add lines 1 and 2. Enter here	•		
			1100 001 ()!!			
4			1120-POL for this year?			
5			mployer identification number (E tion listed, enter the amount pa			
	•		omptly and directly delivered to	0 0		•
		•	additional space is needed, pro		•	o oogrogatou fana of a
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(a) Name	(b) Address	(6) = 114	filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly
						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

Sche				UNIVERSITY FOUND			123757 Page 2
Par	t II-A Complete if the org	janization is e	exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).						
A C	heck if the filing organiza	ation belongs to a	n affilia	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and share	re of excess lobby	ying ex	(penditures).			
B C	heck if the filing organiza	ation checked box	A and	d "limited control" pro	visions apply.		T
		ts on Lobbying E ditures" means a	-	ditures ts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)					33,138.		
	Total lobbying expenditures to influ			, ,,		966.	
	Total lobbying expenditures (add li					34,104.	
	Other exempt purpose expenditure					4,686,002.	
е	Total exempt purpose expenditure					4,720,106.	
f	Lobbying nontaxable amount. Enter	er the amount froi	m the f	following table in both	n columns.	386,005.	
	If the amount on line 1e, column (a) of	or (b) is: The	e lobb	ying nontaxable am	ount is:		
	not over \$500,000,	209	% of th	ne amount on line 1e.			
	over \$500,000 but not over \$1,000),000, \$10	00,000	plus 15% of the exce	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	00,000, \$1	75,000	plus 10% of the exce	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	000,000, \$2	25,000) plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,	\$1,	,000,00	00.			
g	g Grassroots nontaxable amount (enter 25% of line 1f)				96,501.		
h	Subtract line 1g from line 1a. If zer	o or less, enter -0)-	,		0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter -0-				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 year?						Yes No
	(Some organizations t	hat made a secti	ion 50 ⁻	aging Period Under 1(h) election do not h te instructions for lin	nave to complete all o	of the five columns be	elow.
		Lobbying E	Expend	ditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020		(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount	436,5	519.	500,667.	446,546.	386,005.	1,769,737.
b	Lobbying ceiling amount (150% of line 2a, column(e))						2,654,606.
	Tatal labarian arranditura	A (082	13 623	10 940	34 104	62 749

109,130.

Schedule C (Form 990) 2023

442,435.

663,653.

53,138.

96,501.

33,138.

125,167.

10,000.

111,637.

10,000.

d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

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)).

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k))
of the Id	obbying activity.	Yes	No	Amo	ount
1 D	During the year, did the filing organization attempt to influence foreign, national, state, or				
lo	ocal legislation, including any attempt to influence public opinion on a legislative matter				
0	or referendum, through the use of:				
a V	/olunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
e P	Publications, or published or broadcast statements?				
f G	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h P	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	otal. Add lines 1c through 1i				
	old the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912				
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F01/a\/E	۱ ۵۲ ۵۵۵	tion	
	III-A Complete if the organization is exempt under section 501(c)(4), section	1 50 1 (0)(5)	, or sec	tion	
arti	30 HCHOI.				
arti	501(c)(6).			Yes	No
			1	Yes	No
1 V	Vere substantially all (90% or more) dues received nondeductible by members?		_	Yes	No
1 V 2 D 3 D	Vere substantially all (90% or more) dues received nondeductible by members? 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 the Complete if the organization is exempt under section 501(c)(4), section	e prior year? 1 501(c)(5)	2 3), or sec	tion	
1 W 2 D 3 D Part I	Vere substantially all (90% or more) dues received nondeductible by members? 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 the 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 "Yes."	e prior year? 1 501(c)(5)	2 3), or sec b) Part I	tion	
1 W 2 D 3 D Part	Were substantially all (90% or more) dues received nondeductible by members? 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 the lill-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	prior year? n 501(c)(5) No" OR (l	2 3), or sec	tion	
1 V 2 D 3 D 2 art	Were substantially all (90% or more) dues received nondeductible by members? 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 the 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 political expenditures)	prior year? n 501(c)(5) No" OR (l	2 3), or sec b) Part I	tion	
1 W 2 D 3 D 2 art I	Were substantially all (90% or more) dues received nondeductible by members? 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 the lill-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 Description 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5 No" OR (l	2 3), or sec b) Part I	tion	
1 W 2 D 3 D 2 art I	Were substantially all (90% or more) dues received nondeductible by members? 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 the 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 political expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) No" OR (l	2 3), or sec b) Part I	tion	
1 W 2 D 3 D 2 art l 2 S e a C b C	Were substantially all (90% or more) dues received nondeductible by members? 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 the 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 political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) No" OR (l	2 3), or sec b) Part I	tion	
1 V 22 D 33 D 2art I	Were substantially all (90% or more) dues received nondeductible by members? 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 the 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 political expenses for which the section 527(f) tax was paid). Durrent year Carryover from last year	prior year? n 501(c)(5) No" OR (l	2 3), or sec b) Part I	tion	
1 V 2 D 3 D 2 Art I	Were substantially all (90% or more) dues received nondeductible by members? 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 the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid 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 politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) No" OR (l	2 3), or sec b) Part I	tion	
1 V 2 D 2 C 3 D 2 C 1 D 2 S e e a C b C c T 3 A 4 If	Were substantially all (90% or more) dues received nondeductible by members? 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 the 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 political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (l	2 3), or sec b) Part I	tion	
1 V 2 C 3 C 3 C 2 a C 6 C 6 T 3 A 4 If d	Were substantially all (90% or more) dues received nondeductible by members? 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 the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid 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 politic expenses for which the section 527(f) tax was paid). Durrent year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	e prior year? n 501(c)(5) No" OR (l	2 3), or sec b) Part I	tion	
1 V 2 C 3 C 2 art l 1 C 2 e a C b C c T 3 A 4 Iff d e	Were substantially all (90% or more) dues received nondeductible by members? 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 the 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 political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (l	2 3), or sec b) Part I	tion	

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

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts				
	-	(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		and formation				
5	Did the organization inform all donors and donor advisors in	_					
6	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	, , ,					
Par		ganization answered "Yes" on Form 990.					
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea		f a historically important land area				
	Protection of natural habitat		f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ucture included on line 2a	2c				
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not					
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax				
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion essements during the year				
'	Amount of expenses incurred in morntoning, inspecting, mand	diling of violations, and emorcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170/h)(4)(B)(i)				
Ū	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
•	balance sheet, and include, if applicable, the text of the footr						
	organization's accounting for conservation easements.						
Par		f Art, Historical Treasures, or Ot	her Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	urtherance of public				
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.				
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and I	palance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,				
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X		\$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, provide				
	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		\$				
	Assets included in Form 990, Part X		\$				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023				

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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Simi	lar Assets	(continu	ed)	
3	Using the organization's acquisition, accession						•		
	collection items (check all that apply).		•	· ·					
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the organization	answered "Yes" on	Form 99	90, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for contribution	s or other assets no	t include	ed			
	on Form 990, Part X?						Yes	X No	
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
С	Beginning balance				10	;			
d	Additions during the year					t			
	Distributions during the year					•			
f	Ending balance				11	f			
2a	Did the organization include an amount on Fo				ility?		Yes	X No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII					
Par					10.				
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Four y	ears back	
1a	Beginning of year balance	32,972,822.	31,300,849.	35,285,110.	27	,828,185.	25,1	06,297.	
b	Contributions	310,533.	357,552.	199,905.		420,770.	2,7	36,359.	
	Net investment earnings, gains, and losses	3,777,395.	2,487,331.	-2,970,584.	8	,187,396.	1,0	44,268.	
	Grants or scholarships	992,673.				945,027.		95,065.	
	Other expenditures for facilities								
	and programs							4,143.	
f	Administrative expenses	211,215.	163,356.	190,193.		206,214.	1	59,531.	
g	End of year balance	35,856,862.	32,972,822.			,285,110.	27,8	28,185.	
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1g. column (a)	•					
а	Board designated or quasi-endowment	1.0000	%	,					
b	Permanent endowment 46.0000	%							
c		2/6							
_	The percentages on lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posses		ation that are held an	nd administered for t	he				
-	organization by:	John C. Inc organiza					Y	es No	
	(i) Unrelated organizations?						3a(i)	х	
	(ii) Related organizations?						3a(ii)	х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?						
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
-	Description of property	(a) Cost or o	` ,	1 ' '	Accumul epreciati	I	(d) Book	value	
12	Land	<u> </u>	, , , , , ,	,,	r. 551411				
	Land Buildings								
	Buildings								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X line 10c column	(R))				0.	
. J.u		audi i Oilli 330. Fdll.	A. III IC TOC. COIUITIII						

Schedule D (Form 990) 2023

Part VII	Investments -	Other Securities

mplete if the organization				

	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(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. (h) 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)		<u> </u>
(7)		
(8)		
(9)		
otal. (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.

Other Liabilities Part X

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.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2023

95-6123757	Page 4
ırn	

Pai	Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	S WITH F	Revenue per Re	turn	
1				1	7,048,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,711,414.		
b	Donated services and use of facilities	2b	433,384.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,144,798.
3	Subtract line 2e from line 1			3	3,904,053.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,313.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	42,313.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	3,946,366.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemer	its With	Expenses per H	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			4	5,262,719.
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	5,202,115.
2		22	433,384.		
a b	Donated services and use of facilities Prior year adjustments	2a 2b	100,004.		
C		2c			
d	Other losses Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	433,384.
3	Subtract line 2e from line 1			3	4,829,335.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				- 7 1 - 2 7 1 1 1 2
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,313.		
b	Other (Describe in Part XIII.)	4b	,		
	Add lines 4a and 4b			4c	42,313.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	4,871,648.
Pai	t XIII Supplemental Information			•	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b a	and 2b; Part V, line 4;	; Part X, lin	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inform	ation.		
PART	V, LINE 4:				
		_			
EACE	OF THE FOUNDATION'S ENDOWMENTS HAS BEEN ESTABLISHED TO SUPPORT	A			
CCHC	IADGUID OD DDOGDAM EUNID DEGODDED IN MEMDODADILY DEGMDIGMED NEM	y c c E m c			
SCIC	LARSHIP OR PROGRAM FUND RECORDED IN TEMPORARILY RESTRICTED NET	ASSEIS.			
PART	X, LINE 2:				
FIN	48:				
THE	FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX				
	TOTAL				
POSI	TIONS, SUCH AS ITS FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETE	RMINING			
THAT	THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN	THE			
POSI	TION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO POTENTIAL	INCOME			
TAX	AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT				
OPER	ATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STA	TE			
33205	09-28-23			Schedule	D (Form 990) 2023

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
CALIFORNIA STA	ATE UNIVERSITY	Y FOUNDATION					95-6123757
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t		-			-		
criteria used to award the grants or assis	tance?						Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
·		<u> </u>			(f) Method of	1,,,,,,,,,	T (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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE CSU							\$100,000.00 - TRANSFER TO
401 GOLDEN SHORE	01 0155507	COLUMNIA	007 751				SPA HEISING-SIMONS FOUNDATION
LONG BEACH, CA 90802	91-2155587	GOVERNMENT	927,751.	0.			FOUNDATION
CSU LONG BEACH RESEARCH FOUNDATION							
6300 STATE UNIVERSITY DR. #332							MELLON ACLS GRANT
LONG BEACH, CA 90815	95-6106694	501(C)(3)	185,761.	0.			TRANSFER TO CAMPUS
			211,021				
CSU FULLERTON PHILANTHROPIC							
FOUNDATION - 2600 NUTWOOD AVE #850							MELLON ACLS GRANT
- FULLERTON, CA 92831	33-0567945	501(C)(3)	124,470.	0.			TRANSFER TO CAMPUS
CSU DOMINGUEZ HILLS PHILANTHROPIC							
FOUNDATION - 1000 EAST VICTORIA							MELLON ACLS GRANT
ST. #WH425 - CARSON, CA 90747	47-3097839	501(C)(3)	99,040.	0.			TRANSFER TO CAMPUS
CSU SAN BERNADINO PHILANTHROPIC		_					
FOUNDATION - 5500 UNIVERSITY	45 2255277	E01/G)/3)	62.242	0			MELLON ACLS GRANT
PARKWAY - SAN BERNADINO, CA 92407	45-2255077	501(C)(3)	62,343.	0.			TRANSFER TO CAMPUS
CSU STANISLAUS							
1 UNIVERSITY CIRCLE							SCHUSTERMAN EMERGENCY
TURLOCK, CA 95382	77-0207337	GOVERNMENT	50,000.	0.			GRANT
2 Enter total number of section 501(c)(3) ar			,		I	I	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 A	Assistance to Do	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 0311313	OO V ERRITAIN I	30,000.	••			
AUXILIARY SERVICES - 5151 STATE							
UNIVERSITY DRIVE, GE 314 - LOS							MELLON ACLS GRANT
ANGELES, CA 90032	95-4016653	501(C)(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.			DELLIT ODEDAMING EXDENGES
NORTHRIDGE, CA 91330	95-43500//	GOVERNMENT	26,400.	0.			RELUI OPERATING EXPENSES
UNIVERSITY FOUNDATION AT							
SACRAMENTO STATE - 6000 J STREET							THE THE TAKE OF TH
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 2466102	E01 (G) (3)	15 000	_			Wall aboutoballs
78229	74-2466103	501(C)(3)	15,000.	0.			HACU SPONSORSHIP
GGU NODWIDIDGE HOUNDARION							
CSU NORTHRIDGE FOUNDATION							
18111 NORDHOFF ST, VALERA HALL 110	05 6106006	F01 (G) (2)	14 200	_			
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
annia vivina iv amiv							
GREAT MINDS IN STEM							
5211 E. WASHINGTON BLVD 2-320	0.5 4	504 (5) (2)		_			
LOS ANGELES, CA 90040	95-4577359	501(C)(3)	10,000.	0.			ACADEMIC SPONSOR SUPPORT

Schedule I (Form 990)

(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							CSUN EVENT HONORING
18111 NORDHOFF ST, VALERA HALL 110							CHANCELLOR EMERITA
NORTHRIDGE, CA 91330	95-6196006	501(C)(3)	10,000.	0.			KOESTER
CALIFORNIA POLYTECHNIC STATE UNIV			, -	-			
FOUNDATION - ONE GRAND AVENUE							
HERON HALL 117 RM 215 - SAN LUIS							REAL ESTATE IMPROVEMENT
OBISPO, CA 93407	20-4927897	501(C)(3)	9,500.	0.			GRANT
CSU FULLERTON PHILANTHROPIC FOUNDATION - 2600 NUTWOOD AVE #850							
- FULLERTON, CA 92831	33-0567945	501(C)(3)	9,000.	0.			REAL ESTATE PROGRAM GRAN
CALIFORNIANS DEDICATED TO							
EDUCATION FOUNDATION - 548 MARKET							0004 63 65574 67745065774
STREET, #PMB 75621 - SAN	45 0676440	E01/G)/2)	7, 500				2024 CA STEM SYMPOSIUM
FRANCISCO, CA 94104	45-0676449	501(C)(3)	7,500.	0.			FRIEND
AFRICAN AMERICAN MALE EDUCATION NETWORK - PO BOX 151 - ELK GROVE,	71-1037144	F01/G)/3)	7.500				SPONSORSHIP FOR A2MEND
CA 95759	/1-103/144	501(C)(3)	7,500.	0.			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							REAL ESTATE IMPROVEMENT
FRESNO, CA 93726	94-6003272	501(C)(3)	5,200.	0.			GRANT

Schedule I (Form 990) 2023 CABIFORNIA STATE ONLY	EKBITI FOUNDA	1101			Page Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 re	equired in Part I, lin	ie 2; Part III, column	ı (b); and any other ac	lditional information.	
PART I, LINE 2:					
THE CSU FOUNDATION RECEIVES FUNDS FROM FOUNDATION	S, CORPORATION	NS, AND			
INDIVIDUALS TO MAKE GRANTS AND GIVE OTHER ASSISTA	NCE TO DOMESTI	C ENTITIES.			
IN THESE CASES WE ADHERE TO THE ELIGIBILITY AND S	TANDARDS STIPE	DLATED BY THE			
FUNDING SOURCES. WE ALSO PROVIDE SCHOLARSHIPS TO	DOMESTIC INDIV	VIDUALS, AND			
ARE GUIDED BY THE SCHOLARSHIP FUNDING SOURCES ON	THE ELIGIBILIT	TY STANDARDS			
THEY ESTABLISH. IN COLLABORATION WITH FINANCIAL A	ID OFFICERS, V	VE REVIEW THE			
MATERIALS UPON SUBMISSION, AND ONCE SATISFIED THA	T REQUIREMENTS	S ARE MET,			
MAKE SELECTIONS. THE FINANCIAL AID OFFICES ARE RE	SPONSIBLE 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

CALIFORNIA STATE UNIVERSITY FOUNDATION

Employer identification number

95-6123757 **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 X 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 X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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 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: Х a 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 **c** Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of W	/-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)
(A) Name and Title		(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.
PRESIDENT (12/29/23-2/11/24)	(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.
I	(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

Schedule J (Form 990) 2023 CALIFORNIA STATE UNIVERSITY FOUNDATION	95-6123757	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	this part for any additional information.	
HTTPS://CALSTATE.POLICYSTAT.COM/POLICY/16051928/LATEST/		
I. SCOPE OF POLICY		
THIS POLICY GOVERNS COMPENSATION FOR ALL CALIFORNIA STATE UNIVERSITY (CSU)		
EMPLOYEES.		
TI GUIDING DRINGIDING		
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 PERQUISITES 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

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.
OTHER SALARY INCREASE PROGRAMS:
A SALARY ADJUSTMENT DURING TRIENNIAL PERFORMANCE REVIEWS DOES NOT PROHIBIT
THE INCUMBENT FROM BEING ELIGIBLE FOR THE ANNUAL MERIT INCREASE PROGRAM AS
PROVIDED TO OTHER NON-REPRESENTED EMPLOYEES.
2 - INDIVIDUAL SALARY INCREASES:
THE BOARD ALSO RETAINS THE RIGHT, IN ITS DISCRETION, TO MAKE OTHER SALARY
ADJUSTMENTS AS NECESSARY AT OTHER TIMES FOR AN EXECUTIVE WHEN A SIGNIFICANT
EQUITY OR RETENTION ISSUE IS IDENTIFIED.
THE CHANCELLOR SHALL RECOMMEND ALL EXECUTIVE SALARY ADJUSTMENTS TO THE
BOARD OF TRUSTEES FOR APPROVAL IN OPEN SESSION OF A BOARD MEETING.
IV. AUTHORITY
THIS POLICY IS ISSUED PURSUANT TO RUFP 05-24-07 AND SECTION II OF THE
STANDING ORDERS OF THE BOARD OF TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY
AS FURTHER DELEGATED BY THE STANDING DELEGATIONS OF ADMINISTRATIVE
AUTHORITY.

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)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA STATE UNIVERSITY FOUNDATION

Employer identification number

CALIFORNIA STATE UNIVERSITY FOUNDATION	95-0123757
FORM 990, 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	
MANAGAGEMENT OFFICIAL, OFFICERS, OR KEY EMPLOYEES AS THESE EMPLOYEES ARE	
NOT COMPENSATED BY THE ENTITY. THE ENTITY HAS NO EMPLOYEES.	

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 20	23	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)

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

Name of the organization

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

95-6123757

Part I Identification of Disregarded Entities. Comp	olete if the organization answered "Yes	" on Form 990, Part IV, line 33	3.				
(a)	(b)	(c)	(d)	(e))	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	ome End-of-yea		controlling ntity	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, I	because it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
CALIFORNIA STATE UNIVERSITY - 95-4601267						1	110
401 GOLDEN SHORE					STATE OF		
LONG BEACH, CA 90802	EDUCATION	CALIFORNIA			CALIFORNIA		Х

		0 11 17 11 11 11		000 0 101			
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Fo	orm 990, Part IV	', line 34, because	it had one or mo	ore related
Partill	organizations treated as a partnership during the tax year.	•					
	organizations are are a partitionally and tax your.						

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	(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) 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		tion b)(13) rolled tity?
		country)		,				Yes	No
			CA STATE UNIVERSITY						
CHARITABLE REMAINDER UNITRUSTS	TRUST	CA	FOUNDATION	TRUST					Х

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

Not	te: 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 with one or	more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	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
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1р	х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	plete t	his line, including covered	relationships and transaction thresholds.			
	(a) (b) Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount invo	olved		
(1)							
(2)							
(3)			 				
(4)							
(5)							

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)		(e) Are all partners sec. 501(c)(3) orgs.? Yes No	Share of total income	Share of end-of-year assets	Dispropor tionate allocations Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	Percentage ownership
					·					

332165 09-28-23

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) 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 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) 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here 9a b Tax due (Form 5330, Part II, line 19) 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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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 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) Type or Name of exempt organization, employer, or other filer, see instructions. **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 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 ²³ , and ending JUN 30 , 2024 」 tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: 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	6	Exempt Organization Business		eturn	OMB No. 1545-0047
			(and proxy tax under secti			0000
		For ca	alendar year 2023 or other tax year beginning JUL 1, 2023	, and ending JUN 30, 2	024 .	2023
Departm Internal I	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions Do not enter SSN numbers on this form as it may be made put the state of the			Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and	d see instructions.)	D E	nployer identification number
B Exe	mpt under section	Print	CALIFORNIA STATE UNIVERSITY FOUNDATION			95-6123757
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instru 401 GOLDEN SHORE	uctions.	E Gi	roup exemption number ee instructions)
=	408(e) 220(e) 408A 530(a)		City or town, state or province, country, and ZIP or foreign po	ostal code		
	529(a) 529A		LONG BEACH, CA 90802		F [Check box if
		C Bo	ook value of all assets at end of year	54,755,126.		an amended return.
G Cl	neck organization	type		1(a) trust Other trus	t State	e college/university
			6417(d)(1)(A) Applicable entity			
	neck if filing only to					ount from Form 3800
			zation filing a consolidated return with a 501(c)(2) titlehol	ding corporation		1
			·		 	Yes X No
			ne corporation a subsidiary in an affiliated group or a par	ent-subsidiary controlled gr	oup?	Yes X No
	res, enter the na		nd identifying number of the parent corporation ALICE KIM	Telephone numb	562-9	51-4627
Parl			ed Business Taxable Income	relephone num	Jei 302 3	31 4027
1			ness taxable income computed from all unrelated trades	or husinesses (see instructi	ons) 1	0.
2	_		icos taxable income computed from all difference trades		· · · · ·	
3	Add lines 1 and 2					
4			/ · · · · · · · · · · · · · · · · · · ·			0.
5			s taxable income before net operating losses. Subtract I			
6			ating loss. See instructions			
7		•	ness taxable income before specific deduction and section			
	Subtract line 6 from	om line	÷5		7	
8	Specific deduction	on (gen	nerally \$1,000, but see instructions for exceptions)		8	1,000.
9			leduction. See instructions			
10			lines 8 and 9			1,000.
11	Unrelated busin	ess tax	xable income. Subtract line 10 from line 7. If line 10 is g			0.
Part	II Tax Com	putat	tion			
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.
2			rates. See instructions for tax computation. Income tax			
	Part I, line 11, fro	m: L	Tax rate schedule or Schedule D (Form 10	41)	2	
3	Proxy tax. See in					
4			e instructions			
5	Alternative minim	num tax	x		5	
6			facility income. See instructions			
7 Part			ugh 6 to line 1 or 2, whichever applies		7	0.
				4.		_
1a h	Other credits (see		orations attach Form 1118; trusts attach Form 1116)			
b c	•		uctions) t. Attach Form 3800 (see instructions)			
d			nimum tax (attach Form 8801 or 8827)			
e	Total credits. Ac			·	1e	
2			art II, line 7			0.
2 3a	Amount due from		•			
b	Amount due from					
c	Amount due from					
d	Amount due from					
е	Other amounts d					
f		•	d lines 3a through 3e	'	3f	0.
4	Total tax. Add lir	nes 2 a	and 3f (see instructions).	viously deferred under		
			ax amount here		4	0.
5			oility paid from Form 965-A, Part II, column (k)			0.

Form 990-T (2023) Page 2

	III Tax and Payments (continued)						age z
	Payments: Preceding year's overpayment cre	edited to the current year	6a	1,919.			
	Current year's estimated tax payments. Chec	•	Oa				
	applies	·	6b				
С							
	Foreign organizations: Tax paid or withheld at	t source (see instructions)					
e	Backup withholding (see instructions)						
f	Credit for small employer health insurance pro		امدا				
	Elective payment election amount from Form						
g					•		
h i	Payment from Form 2439				•		
'							
, 7	Other (see instructions) Total payments. Add lines 6a through 6j				7	1	919.
8	Estimated tax penalty (see instructions). Chec				8		
9	Tax due. If line 7 is smaller than the total of line				9		
10	Overpayment. If line 7 is larger than the total of the				10	1	919.
11	Enter the amount of line 10 you want: Credit		1,91		11		0.
Part					11		
	At any time during the 2023 calendar year, di					Yes	No
•	over a financial account (bank, securities, or o			•		103	140
	FinCEN Form 114, Report of Foreign Bank an	, , ,		•			
	here	ia i manolar / loosanto. Ii 100, enter l	no namo or t	no foreign country			Х
2	During the tax year, did the organization rece	ive a distribution from or was it the gr	antor of or to	ransferor to a			
	foreign trust?						х
	If "Yes," see instructions for other forms the o						
3	Enter the amount of tax-exempt interest recei			\$			
4	Enter available pre-2018 NOL carryovers here				rvover		
	shown on Schedule A (Form 990-T). Don't rec						
5	Post-2017 NOL carryovers. Enter the Busines						
_	the amounts shown below by any NOL claims		•				
	Business Activity C			able post-2017 NOL			
	5230		\$	•	13,597.		
			\$		·		
			\$				
			\$				
6 а	Reserved for future use		T				
b	Reserved for future use						
Part '	V Supplemental Information						
Provide	any additional information. See instructions.						
C:	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other that				dge and belief, it is tru	e,	
Sign Here		1	,	- T	ay the IRS discuss thi	s return w	vith
пеге	2	СБО			preparer shown belo	`	_
	Signature of officer	Date Title		ins	structions)? X Y	es	No
	Print/Type preparer's name	Preparer's signature	Date	Check if	f PTIN		
Paid	ELEANOR A. LIVINGSTON, CPA,	ELEANOR A. LIVINGSTON, CPA,		self-employed			
Prepa	rer MST	MST	11/20/24		P00226461		
Use O	Pnly Firm's name WINDES, INC.			Firm's EIN	95-3001	179	
	P.O. BOX 87						
	Firm's address LONG BEACH, CA	90801-0087		Phone no. 94	49-852-9433	00 T	

Form **990-T** (2023)

10,400.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal 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
A Name of the organization CALIFORNIA STATE UNIVERSITY FOUNDATION B Employer in 95-612	dentification number
C Unrelated business activity code (see instructions) 523000 D Sequence	1 of 1
E Describe the unrelated trade or business INVESTMENT IN PARTNERSHIPS	
Part I Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net
1 a Gross receipts or sales b Less returns and allowances c Balance 1c	
2 Cost of goods sold (Part III, line 8)	

С	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-28,902.	-28,902.
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17)	1		

11

12

4a

4b

10,400.

13 -18,502. -18,502. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					
3	Repairs and maintenance				3	
4	Bad debts					
5	Interest (attach statement). See instructions	SE	E ST	ATEMENT 2	5	1,688.
6	Taxes and licenses				6	3.
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)	SE	E ST	ATEMENT 3	14	2,368.
15	Total deductions. Add lines 1 through 14					4,059.
16	Unrelated business income before net operating loss deduction. Subtra					
	column (C)				16	-22,561.
17	Deduction for net operating loss. See instructions					0.
18	Unrelated business taxable income. Subtract line 17 from line 16					-22,561.
		_		•	0 1 1 1 4 4	- 000 T\ 0000

For Paperwork Reduction Act Notice, see instructions.

4a Capital gain net income (attach Schedule D (Form 1041 or Form

b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)

organizations (Part VII) Exploited exempt activity income (Part VIII)

Advertising income (Part IX)

Other income (see instructions; attach statement)

1120)). See instructions

10

11

12

Schedule A (Form 990-T) 2023

_				
ם	2	~	0	

	ule A (Form 990-T) 2023					Page 2
Part		hod of inventory valuat	tion			
1	Inventory at beginning of year					
2	Purchases					
3	Cost of labor	<u>3</u>				
4	Additional section 263A costs (attach statement)					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6. Enter l	here and in Part I, line	2	8		
9	Do the rules of section 263A (with respect to property				Yes	No
Part	IV Rent Income (From Real Property and	l Personal Prope	rty Leased With R	eal Property)		
1	Description of property (property street address, city, s	tate, 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					
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here	e and on Part I, line 6, o	column (A)		0.
	Deductions directly connected with the income					
4	in lines 2a and 2b (attach statement)					
5	Total deductions. Add line 4, columns A through D. E	nter here and on Part I	, line 6, column (B)			0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)				
1	Description of debt-financed property (street address,	city, state, ZIP code). C	Check if a dual-use. See	instructions.		
	A					
	В					
	С					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,					
·	columns A through D)					
4	Amount of average acquisition debt on or allocable					
7	to dolo the Common of the Common to					
_	• • • • • • • • • • • • • • • • • • • •					
5	Average adjusted basis of or allocable to debt-					
e	financed property (attach statement)	%	0/		04	
6	Divide line 4 by line 5		%		%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (add line 7, columns A through D)	. ∟nter nere and on Pa	ιτι, line /, column (A)			0.
_	AU 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	
9	Allocable deductions. Multiply line 3c by line 6	L		(5)		
10	Total allocable deductions. Add line 9, columns A thr					0.
<u>11</u>	Total dividends-received deductions included in line	1U				υ.

Schedi.	ile A (Form 990-T) 2023	3								Page 3	
Part	VI Interest, Annu	uities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (see instruc	tions)		
				Exempt Controlled Organization					ns		
	1. Name of controlle	ed	2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part of colu		6. Deductions directly	
	organization		identification		ne (loss)	payn	nents made	that is included		connected with	
		number	(see instructions)				controlling organiza- tion's gross income		income in column 5		
(1)											
2)											
(3)											
(4)											
			No	nexempt C	Controlled Or	ganizati	ions				
7	. Taxable Income	8.	Net unrelated	9. To	otal of specif	ied		of column 9	11. [Deductions directly	
		ir	ncome (loss)	pa	yments mad	C		cluded in the organization's		connected with income in column 10	
		(see	e instructions)					income	inc		
(1)											
2)											
(3)											
4)											
							Add colum	nns 5 and 10.	Add	columns 6 and 11.	
								and on Part I,		r here and on Part I,	
							line 8, c	olumn (A).	l III	ne 8, column (B).	
Totals								0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)			
	1. Des	cription of	income		2. Amou	nt of	3. Deduction		-asides	5. Total deductions	
					incon	ne	directly conn	,	tatement	t) and set-asides (add cols 3 and 4)	
							(attach state	ment)		(add cols 5 and 4)	
(1)											
(2)											
(3)											
(4)											
					Add amou column 2.					Add amounts in	
					here and or					column 5. Enter here and on Part I,	
					line 9, colu					line 9, column (B).	
Totals						0.				0.	
Part	VIII Exploited E	xempt /	Activity Income,	Other T	han Adve	ertising	g Income	(see instructions	3)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2		
3	Expenses directly con	nected wit	th production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)								3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete				
	lines 5 through 7								4		
5	Gross income from ac	tivity that	is not unrelated busi	ness incor	ne				5		
6	Expenses attributable								6		
7	Excess exempt expen										
	4. Enter here and on F								7		

Schedule A (Form 990-T) 2023

Page	

Part	IX Advertising Income				T ago 4
1	Name(s) of periodical(s). Check box if reporting	two or more periodic	als on a consolidated bas	is.	
•	A	and an interest particular			
	В				
	c 🗆				
	D .				
Enter a	amounts for each periodical listed above in the co	prresponding column			
	arricante for each periodical fictor above in the ec	A	В	С	D
2	Gross advertising income				
_	Add columns A through D. Enter here and on P	· · · · · · · · · · · · · · · · · · ·	(A)	L	0.
а	, taa colamiio, tanoagn b. Entor nore ana em	art 1, 1110 1 1, 001amm	v y		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on P		(B)		0.
u	Add coldmine A through B. Enter here and on the	urt 1, 11110 1 1, 001011111	(5)		
4	Advertising gain (loss). Subtract line 3 from line				
•	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 less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
•	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great		umns total or -0- here and	on	
-	Part II, line 13				0.
Part		ctors, and Trust	ees (see instructions)		
				3. Percentage	4. Compensation
	1. Name	2	. Title	of time devoted	attributable to
			Y	to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see	instructions)		<u>.</u>	
		•			

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
(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
TOTAL TO SCHEDOLE A, FART II, LINE S	==================================

FORM 990-1	(A)		OTHER 1	DEDUCTIONS		STATEMENT	3
DESCRIPTIO	ON					AMOUNT	
TAX PREP F	 PEES						1,750.
				AMERICAS FU			16
EQUITY FUN		PORTFOLIO	FROM PA SI	MALL COMPAN	Y PRIVATE		602.
TOTAL TO S	SCHEDULE A	, PART II,	LINE 14				2,368.
TOTAL TO S				RATING LOSS	DEDUCTION	STATEMENT	
			7 NET OPE			STATEMENT	
		POST-201	7 NET OPE	SLY	DEDUCTION LOSS EMAINING		
990-T SCH	A	POST-201	7 NET OPE	SLY	LOSS	STATEMENT AVAILABLE	
990-т ѕсн	A	POST-201	7 NET OPE	SLY ED R	LOSS EMAINING	STATEMENT AVAILABLE	4
990-T SCH TAX YEAR 06/30/20	A	POST-201 STAINED 32,326.	7 NET OPE	SLY ED R	LOSS EMAINING	STATEMENT AVAILABLE THIS YEAR	4

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

Employer identification number

Name 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 Proceeds or loss from Form(s) 8949, 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

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

Note: If losses exceed gains, see Capital Losses in the instructions.

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 UNIV	ERSITY FOUND	ATION				95-61	123757
Before you check Box D, E, or F belo statement will have the same informa	ow, see whether sation as Form 10	you received any 99-B. Either will s	Form(s) 1099-B o	r substitute statem basis (usually you	ent(s) from r cost) was	your broker. A sul reported to the IR	bstitute S by your
broker and may even tell you which be Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructio	ons). For short-term tr	ransactions,
see page 1. Note: You may aggregate al							
codes are required. Enter the You must check Box D, E, or F below.							
f you have more long-term transactions than will	· -		•		-		
(D) Long-term transactions rep	,	•	•	•	Note abo	ove)	
(E) Long-term transactions rep	•	,		ported to the IRS			
(1) Letting term than teachers the	1			(0)	(e) Adjustment, if		/b)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If vo	où enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column column (f)	(g), enter a code in . See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
PA SMALL COMPANY PRIVATE						adjustifierit	
EQUITY FUND IX,							3,029.
·							,
	1						
	 						
	1						
	1						
	1						
	 						
2 Totals Add the amounts in colum	nne (d) (a) (a) a	nd (h) (subtract					
2 Totals. Add the amounts in colur negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if E	**	•					3,029.
above is checked), or line 10 (ii t	T ADOVE IS CI	ieckeu)					5,025.

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**

Sales of Business Property

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

Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4797 for instructions and the latest information. 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) (a) Description (b) Date acquired (C) Date sold (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price improvements and allowable since 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 9 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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

(Form 1040), Part I, line 4

18b

Part III Gain From Disposition of Propert	y Un	der Sections 124	5, 1250, 1252	2, 12	54, and 1255	(see	instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, 0	or 125	5 property:			(b) Date acquii (mo., day, yr.		(c) Date sold (mo., day, yr.)
Α							
В							
<u> </u>							
D		-					
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
20 Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
22 Depreciation (or depletion) allowed or allowable	22						
23 Adjusted basis. Subtract line 22 from line 21	23						
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	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	26a			-			
b Applicable percentage multiplied by the smaller 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						
d 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						
g 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.							
a Soil, water, and land clearing expenses	27a						
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 Enter the smaller 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 Enter the smaller of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property of	•	s A through D through	line 29b before	going	to line 30.		
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,Subtract line 31 from line 30. Enter the portion from					nortion	31	
from other than casualty or theft on Form 4797, line		ary or thore of thoriting	,, iii 00. Liite	51 tile	Portion	32	
Part IV Recapture Amounts Under Section	ns 1	79 and 280F(b)(2)	When Busin	ess	Use Drops to		or Less
(see instructions)					(-) 0 11		/b) O!!
					(a) Section 179	1	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable	in prior years		33			
34 Recomputed depreciation. See instructions				34			
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

Employer identification number

ivai	no				Lilibi	oyer identification number
	CALIFORNIA STATE UNIVERSITY	FOUNDATION			95-	6123757
Did	the corporation dispose of any investmen	nt(s) in a qualified opportu	nity fund during the tax yea	ar?		Yes X No
	es," attach Form 8949 and see its instruc	ctions for additional requir	ements for reporting your	gain or loss.		•
	Part I Short-Term Capital Gai	ns and Losses - Ass	sets Held One Year	or Less		
to e This	instructions for how to figure the amounts nter on the lines below. If form may be easier to complete if you not 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 I, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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					
2	Form(s) 8949 with Box A checked 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 3	7		4	
	Short-term capital gain or (loss) from like-kind				5	
	Unused capital loss carryover (attach computa				6	(
	Net short-term capital gain or (loss). Combine	,			7	
	Part II Long-Term Capital Gair	ns and Losses - Ass	ets Held More Than	One Year		
to e	instructions for how to figure the amounts nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
This rour	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		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					
0	Form(s) 8949 with Box D checked Totals for all transactions reported on					
ð	Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked	•				3,029.
11	Enter gain from Form 4797, line 7 or 9			•	11	7,371.
	Long-term capital gain from installment sales				12	
	Long-term capital gain or (loss) from like-kind				13	
		_			14	
	Net long-term capital gain or (loss). Combine				15	10,400.
	Part III Summary of Parts I and					
16	Enter excess of net short-term capital gain (lin	e 7) over net long-term capita	al loss (line 15)		16	
	Net capital gain. Enter excess of net long-term				17	10,400.
	Add lines 16 and 17. Enter here and on Form				18	10,400.

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

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2023

LHA

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.

CALIFORNIA STATE UNIVERSITY FOUNDATION 95-6123757 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (a) (b) (c) (e) (h) loss. If you enter an amount Proceeds Cost or other Description of property Gain or (loss). Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) disposed of (Mo., day, yr.) column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) combine the result see *Column (*e) in Amount of Code(s) with column (g) the instructions adjustment PA SMALL COMPANY PRIVATE EQUITY FUND IX 3,029. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 3,029. above is checked), or line 10 (if Box F above is checked)

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.

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

Form **4626**

Internal Revenue Service

Alternative Minimum Tax-Corporations

Attach to your tax return.

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

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2023

OMB No. 1545-0123

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 2 Adjustments: 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 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 amoun	s in U.S	. dollars.) (continued	()	
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),	(b), 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 4626 (2023)

Par	Corporate Alternative Minimum Tax		T
1			
а	Consolidated net income or loss per the AFS of the corporation		-23,561.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	,		
d	, , , , , , , , , , , , , , , , , , , ,		
е	1		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-23,561.
2	•		
а	Financial statements covering different tax years	2a	
b			
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
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)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g			
h	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	
ı	Covered benefit plans described in section 56A(c)(11)(B)	2I	
m	n Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
s	4501 11 1 1 0 5 11 11		
t	AFSI adjustment T - Reserved for future use		
u	AFSI adjustment U - Reserved for future use	2u	
z	CMA MEMENTA 6		-10,400.
3			-10,400.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		-33,961.
5			
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		
7			
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst		
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	-	
10	Regular tax liability (see instructions)		
11	Base erosion minimum tax (see instructions)		
12		40	
13			
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	
Par	rt III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2		2	
3		3	
4	Deferred income tax provision - Federal	4	
5			
	a Adjustment A - Reserved for future use	6a	
	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	
_	h Adjustment H - Reserved for future use	CI-	
	z Income taxes in other places	-	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g		

Page 4 Form 4626 (2023)

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credi Section I - AMT Foreign Tax Credit	it		
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 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 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)	3e		
		3f	
		_	
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			
			Form 4626 (2023

316234 02-12-24

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 (a) Description (C) Date sold (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price improvements and allowable since 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 9 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 4, and 1255 (se	ee instructions)
19 (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
20 Gross sales price (Note: 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 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	26a					
b Applicable percentage multiplied by the smaller 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					
d 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					
g 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.	K					
a Soil, water, and land clearing expenses	27a					
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 Enter the smaller of line 24 or 28a	28b					
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	م مصر با م	o A through D through	line 20h hefere	aoina	to line 20	
Complete property of	Joiuitii	is A through D through	i iirie 29b belore	gonig	to line 30.	
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	684, 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	iess l	Use Drops to 50	% or Less
(see instructions)					T	
					(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		
35 Recapture amount. Subtract line 34 from line 33. Se	ee the	instructions for where	to report	35		

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.

Attachment

OMB No. 1545-0123

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) heginning. JAN 1 2023, and ending DEC 31

2023 Sequence No. **121**

Name of person filing this return	toce manuactions, beginning ,	A Identifying num		,				
CALIFORNIA STATE UNIVERSITY FO	OTIND & TIT ON	95-612375	7					
Number, street, and room or suite no. (or P.O. box num		B Category of filer (See instructions. Check applicable box(es).):						
401 GOLDEN SHORE			$\overline{}$	3 X 2		5b 5b] 5c ∏	
City or town, state, and ZIP code		C Enter the total po						
LONG BEACH, CA 90802		you owned at the					%	
Filer's tax year beginning JUL 1	, 2023 , and ending JU	N 30	, 20	24				
D Check box if this is a final Form 5471 for t	the foreign corporation						Х	
E Check if any excepted specified foreign fin	ancial assets are reported on this form (see i	nstructions)						
${\color{red} {\bf F} \hbox{Check the box if this Form 5471 has been} }$	completed using "Alternative Information" und	der Rev. Proc. 2019-40	0					
G If the box on line F is checked, enter the co	orresponding code for "Alternative Information	n" (see instructions)						
H Person(s) on whose behalf this information	on return is filed:				(4) 01			
(1) Name	(2) Address		(3) Identifyin	a number	(4) Chec Shareholder	k applicable		
	, ,		, ,		Snarenoider	Officer	Director	
CALIFORNIA STATE UNIVERSITY FOUNDATION	AAA COLDEN GUODE LONG BEACH C	7 00002	95-612375	7	Х			
FOUNDATION	401 GOLDEN SHORE LONG BEACH C	A 90002	95-012373	,	^			
Important:	All information must be a	S. E. P. L. All.	. t. must t		10 111	_		
Important: Fill in all applicable lines a unless otherwise indicate		in English. All amou	nts illust be	statea in C	J.S. dollar	S		
1a Name and address of foreign corporation			h(1) Empl	oyer identifi	cation num	her if any		
Name and address of foreign corporation			Jo(1) Empi	oyor raoritiii	oution num	bor, ir arry		
			b(2) Refer	ence ID nur	nber (see ir	nstructions)		
			000		(,		
PRIVATE ADVISORS HEDGED EQU	JITY FUND, LTD		b(3) Previ	ous referenc	e ID numbe	er(s), if any (see instr.)	
901 E BYRD STREET, STE 1400							· ·	
RICHMOND VA 23219				try under w		ncorporated	d	
d Date of e Principal place of busin	ess f Principal g Princip	oal business activity	CAI	h Function		, code		
incorporation 03/14/03 CAYMAN ISLANDS	husiness activity L	STMENTS		n ranous	USD			
2 Provide the following information for the f		Lahova			050			
	branch office or agent (if any) in the United S		b If a U.S. in	come tax re	turn was fi	led, enter		
a Name, address, and identifying namber of	branch office of agont (if any) in the office of	iaics			(ii) ILS_income to		tax naid	
			(i) Taxable in	come or (lo		(after all cre		
	*							
c Name and address of foreign corporation's in country of incorporation	Name and address (in person (or persons) w corporation, and the lo	ith custody of	f the books a	and records	of thé fore	ign		
Schedule A Stock of the For	reign Corporation							
			(b) Nur	mber of sha	res issued a	and outstan	ding	
(a) Desc	cription of each class of stock			ng of annua ing period		ii) End of a ccounting p		
COMMON				1,2	275		0	

 $\label{local-loc$

312301 01-05-24

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

SEE STATEMENT 7

Form 5471 (Rev. 12-2023) Page **2**

Schedule B Shareholders of Foreign Corporation							
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	соммон	1,275	0				
401 GOLDEN SHORE				1			
LONG BEACH CA 90802							
95-6123757							
				1			
				1			
				1			
				1			
Part II Direct Shareholders of Fore	ign Corporation (see instructions)						
(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held Note: This description should match the description entered in Schedule A, co	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period			
				1			

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

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 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 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 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 Royalties and license fees	12b		
S	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 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 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)

95-6123757

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 Q /	Farm 5471 /F	201 10	2022

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

IDENTIFYING NUMBER OF NUMBER SHARES

NAME AND ADDRESS

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.	DOLLA
INVESTMENT INCOME (LOSS)	•	7,260.			7,26
TOTAL TO 5471, SCHEDULE C, I	LINE 9	7,260.			7,26
FORM 5471	OTHER D	EDUCTIONS		STATE	MENT 9
DESCRIPTION	0	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S.	DOLLA
MANAGEMENT FEE ACCOUNTING FEE OTHER EXPENSES		35,396. 32,887. 29,720.			35,39 32,88 29,72
TOTAL TO 5471, SCHEDULE C, I	LINE 17	98,003.			98,00

FORM 5471 OTH	HER INVESTMENTS		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	F, LINE 8	5,995,258.	1,357,390.

FORM 5471	OTHER LIABIL	ITIES	STATEMENT 11
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
REDEMPTIONS PAYABLE CASH OVERDRAFT		1,048,795. 97.	1,358,229.
TOTAL TO 5471, PAGE 4, SCHEDUL	E F, LINE 19	1,048,892.	1,358,229.



Form 5471 (Rev. 12-2023)

1 01111 0 77 1 (1164. 12	2020)
Schedule 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?			Х
	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 includes the filer incl	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			37
	section 1.358-6(b)(2))?			Х
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.			37
	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			v
	1.7874-12(a)(9)?			X
44	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			Х
	section 1.6011-4?			
10	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G). During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under			
12				х
13	section 901(m)? During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat			
10	foreign taxes that were previously suspended under section 909 as no longer suspended?			Х
14	Did you answer "Yes" to any of the questions in the instructions for line 14?			X
17	If "Yes," enter the corresponding code(s) from the instructions and attach statement			
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?			Х
	If "Yes," enter the amount			
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward	Ψ		
	to the current tax year (see instructions)?			Х
	If "Yes," enter the amount	\$		
17a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year			
	(see instructions)?			Х
b	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated			
18a	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 within the relevant safehaven			
	range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)?			X
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)?			X
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 O (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

CALIFORNIA STATE UNIVERSITY FO	UNDATION					95-	612375	7	
Name of foreign corporation		EIN (if any	')	Referenc	e ID numb	er			
PRIVATE ADVISORS HEDGED EQUITY	FUND, LTD			0001					
Important: Complete a separate Schedul	e O for each foreign o	corporation for whic	h information mus	st be reporte	ed.				
Part I To Be Completed by U	=			<u> </u>					
(a) Name of shareholder for whom acquisition information is reported	(b) s of shareholder	reholder (c) Identifying of shareh		(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		Date of 10% a	(e) f additional cquisition		
				<i></i>					
Part II To Be Completed by I	J.S. Shareholde	rs							
Note: If this return is required and the date each became a	d because one or mor		ame U.S. persons	, attach a lis	t showing	the names	of such p	ersons	
	Sectio	n A - General Shareho					,		
(a)	number	For sharehold	(b) ler's latest U.S. inco	ome tax return	ı filed, indi	cate:	(C) Date (if any) shareholder		
Name, address, and identifying of shareholder(s) filing this sc		(1) Type of return (enter form number)	(2) Date return filed		(3)			I information er section 6046 ign corporation	
Se	ction B - U.S. Persons	Who Are Officers or D	irectors of the For	eign Corporat	ion		1		
(a) Name of U.S. officer or director		(b) Address		Soci	(c) al security	number	Check a	appropriate ox(es) Director	
		Section C - Acquisitio	n of Stock					-1 -	
(a) Name of shareholder(s) filing this schedule	(b) Class of stock	(c) Date of	(d) Method of	(e) Number of shares acquired					
name of snareholder(s) filing this schedule	acquired	acquisition	acquisition	Di	(1) rectly	(2) Indirectly	/ Co	(3) nstructively	
							-		
						I.			

(f)			(g)			1 ago 2
Amount paid or value given		Name and add	dress of person from wh	om shares were acqu	ired	
		Section D - Dispositi	on of Stock			
(a)	(b)	(c)	(d)	Numbe	(e) r of shares d	isnosed of
Name of shareholder disposing of stock	Class of stock	Date of disposition	Method of disposition	(1)	(2)	(3)
CCIL ECIMPATION	COMMON	12/31/23		Directly	Indirectly	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 was	s made	
		EQ FD LTD 901	E BYRD STREET, S			
-	RICHMOND VA 232	219				
				·		
	Section E - Orga	unization or Pagragniz	ation of Foreign Corpora	ation		
	(a)	ilization of Reorganiza	ation of Foreign Corpora	(b)		(c)
Nai	ne and address of trans	feror		Identifying numbe	r (if any)	Date of transfer
A	(d)				(e)	
(1)	ransferred to foreign co	•	(3)	Description of accepte transferred by or notes or		
Description of assets	Fair market va	alue Adjuste W	(3) d basis (if transferor as U.S. person)	5600111162 1221	ueu by, ioreit	gii corporation
		Section F - Additional	Information			
(a) If the foreign corporation or a predecessor	or U.S. corporation filed	(or joined with a conso	olidated group in filing) a	u.S. income tax retu	rn for any of	the last 3 years.
attach a statement indicating the year for wh	ch a return was filed (a					
loss, and the U.S. income tax paid (after all c (b) List the date of any reorganization of the	*	occurred during the la	st 4 years while any H S	nerson held 10% or	more in value	e or vote (directly
or indirectly) of the corporation's stock	.s. sign sorporation that	. 555am 50 during the la	or i yourd willio ully 0.0	. porcon noid 1070 01	o.o iii vaiut	o or roto (un ootiy
(c) If the foreign corporation is a member of	a group constituting a c	chain of ownershin atta	nch a chart, for each unit	of which a sharehold	er owns 10%	or more in value
or voting power of the outstanding stock. The						
instructions for an example).				Sahar	tule N (Form	5471) (Rev. 12-2012)
				Schel	inie o (Loilli	(1167. 12-2012)

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 CONNECT 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 and ending 2023 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 12 (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.

orm	n 8621 (Rev. 12-2018)		Page 2
P	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines	Sa through 7c. If you are makir	ıg
	Election B, also complete lines 8a through 9c. See instructions.		
6 a	Enter your pro rata share of the ordinary earnings of the QEF		
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)		
C		e 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	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 sect	ion 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		
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	
P	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	
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	
11	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 contract the loss from line 10c, but only to the extent of unreversed inclusions on line 11.	·	
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
а	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		
14a	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 ord	·	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	

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

Form 8621 (Rev. 12-2018) Page **3**

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

OMB No. 1545-1002 **Investment Company or Qualified Electing Fund** 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. 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

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

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

gain on line 15f of Part V.

complete line 16. Part V.

distribution is greater than zero, also complete line 16. Part V.

orm	n 8621 (Rev. 12-2018)		Page 2
P	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6	Sa through 7c. If you are makii	ng
	Election B, also complete lines 8a through 9c. See instructions.		
6 a	Enter your pro rata share of the ordinary earnings of the QEF		
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)		
C		e 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	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 secti	ion 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		
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	
P	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	
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	
11	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 ordin	·	
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
а	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		
14a	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 ord	·	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	

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

Form 8621 (Rev. 12-2018) Page **3**

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)

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

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

termination of election. Subtract line 24 from line 20

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 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) THE RISE FUND III CAYMAN BL, LP. 98-1682259 Address (Enter number, street, city or town, and country.) Reference ID number (see instructions) 301 COMMERCE STREET, SUITE 330 Tax year of foreign corporation, PFIC, or QEF: Calendar year FORT WORTH, TX 76102 or other tax year beginning **JUL 14** 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 14 (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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P	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6	Sa through 7c. If you are makii	ng
	Election B, also complete lines 8a through 9c. See instructions.		
6 a	Enter your pro rata share of the ordinary earnings of the QEF		
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)		
C		e 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	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 secti	ion 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		
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	
P	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	
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	
11	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 ordin	·	
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
а	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		
14a	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 ord	·	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	

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

Form 8621 (Rev. 12-2018) Page **3**

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) 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

► 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 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. 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.

orm	8621 (Rev. 12-2018)		Page 2
Pa	art III Income From a Qualified Electing Fund (QEF). All QEF shareholds	ers complete lines 6a through 7c. If y	ou 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		
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 Pa	rt 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 curre		
8 a	Add lines 6c and 7c	8a	
	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	
	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)		
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in in		
	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		
	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e 9b	•	
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended	d by making	
	Election B	9c	
Pa	art IV Gain or (Loss) From Mark-to-Market Election (see instruction	tions)	•
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	ļu ļ
	Enter your adjusted basis in the stock at the end of the tax year		h
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as		
	on your tax return. If a loss, go to line 11		:
11	Enter any unreversed inclusions (as defined in section 1296(d))		
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this		
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax yea		
а	Enter the fair market value of the stock on the date of sale or disposition	13a	It is
	Fatautha adicated has a fitter stade of the stade of adaptive fitter	13b	
	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary		
	tax return. If a loss, go to line 14		
14a	Enter any unreversed inclusions (as defined in section 1296(d))		
	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include thi		
-	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete	·	

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

Name of shareholder Identifying number (see instructions)									
CAL	IFORI	NIA 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 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							
		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)						
		LDINGS							
Addr	ess (Ei	nter number, street, city or town, and country.)	Reference ID number (see instructions) NA						
c/o	AXIS	S FIDUCIARY LTD, 2ND FL	Tax year of foreign corporation, PFIC, or QEF: Calendar year						
		MAURITIUS 72201	or other tax year beginning DEC 15 2023,						
			and ending DEC 31 , 2023 .						
Р	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	cription of each class of shares held by the shareholder: OTH	<u> </u>						
		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):							
	(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) \$	SEE STATEMENT 16						
D	(c) art II	Section 1296 (Mark to Market) \$ Elections (see instructions)	SEE STATEMENT 10						
A		Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	2 OFF O						
В	H	Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the	·						
_		of 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 1294(c) and 1294(f) and the related regulations for events that terminate this election.	calculate the tax that may be deferred. y not 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	tet the PFIC stock that is marketable within the meaning of section						
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.							
Е	Ш	Deemed Dividend Election. 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 a excess							
_		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). Édistribution is greater than zero, also complete line 16, Part V.	inter the excess distribution on line 15e, Part V. If the excess						
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 peridefined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, second to the former PFIC.	iod in the stock of the former PFIC includes the termination date, as						

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Pa	art III Income From a Qualified Electing Fund (QEF). All QEF shareholds	ers complete lines 6a through 7c. If y	ou 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		
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 Pa	rt 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 curre		
8 a	Add lines 6c and 7c	8a	
	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	
	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)		
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in in		
	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		
	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e 9b	•	
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended	d by making	
	Election B	9c	
Pa	art IV Gain or (Loss) From Mark-to-Market Election (see instruction	tions)	•
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	ļu ļ
	Enter your adjusted basis in the stock at the end of the tax year		h
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as		
	on your tax return. If a loss, go to line 11		:
11	Enter any unreversed inclusions (as defined in section 1296(d))		
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this		
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax yea		
а	Enter the fair market value of the stock on the date of sale or disposition	13a	It is
	Fatautha adicated has a fitter stade of the stade of adaptive fitter	13b	
	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary		
	tax return. If a loss, go to line 14		
14a	Enter any unreversed inclusions (as defined in section 1296(d))		
	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include thi		
-	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete	·	

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

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				
		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	Employer identification number (if any)				
		gn corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) VMENT TECHNOLOGIES EGYPT S.A.E.	Employer Identification flumber (if any)				
Addr	ess (Ei	nter number, street, city or town, and country.)	Reference ID number (see instructions) NA				
c/o	AXIS	S FIDUCIARY LTD, 2ND FL	Tax year of foreign corporation, PFIC, or QEF: Calendar year				
		MAURITIUS 72201	or other tax year beginning DEC 15 2023,				
			and ending DEC 31 , 2023 .				
Р	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	eription of each class of shares held by the shareholder: OTH	<u> </u>				
		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):					
	(a)	<u>X</u> \$0-50,000 (b) <u>\$50,001-100,000 (c) \$100,001-150,000</u>	(d) \$150,001-200,000				
	(e)	If more than \$200,000, list value:					
_	Tuna	of DEIC and amount of any avegag distribution or gain treated as an avegag distribution un	der coetion 1901, inclusion under coetion 1909				
5		of PFIC and amount of any excess distribution or gain treated as an excess distribution un inclusion or deduction under section 1296 (check all boxes that apply):	del Section 1291, inclusion under Section 1293,				
	(a)	Section 1291 \$					
	(a) (b)	Section 1293 (Qualified Electing Fund) \$					
	(c)	Section 1296 (Mark to Market) \$	SEE STATEMENT 17				
Р	art II						
A		Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	2 OFF Complete lines 62 through 7c of Part III				
В	Ħ	Election To Extend Time For Payment of Tax. I, a shareholder of a QFF, 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> Note : 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.	calculate the tax that may be deferred. y not 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.	xet the PFIC stock that is marketable within the meaning of section				
D		Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF PFIC. Enter gain or loss on line 15f of Part V.	, elect to recognize gain on the deemed sale of my interest in the				
Е		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		, ,	DEIO 1				
Г		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 <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. 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.	enter the excess distribution on line 15e, Part V. If the excess				
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, second to the former PFIC.	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 shareholds	ers complete lines 6a through 7c. If y	ou 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		
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 Pa	rt 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 curre		
8 a	Add lines 6c and 7c	8a	
	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	
	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)		
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in in		
	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		
	Enter the total tax for the tax year determined without regard to the amount entered		
	on line 8e 9b	•	
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended	d by making	
	Election B	9c	
Pa	art IV Gain or (Loss) From Mark-to-Market Election (see instruction	tions)	•
10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	ļe
	Enter your adjusted basis in the stock at the end of the tax year		h
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as		
	on your tax return. If a loss, go to line 11		:
11	Enter any unreversed inclusions (as defined in section 1296(d))		
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this		
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax yea		
а	Enter the fair market value of the stock on the date of sale or disposition	13a	It is
	Fatautha adicated has a fitter stade of the stade of adaptive fitter	13b	
	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary		
	tax return. If a loss, go to line 14		
14a	Enter any unreversed inclusions (as defined in section 1296(d))		
	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include thi		
-	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete	·	

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 ► 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 qualified electing fund (QEF) YOCO TECHNOLOGIES PTY, LTD. Address (Enter number, street, city or town, and country.) Reference ID number (see instructions) 56 SHORTMARKET ST Tax year of foreign corporation, PFIC, or QEF: Calendar year CAPE TOWN, SOUTH AFRICA 8000 or other tax year beginning DEC 15 2023 and ending DEC 31 2023 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 18 (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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P	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines	Sa through 7c. If you are makir	ıg
	Election B, also complete lines 8a through 9c. See instructions.		
6 a	Enter your pro rata share of the ordinary earnings of the QEF		
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)		
C		e 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	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 sect	ion 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		
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	
P	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	
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	
11	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 of the extent of unreversed inclusions on line 11.	·	
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
а	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		
14a	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 ord	·	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	

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

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

OMB No. 1545-1002

Attachment Sequence No. 69

Name o	of shareholder	Identifying number (see instructions)						
CALIF	ORNIA STATE UNIVERSITY FOUNDATION	95-6123757						
	r, street, and room or suite no. If a P.O. box, see instructions. OLDEN SHORE	Shareholder tax year: calendar year or other tax year beginning JUL 1 , 2023 and ending JUN 30 , 2024						
	town, state, and ZIP code or country BEACH , CA 90802							
	ype of shareholder filing the return: Individual X Corporation Partnersh f any Excepted Specified Foreign Financial Assets are reported on this form. See instructions							
	ng Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to tr							
Insuran	ce Corporation under the alternative facts and circumstances test within the meaning of section	n 1297(f)(2). See instructions						
	foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF)	Employer identification number (if any)						
	URVEST PARTNERS COINVESTMENT VI FEEDER	00 1565676						
FUND		98-1565676						
Address	s (Enter number, street, city or town, and country.)	Reference ID number (see instructions)						
190 E	LGIN AVENUE	Tax year of foreign corporation, PFIC, or QEF: Calendar year						
GEORG	E TOWN, CAYMAN ISLANDS KY1-9005	or other tax year beginning JAN 1 2023 ,						
		and ending DEC 31 , 2023 .						
Par	t I Summary of Annual Information (see instructions)							
	the following information with respect to all shares of the PFIC held by the shareholder:							
1	Description of each class of shares held by the shareholder: OTH							
	Check if shares jointly owned with spouse.							
2	Date shares acquired during the tax year, if applicable:							
3	Number of shares held at the end of the tax year:							
4 \	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	(d) \$150,001-200,000						
	(e) If more than \$200,000, list value:	(u) \$100,001 200,000						
•	There than \$\pi = 0.0000, not value.							
5	Type of PFIC and amount of any excess distribution or gain treated as an excess distribution ur	nder section 1291, inclusion under section 1293,						
á	and inclusion or deduction under section 1296 (check all boxes that apply):							
((a) Section 1291 \$							
((b) Section 1293 (Qualified Electing Fund) \$							
	Section 1296 (Mark to Market) \$	SEE STATEMENT 19						
Par								
A	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 t of 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 ma 1294(c) and 1294(f) and the related regulations for events that terminate this election.	he time for payment of tax on the undistributed earnings and profits of calculate the tax that may be deferred. By not make this election. Also, see sections						
C [Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mari 1296(e). Complete Part IV.	ket the PFIC stock that is marketable within the meaning of section						
D	Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF	e, elect to recognize gain on the deemed sale of my interest in the						
	PFIC. Enter gain or loss on line 15f of Part V.	055 that is a substitute for incommention (050) about to be a						
E	Deemed Dividend Election. 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							
	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 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.							
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 includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). <i>Edistribution is greater than zero</i> , also complete line 16, Part V.	Enter the excess distribution on line 15e, Part V. If the excess						
H [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.	riod in the stock of the former PFIC includes the termination date, as						

orm	n 8621 (Rev. 12-2018)		Page 2
P	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines	Sa through 7c. If you are makir	ıg
	Election B, also complete lines 8a through 9c. See instructions.		
6 a	Enter your pro rata share of the ordinary earnings of the QEF		
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)		
C		e 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	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 sect	ion 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		
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	
P	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	
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	
11	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 of the extent of unreversed inclusions on line 11.	·	
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
а	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		
14a	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 ord	·	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	

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**

► 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. 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 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) DOVER STREET XI FEEDER FUND L.P. 98-1629574 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 SEP 1 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: 1 000 000. 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 20 (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.

orm	n 8621 (Rev. 12-2018)		Page 2
P	art III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines	Sa through 7c. If you are makir	ıg
	Election B, also complete lines 8a through 9c. See instructions.		
6 a	Enter your pro rata share of the ordinary earnings of the QEF		
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)		
C		e 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	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 sect	ion 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		
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	
P	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	
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	
11	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 of the extent of unreversed inclusions on line 11.	·	
	loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
а	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		
14a	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 ord	·	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	

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

Name of person filing this return

Information furnished for the foreign partnership's tax year

beginning JAN 1 , 2023, and ending DEC 31

2023 Filer's identification number

Attachment Sequence No. 865

				9	5-612375	7	
CALIFORNIA STATE UNIVERSITY FOUNDAT							
Filer's address (if you aren't filing this form with your tax r	eturn)	A Category of f	iler (see Catego	ries of Filers in the	e instructions a	nd check app	licable box(es)):
		1	2	3	X	4	
		B Filer's tax ye beginning	ar JUL 1	, 202	23 , and endir	ng JUN 3	30 , 2024
C Filer's share of liabilities: Nonrecourse \$	Qualified nonre	course financing	\$		Other	\$	
D If filer is a member of a consolidated group but not the	parent, enter the following in	nformation abou	t the parent:				
Name				EIN			
Address							
E Check if any excepted specified foreign financial assets	are reported on this form. S	See instructions					
F Information about certain other partners (see instruction	ons)						
(1) Nama	(2) Addroso		(2) Identified	tion number	(4) (Check applica	ble box(es)
(1) Name	(2) Address		(3) Identifica	uon number	Category 1	Category 2	Constructive owner
G1 Name and address of foreign partnership					2(a) EIN (• /	
HARBOURVEST ACCESS-CO-INVESTMENT FUND	VI					-156700	
C/O HARBOURVEST PARTNERS LLC					2(b) Refer	ence ID nu	mber
ONE FINANCIAL CENTER				~			
BOSTON, MA 02111							se laws organized
Date of Principal place	Dringing business	Dringing busin	2000	n Func	CAYMAN I		ungo roto
4 organization of business		7 Principal busin activity	1622	8a curre	ncy	8b (see in	inge rate nstructions)
11/17/2020 CAYMAN ISLANDS	523900 I	NVESTMENTS		USD			1.000000
H Provide the following information for the foreign partners							
1 Name, address, and identification number of agent (if a	any) in the United States	2 Check if the				1	
		_	m 1042	Form 88		Form 106	55
			ter where For	m 1065 is filed	l:		
		E-FILE	dress of person(s	s) with custody of	the books and	records of the	e foreign
3 Name and address of foreign partnership's agent in co	untry of organization, if any	4 partnership, a	nd the location o	f such books and	records, if diffe	erent	3
		HARBOURVES		•			
		ONE FINANC		ıK			
E. Duiza the town and did the feeting a death of the second		BOSTON, MA					
5 During the tax year, did the foreign partnership pay of		-					X No
allowed under section 267A? See instructions						Yes	X No
If "Yes," enter the total amount of the disallowed ded						P 	X No
6 Is the partnership a section 721(c) partnership, as do7 Were any special allocations made by the foreign partnership.	duranahin O					Yes Yes	X No
8 Enter the number of Forms 8858, Information Return		oot to Foreign Di				res	L NO
	·	-	-				0
(FDEs) and Foreign Branches (FBs), attached to thisHow is this partnership classified under the law of th					CAYMAN I	STANDS	
10 a Does the filer have an interest in the foreign partners			ian nartnarch				
separate unit under Regulations section 1.1503(d)-1		-					
						Yes	X No
1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b b If "Yes," does the separate unit or combined separate	unit have a dual concolidate	ad loce, ac define	nd in Degulati	 nne		103	140
						Yes	No
section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following req	uirements?		······································			169	NO
The partnership's total receipts for the tax year w							
2. The value of the partnership's total assets at the e	· ·	han \$1 million	}			Yes	No
If "Yes," don't complete Schedules L, M-1, and M-2.	51 1110 1111 7011 1110 1000 1	ψ : million.				103	140
For Privacy Act and Paperwork Reduction Act Notice. se	the senarate instructions		/				Form 8865 (2023)

LHA 310651 10-27-23

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

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.

EIN

Total ordinal

a direct interest of indirectly owns a 1070 interest.									
Name	Address	EIN (if any)	Total ordinary income or loss	Check foreigr partner ship					

Form 8865 (2023)

No

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								Filer's identi	fying num	ber	
	CALIFORNI	A STATE	UNIVERS	ITY FOUND	ATI	ON			95-612	3757		
Name of foreign pa	me of foreign partnership HARBOURVEST ACCESS-CO-INVESTMENT FUND VI C/O HARBOURVEST PARTNERS LLC EIN (if any) Reference ID number (see instr)											
											_	
•	-		- •	-		s section 1.721(c)-1					Yes	X No
	-			-		gain upon the contr	-			L	Yes	∟∟ No
						at the time of the tra					_	
					ectior	n 1.482-7(c)(1)?					Yes	No No
Part I Tr	ansfers Reportabl	e Under Se	ction 6038E	3								
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value of transfer		(d) Cost or other basis		e) ry period	(f) Section 704 allocation me			(g) ecognized transfer
Cash	12/31/23			452,548.								
Stock, notes				,								
receivable												
and payable,					 					+		
and other					-					-		
securities												
Inventory												
iliveritory									>			
Tangible												
property												
used in trade												
or business												
Intangible								+				
Intangible property					_					-		
described in												
section												
197(f)(9)												
Intangible												
property, other than intangible												
property												
described in								<u> </u>		+		
section 197(f)(9)				_						+		
Other												
property												
Totals				452,548.								
3 Enter the tra	ansferor's percenta	age interest	in the partn	ership: (a) Be	fore t	he transfer	.3215	%	(b) After	the transf	er	.2470 %
Supplemental Info	ormation Required	To Be Rep	orted (see	instructions):								
BEGINNI	NG PROFIT %	0.2758%	ENDI	NG PROFIT	% 0	.2458%						
	NG LOSS % 0.			OSS % 0.2								
				- •								
Part II Di	spositions Report	ahle linder	Section 60:	38R								
		Larie Olluci			ı			(6)				
(a) Type of property	(b) Date of original transfer	I	(c) Pate of position	(d) Manner of disposition		(e) Gain recognized by partnership	re	(f) preciation ecapture cognized artnership	(g) Gain alloca to partn		recaptu	(h) reciation re allocated partner
					<u></u>							
Dort III	onu transfer	tod cartific	I - I	hiootto esta		aition under continu	004(4)(0)	r 000tin 0011	f\/E\/E\			v
Part III Is	any transfer repor	tea on this s	scneaule su	bject to gain r	ecogr	nition under section :	9U4(T)(3) 0I	r section 904(1	I)(5)(F) ?		Yes	X No

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

Schedule 0 (Form 8865) 10-2021

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.

2023

Filer's identification number

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Name of person filing this return

Information furnished for the foreign partnership's tax year JAN 5 , 2023, and ending DEC 31 beginning

Attachment Sequence No. **865**

				95-612375	57	
CALIFORNIA STATE UNIVERSITY FOU	NDATION					
Filer's address (if you aren't filing this form with you	r tax return)	A Category o	f filer (see Categories of File	ers in the instructions	and check app	olicable box(es)):
		1 [2	3 X	4	
		B Filer's tax y beginning	^{/ear} JUL 1 ,	2023 , and end	ding JUN	30 , 2024
C Filer's share of liabilities: Nonrecourse \$	Qualified nonrec	course financir	ng \$	Othe	r \$	
D If filer is a member of a consolidated group but n	ot the parent, enter the following ir	nformation abo	out the parent:			
Name			[EIN		
Address						
E Check if any excepted specified foreign financial a	assets are reported on this form. S	ee instructions	3			
F Information about certain other partners (see inst	ructions)					
(1) Nama	(2) Address		(3) Identification numl) Check applica	able box(es)
(1) Name	(2) Address		(3) Identification num	Category 1	Category 2	Constructive owner
					1	
					1	
G1 Name and address of foreign partnership				2(a) EIN	` •,	
KKR GLOBAL IMPACT FUND II PRIVATE					8-170877	
INVESTORS (OFFSHORE B) LP				2(b) Ref	erence ID nu	imber
30 HUDSON YARDS				0.0000		
NEW YORK, NY 10001					y under who	se laws organized
4 Date of 5 Principal place of business	6 Principal business activity code number 7	Principal bus	siness	CANADA Functional	Los Excha	ange rate nstructions)
4 organization of business O1/02/2023 CANADA		activity NVESTMENTS	8a USI		8b (see ii	nstructions) 1.00000
H Provide the following information for the foreign			002	<u> </u>	1	1,00000
1 Name, address, and identification number of age		2 Check if th	ne foreign partnership r	muet fila:		
i Name, address, and identification number of ager	it (ii airy) iii the office States			orm 8804 X	Form 106	35
			enter where Form 1065	<u> </u>		55
		E-FILE		is ilicu.		
3 Name and address of foreign partnership's agent	in country of organization, if any	4 Name and a	ddress of person(s) with cu and the location of such bo	stody of the books an	d records of th	e foreign
3 1 1 3		partition,		50.00 0.10 1000.00, 11 0.		
5 During the tax year, did the foreign partnership	pay or accrue any interest or roya	Ity for which th	he deduction is not			
allowed under section 267A? See instructions					Yes	X No
If "Yes," enter the total amount of the disallowe					\$ <u></u>	<u></u>
6 Is the partnership a section 721(c) partnership,	, as defined in Regulations section	1.721(c)-1(b)	(14)?		Yes	X No
7 Were any special allocations made by the foreign	gn partnership?				Yes	X No
8 Enter the number of Forms 8858, Information F	·	•	•			
(FDEs) and Foreign Branches (FBs), attached to						
9 How is this partnership classified under the law					PARTNER	SHI
10 a Does the filer have an interest in the foreign pa	• •	•	•			
separate unit under Regulations section 1.1503	. , . , , , .	•	•			
1.1503(d)-1(b)(4)(ii)? If "No," skip question 10l	0				Yes	∟ No
b If "Yes," does the separate unit or combined sep			-			
section 1.1503(d)-1(b)(5)(ii)?					Yes	∟∟ No
11 Does this partnership meet both of the followin						
 The partnership's total receipts for the tax y The value of the partnership's total assets at 	· · ·	han ¢1 million	\			□ No
If "Yes," don't complete Schedules L, M-1, and		ιιαιι φι ΙΙΙΙΙΙΙΟΙΙ.	•		Yes	L NO
For Privacy Act and Paperwork Reduction Act Notic						Form 8865 (2023)
To Thirdy Act and Lapermont Reduction Act Motic	o, ooo mo ooparato monuciidho.					. 51111 5000 (2023)

LHA 310651 10-27-23

U.S. taxpayer Country of Percentage interest Name of foreign Check if related to organization Address identification number U.S. transferor Capital (if any) (if any) % % % Does the partnership have any other foreign person as a direct partner? 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 O (Form 8865)

(Rev. October 2021)

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

OMB No. 1545-1668

Attach to Form 8865. See the Instructions for Form 8865. Department of the Treasury Internal Revenue Service 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 KKR GLOBAL IMPACT FUND II PRIVATE EIN (if any) Reference ID number (see instr) INVESTORS (OFFSHORE B) LP 98-1708779 1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions 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 12/31/23 Cash 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) Other property **Totals** 300,144. Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer 4.9459 Supplemental Information Required To Be Reported (see instructions): ENDING PROFIT % 4.447984% ENDING LOSS **%** \$4.447984% Part II Dispositions Reportable Under Section 6038B (f) Depreciation (d) (g) 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)?

FORM 8621	ADDITION	AL INFORMATIO	ON	S'	TATEMENT 12
NAME OF PASSIVE FO	REIGN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING FU	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					
FORM 8621	ADDITION	AL INFORMATION	ON	S	TATEMENT 13
NAME OF PASSIVE FO	REIGN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING FU	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 INFORMATIO	ON	S	TATEMENT 14
FORM 8621 NAME OF PASSIVE FOR THE RISE FUND III	REIGN INVESTMENT				<u> </u>
NAME OF PASSIVE FO	REIGN INVESTMENT			ELECTING FU	JND

FORM 8621	STATEMENT 15	
NAME OF PASSIVE F	OREIGN INVESTMENT COMPANY OR QUALIFIE	D ELECTING FUND
YOCO AFRICA LTD.		
CLASS OF STOCK	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF OF YEAR OF SHARES CHANGE	
OTH		
FORM 8621	ADDITIONAL INFORMATION	STATEMENT 16
NAME OF PASSIVE F	OREIGN INVESTMENT COMPANY OR QUALIFIE	D ELECTING FUND
YOCO HOLDINGS		
CLASS OF STOCK	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF OF YEAR OF SHARES CHANGE	NUMBER VALUE OF OF SHARES SHARES HELI AT END AT END OF YEAR OF YEAR
OTH	41.000	41.000
FORM 8621	ADDITIONAL INFORMATION	STATEMENT 17
NAME OF PASSIVE F	OREIGN INVESTMENT COMPANY OR QUALIFIE	D ELECTING FUND
YOCO PAYMENT TECH	NOLOGIES EGYPT S.A.E.	
	NUMBER OF SHARES CHANGE AT BEGINING IN NUMBER DATE OF OF YEAR OF SHARES CHANGE	NUMBER VALUE OF OF SHARES SHARES HELI AT END AT END
CLASS OF STOCK	OF TEAK OF SHAKES CHANGE	OF YEAR OF YEAR

	ADDITION	AL INFORMAT	ION	S	TATEMENT 18
NAME OF PASSIVE FO	REIGN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING F	UND
YOCO TECHNOLOGIES	PTY. LTD.				
CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES			VALUE OF SHARES HELD AT END OF YEAR
OTH					
FORM 8621	ADDITION	AL INFORMAT	ION	S	TATEMENT 19
NAME OF PASSIVE FO			QUALIFIED	ELECTING FO	JND
HARBOURVEST PARTNE FUND L.P.	ERS COINVESTMENT	VI FEEDER			
	NUMBER OF SHARES AT BEGINING		DATE OF	AT END	SHARES HELD AT END
CLASS OF STOCK	OF SHARES		DATE OF CHANGE	OF SHARES	SHARES HELD
	OF SHARES AT BEGINING	IN NUMBER		OF SHARES AT END	SHARES HELD AT END
CLASS OF STOCK OTH	OF SHARES AT BEGINING OF YEAR	IN NUMBER	CHANGE	OF SHARES AT END OF YEAR	SHARES HELD AT END
CLASS OF STOCK OTH FORM 8621	OF SHARES AT BEGINING OF YEAR ADDITION	IN NUMBER OF SHARES	ION	OF SHARES AT END OF YEAR	SHARES HELD AT END OF YEAR TATEMENT 20
CLASS OF STOCK	OF SHARES AT BEGINING OF YEAR ADDITION OREIGN INVESTMENT	IN NUMBER OF SHARES	ION	OF SHARES AT END OF YEAR	SHARES HELD AT END OF YEAR TATEMENT 20
CLASS OF STOCK OTH FORM 8621 NAME OF PASSIVE FO	OF SHARES AT BEGINING OF YEAR ADDITION OREIGN INVESTMENT	IN NUMBER OF SHARES AL INFORMAT COMPANY OR CHANGE	ION QUALIFIED DATE OF	OF SHARES AT END OF YEAR ST ELECTING FT NUMBER OF SHARES	SHARES HELD AT END OF YEAR TATEMENT 20 UND

(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.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Par	t I U.S. Transferor Information (see instructions)			
Name	of transferor	Identifying number (see instructions)		
CAL	IFORNIA STATE UNIVERSITY FOUNDATION			
		95-6123757		
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.			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			
	five or fewer domestic corporations?	Yes No		
b	Did the transferor remain in existence after the transfer?			
	If not, list the controlling shareholder(s) and their identifying number(s).			
				
	Controlling shareholder	Identifying number		
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	Yes No		
	If not, list the name and employer identification number (EIN) of the parent corporation.			
	Name of parent corporation EII	N of parent corporation		
	Traine of paront outportune.	to parent ou perauon		
d	Have basis adjustments under section 367(a)(4) been made?	Yes No		
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under so	ection 367),		
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN of partnership		
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			
	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	Transferee Foreign Corporation Information (see instructions)			
4	Name of transferee (foreign corporation)	5a Identifying number, if any		
PAR	TNERS CO-INVESTMENT VI FEEDER FUND L.P.	98-1565676		
6	Address (including country)	5b Reference ID number		
190 I	ELGIN AVENUE			
GEOR	GETOWN, GRAND CAYMAN CAYMAN ISLANDS	PCVIFFLP		
7	Country code of country of incorporation or organization			
CJ				
8	Foreign law characterization (see instructions)			
CAY	MAN ISLANDS LP			
9	Is the transferee foreign corporation a controlled foreign corporation?	Yes X No		

2023.05000 CALIFORNIA STATE UNIVERSI 01163.T1

Form 926 (Rev. 11-2018)

Section A - Cash Type of property Lead	Part III Information	Regarding Tran	sfer of Property (see	instruction	ons)		y
Date of property control property and the property of the prop	Section A - Cash						
10 Was cash the only property transferred? If "Yes," skip the remainder of Part III and go to Part IV. Section B - Other Property (other than intangible property subject to section 367(d)) Type of property Day Description of property date of transfer property transfer property date of transfer property date of transfer property from tisted under another category) Other property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? 12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. b Was the transferor adomestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 19%-owned foreign corporation? If "Yes," continue to line 12b. If "No," skip lines 12c and 12d, and go to line 13. d Einter the transferor does amount included in gross income as required under section 91 If "Yes," continue to line 12d. If "No," skip lines 12d, and go to line 13. d Einter the transferred loss amount included in gross income as required under section 91 If "Yes," continue to line 12d. If "No," skip lines 12d, and go to line 13. d Einter the transferred does amount included in gross income as required under section 91 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. Section C - Intangible Property Subject to Section 367(d)(4) Type of Date of Description of Useful Arm's length price Octate other Intansfer Described In sec. 367(d)(4)	* *	Date of	Description of		arket value on	Cost or other	Gain recognized on
Section B - Other Property (other than intangible property subject to section 387(d)) Type of Other Property (other than intangible property subject to section 387(d)) Type of Description of Property (other than intangible property subject to section 387(d)) Type of Other Property (other than intangible property subject to section 387(d)) Totals 1 Did the transfer or transfer stock or securities subject to section 387(a) with respect to which a gain recognition agreement was filed? 11 Did the transferor transfer stock or securities subject to section 387(a) with respect to which a gain recognition agreement was filed? 12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? 11 "Yes," go to line 12b. 12 b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 37%-owned foreign corporation? 13 Did the transferor disconsistic corporation and 12s, shareholder with respect to the transferred foreign corporation? 14 "Yes," continue to line 12c. If "No," skelp line 12d, and go to line 13. 15 Did the transferred loss amount included in gross income as required under section 91 \$\infty\$ and the transfer of the property subject to Section 367(d)(4)? Type of Date of Description of Description of Iransfer Property described in section 367(d)(4) Property described in section 367(d)(4)	Cash	12/31/2023			449,674.		
Type of property Date of property Date of property Date of property Description of property Date of property Description of date of transfer Cost or other basis Date of transfer Description of date of transfer Date of tr	If "Yes," skip the rema	ainder of Part III and g	o to Part IV.				X Yes No
Date of Description of property alter of property and earlier of transfer of transfer securities		1		subject			(a)
Inventory Inventory		Date of	Description of		arket value on	Cost or other	Gain recognized on
Other property (not listed under another category) Property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was fled? 12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. If "Yes," continue to line 12b. If "No," skiplines 12c and 12d, and go to line 13. If "Yes," continue to line 12d. If "No, skip line 12d, and go to line 13. If "Yes," continue to line 12d. If "No, skip line 12d, and go to line 13. If "Yes," continue to line 12d. If "No, skip line 12d, and go to line 13. If "Yes," skip Section C and questions 14a through 15. Section C - Intangible Property Subject to Section 367(d) Type of Date of transfer property described in section 367(d) Property described in sec. 367(d)(4)							
Property with built in loss 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? 12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-cowned foreign corporation? If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-cowned foreign corporation? If "Yes," continue to line 12b. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transfered foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 Section C - Intangible Property Subject to Section 367(d)(4)? Type of Date of Date of Dascription of Dascrip	Inventory						
Totals 11 Did the transferor transfer stock or securities subject to section \$67(a) with respect to which a gain recognition agreement was filed? 12 Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? 12 News, go to line 12b. 13 Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? 14 "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. 15 I "Wes," continue to line 12c. If "No," skip lines 12d, and go to line 13. 16 Enter the transferred loss amount included in gross income as required under section 91 17 "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. 18 Did the transferor transfer property described in section 367(d) 19 Yes No 10 If "No," skip Section C and questions 14a through 15. 19 Date of Description of Property Subject to Section 367(d) 10 Enter the transferor transfer property Subject to Section 367(d) 10 Enter the transferor transfer property Subject to Section 367(d) 10 Enter the transferor transfer property Subject to Section 367(d) 10 Enter the transferor transfer property Subject to Section 367(d) 11 "No," skip Section C and questions 14a through 15. 12 Enter the transferor transfer property Subject to Section 367(d) 13 Did the transferor transfer property Subject to Section 367(d) 14 "Yes No Interval In	(not listed under						
11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? 12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transfered foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 Fig. 13 Did the transferor transfer property described in section 367(d) Type of Date of Description of property Date of Date of Description of property Property described in sec. 367(d)(4) Property described in sec. 367(d)(4)							
11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? 12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transfered foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 Fig. 13 Did the transferor transfer property described in section 367(d) Type of Date of Description of property Date of Date of Description of property Property described in sec. 367(d)(4) Property described in sec. 367(d)(4)	Totals						
Type of property (a) Date of transfer Description of property Property described in sec. 367(d)(4) (b) Description of property Income inclusion for year of transfer	foreign corporation? If "Yes," go to line 12th b Was the transferor a concluding a branch the lif "Yes," continue to lice. Immediately after the transferee foreign corplif "Yes," continue to lice. Immediately after the transferee of the lift "Yes," continue to lice. In the transferred light and lift "Yes," continue to lice. In the transferred light and lift "Yes," continue to lice. In the lift "Yes, "Yes	domestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the domporation? ne 12d. If "No," skip I oss amount included isfer property describ	that transferred substantially rded entity) to a specified 1 ines 12c and 12d, and go to lestic corporation a U.S. shadine 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	y all of the 0%-owned o line 13. areholder w	assets of a foreign corporat	gn branch ion? [Yes No
Property described in sec. 367(d)(4) Date of transfer description of property described in sec. 367(d)(4) Description of property described described in sec. 367(d)(4) Description of property described d	Section C - Intangible	e Property Subje	ct to Section 367(d)				
in sec. 367(d)(4)		Date of	Description of	Useful	Arm's length pr	rice Cost or other	Income inclusion for
Totals							
	Totals						

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

1/1 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		110
·	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) \$\bigs\\$\$		
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
	and thoroactor, a planorm contribution as domined in riegulations occurrent to 2 r (9)(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	· · · · · · · · · · · · · · · · · · ·		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
20 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)	> \$	
_			
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
C		Yes	☐ No
21	Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes	☐ No

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

TAXABLE YEAR 2023

California Exempt Organization Annual Information Return

328941 12-26-23 **FORM**

199

Calendar Year	2023 or fiscal year beginning (mm/dd/yyyy)	07/01/2023		, and ending	(mm/dd/yyy	y)	06/	30/2024 .	
Corporation/Org	anization name				Calit	ornia corpo	oration r	number	
CALIFORNI	A STATE UNIVERSITY FOUNDATION					043136	7		
Additional inform	nation. See instructions.				FE	IN			_
						95-61	2375	7	
Street address (s	suite or room)					PMB no.			_
401 GOLDE	N SHORE								
City					State	ZIP code			_
LONG BEAC	Н				CA	90802			
Foreign country	name For	eign province/state/c	ounty			Foreign p	ostal co	de	
A First retu	rn	Yes X No I	Did the	organization hav	ve any chanç	jes to its	guideli	nes	
B Amended	I return • 🔲	Yes X No	not rep	orted to the FTB	? See instru	ctions		• Yes X No	
C IRC Sect		Yes X No	J If exem	pt under R&TC :	Section 2370)1d, has t	he org	anization	
D Final info	rmation return?		engage	d in political acti	vities? See i	nstructio	ns	• X Yes No	
•	Dissolved Surrendered (Withdrawn) Merged	l/Reorganized	(Is the o	rganization exen	npt under R	&TC Secti	on 237	701g?	
					m nonme	mber s	sources \$		
E Check ac	counting method: (1) Cash (2) X Accrual (3	3) Other	. Is the o	rganization a lim	nited liability	company	?	• Yes X No	
F Federal r	eturn filed? (1) ● 🗴 990T (2) ● 🔙 990PF (3) ● 🦲	Sch H (990)	M Did the	organization file	Form 100 o	r Form 10	09 to		
			report t	axable income?				• X Yes No	
G Is this a	group filing? See instructions	Yes X No I	N Is the o	rganization unde	er audit by th	e IRS or	has the	е	
H Is this or	ganization in a group exemption	Yes X No	IRS aud	lited in a prior y	ear?			• Yes X No	
If "Yes," v	vhat is the parent's name?) Is feder	al Form 1023/10)24 pending	?		Yes X No	
			Date file	ed with IRS					
Part I									_
							1	22,185,071 00	0
	2 Gross dues and assessments from members an	ıd affiliates				······ •		00	_
	3 Gross contributions, gifts, grants, and similar a	mounts received					3	1,969,066 00	0
Receipts									
-							4	24,154,137 00	<u>0</u>
				5					
	7 Total costs. Add line 5 and line 6						7		
							_		_
Expenses						······ •	9		
		nents. Subtract lir	ne 9 from l	ine 8					_
	'							00	_
	12 Use tax. See General Information K					•	-	00	_
							-	00	_
Payments			om line 12	<u> </u>			-	00	_
							_	00	_
	16 Balance due. Add line 12 and line 15. Then sub Under penalties of perjury, I declare that I have examined this re	otract line 11 from turn, including accom	the result	edules and statem	ents, and to the	best of m	16 y knowle	edge and belief,	2
Sign	it is true, correct, and complete. Declaration of preparer (other th	nan taxpayer) is based	d on all infor	mation of which pre	parer has any	knowledge.		,	
Here	Signature _				Date			Telephone	
	ALIPORNIA STATE UNIVERSITY POUNDATION 0431367 FIRST 35 6123757 FIRST of the commendation of the commend		_						
	Preparer's TITANOP & TITANOP OF THE PROPERTY O	мат							
	signature ELEANOR A. LIVINGSTON, CPA	, MST		11/20/24	self-en	ibioiea 🕨	•		4
Paid	(au viaima								
Preparer's	if self-								4
Use Only	and address							·	
	'					• X		<u> </u>	4
	May the FTB discuss this return with the preparer sho	own above? See ir	istructions	<u> </u>	<u></u>	●[▲	Yes	No	_

328951 12-26-23

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.

										$\overline{}$
		1	Gross sales or receipts from all	business activities. See instr	ructions		•	1		00
		2	Interest				•	2	507,193	00
		3	Dividends				•	3		00
Receip	ots	4	Gross rents					4		00
from	5 Gross royalties									00
Other	6 Gross amount received from sale of assets (See instructions) STATEMENT 3							6	21,460,004	
Source	es	7	Other income			SEE STATEM	ENT 4	7	217,874	
		8	Total gross sales or receipts fro	om other sources. Add line 1	l through li	ine 7. Enter here and o	n Side 1, Part I, line 1	8	22,185,071	
		9	Contributions, gifts, grants, and	l similar amounts paid		STAT	EMENT 5	9	4,001,679	00
		10	Disbursements to or for member					10		00
		11	Compensation of officers, direct	tors, and trustees		SEE STATEM	ENT 6	11	0	00
		12	Other salaries and wages					12		00
Expens	ses	13	Interest					13		00
and		14	Taxes					14		00
Disbur	se-	15	Rents					15		00
ments		16	Depreciation and depletion (See	e instructions)			•	16		00
		17	Other expenses and disburseme	ents		SEE STATEM	ENT 7	17	869,969	
			Total expenses and disburseme					18		$\overline{}$
Sche	edul			Beginning (xable year	100
Assets				(a)		(b)	(c)		(d)	
				(-)		2,090,543			• 1,458,	077
			receivable							530
			ceivable						•	
			Solvablo						•	
			state government obligations						•	
			in other bonds						•	
									•	
			in stock						•	
	ortga	-				38,864,912			• 42,761,	101
			ments STMT 8			30,004,312			42,701,	, 1)1
IU a	Dehi	coou	le assets					-		
			mulated depreciation							
11 La	ana .		стит О			11 200 400			10 400	025
			STMT 9			11,289,499			• 10,499,	
						52,244,954			54,755,	,126
			et worth			46 752			- 47	200
			yable			46,753			•	398
			s, gifts, or grants payable						•	
			otes payable						•	
			ayable						•	
			es STMT 10			8,319,573			9,042,	968
			or principal fund						•	
			tal surplus. Attach reconciliation						•	
21 Re	etaine	d ear	nings or income fund			43,878,628			• 45,664,	
			ies and net worth			52,244,954			54,755,	126
Sche	edul	e M		per books with income per edule if the amount on Sched		13, column (d), is les	s than \$50,000.			
1 N	et inco	me i	per books		86,132	7 Income recorded	· · ·			
			ne tax				is return. Attach sched	ıle *	• 2,711,	414
			pital losses over capital gains	•		8 Deductions in this			,,	

	•							
1	Net income per books	•	1,786,132	7	Income recorded on books this year			
2	Federal income tax	•			not included in this return. Attach schedule *	[•	2,711,414
3	Excess of capital losses over capital gains	•		8	Deductions in this return not charged			
4	Income not recorded on books this year.				against book income this year.	L		
	Attach schedule	•			Attach schedule	. [•	
5	Expenses recorded on books this year not			9	Total. Add line 7 and line 8	[2,711,414
	deducted in this return. Attach schedule	•		10	Net income per return.			
6	Total. Add line 1 through line 5		1,786,132		Subtract line 9 from line 6	[-925,282

Side 2 Form 199 2023 022 3652234

^{*} SEE STATEMENT

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	Si	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMERICAN COUNCIL OF LEARNED SOCIETIES	633 3RD AVE NEW YORK, NY 10017-6706		504,000.
ROBERT & RUTH HALPERIN FOUNDATION	1 LOMBARD ST STE 305 SAN FRANCISCO, CA 94111-1130		150,000.
STEELCASE INC.	475 BRANNAN ST STE 110 SAN FRANCISCO, CA 94107-5419		137,301.
SOUTHERN CALIFORNIA EDISON	6040 N IRWINDALE AVE IRWINDALE, CA 91702-3207		100,000.
HEISING-SIMONS FOUNDATION	400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022		100,000.
THE HARRY & JUDY FRIEDMAN FOUNDATION	1079 DEEP WOOD DR WESTLAKE VILLAGE, CA 91362-4216		25,000.
EVELYN AND WALTER HAAS, JR. FUND	PO BOX 1459 EL CERRITO, CA 94530-4459		40,000.
STARZ	1647 STEWART ST SANTA MONICA, CA 90404-4019		27,500.
SILICON VALLEY COMMUNITY FOUNDATION	444 CASTRO STREET 140 MOUNTAIN VIEW, CA 94041		25,000.
JOHN AND BEVERLY STAUFFER FOUNDATION	333 S HOPE ST FL LOS ANGELES, CA 90071-1406		20,000.
CALIFORNIA COMMUNITY FOUNDATION	221 S. FIGUEROA ST. STE 400 LOS ANGELES, CA 90012		20,000.
TELACU INDUSTRIES INC.	5400 E OLYMPIC BLVD STE 300 COMMERCE, CA 90022-5187		17,000.
SCHOOLSFIRST FEDERAL CREDIT UNION	15332 NEWPORT AVE TUSTIN, CA 92780 245 SUMMER STREET MZ NM43A		17,000.

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
TENTON COMMINTEN	07094	10,000.
JEWISH COMMUNITY FOUNDATION - SAN DIEGO	4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	10,000.
RAZI FAMILY FOUNDATION	2201 DUPONT DR SUITE 300	10,000.
MAZI IMHIDI IOONDAIION	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	
	60603-4096	10,000.
ICONIC GROUP	3490 MARTIN HURST RD	
	TALLAHASSEE, FL 32312-1702	8,000.
MARCHING ORDER	303 W JOAQUIN AVE, SUITE 230	2 222
	SAN LEANDRO, CA 94577	8,000.
ADE VENTURES	8917 CARDROSS CV GERMANTOWN, TN 38139-3416	8,000.
ET EDITECED TWWEDNAMTONAT	1330 BELLEVUE STREET GREEN	8,000.
INC	BAY, WI 54302-2119	7,482.
STEVE RELYEA	1351 BRYANT RD LONG BEACH, CA	7,102.
	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	
	92019-1802	7,000.
COLLEGENET	805 SW BROADWAY SUITE 1600	
	PORTLAND, OR 92705	6,000.
SHOW IMAGING, INC.	1125 JOSHUA WAY VISTA, CA	
	92081-7840	6,000.
CALIFORNIA GROCERS	1005 12TH ST STE 200	F 000
ASSOCIATION	SACRAMENTO, CA 95814-3920 1005 12TH ST STE 200	5,000.
CALIFORNIA GROCERS ASSOCIATION EDUCATIONAL	SACRAMENTO, CA 95814-3920	5,000.
FOUNDATION EDUCATIONAL	SACRAMENTO, CA 93014-3920	3,000.
FRESNO MAZDA	5499 N BLACKSTONE AVE FRESNO,	
	CA 93710-5015	5,000.
LAURENCE GOULD	211 MAIN ST SAN FRANCISCO, CA	,
	94105-1905	5,000.
CARNEGIE FOUNDATION FOR		
THE ADVANCEMENT OF	94305-8703	5,000.
TEACHING		
TOTAL INCLUDED ON LINE 3		1,393,283.

	NCASH CONTRIBU DED ON PART I,			SI 	PATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	S ADDRESS			
42CHAT	1192 E DRAPER 84020	PKWY, SUI	TE 418	DRAP	ER, UT
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF G	IFT	то	TAL 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	<u> </u>	SI	PATEMENT 3
	OUNT FROM SALE DAT ACQUI	E DF	ATE OLD	MET	CHOD JIRED
DESCRIPTION	DAT	E DF	ΔΤΕ	MET ACQU	OD
	DAT	E DF	ΔΤΕ	MET ACQU PURC	'HOD JIRED
DESCRIPTION	DAT ACQUI	TE DA	ATE OLD ——— EXPEN OF SA	MET ACQU PURC	THOD JIRED HASED GROSS
DESCRIPTION	COST OR OTHER BASIS	DEPREC.	EXPENOR OF SA	MET ACQU PURC	THOD JIRED HASED GROSS SALES PRICE
DESCRIPTION SECURITIES	COST OR OTHER BASIS 20,207,771.	DEPREC.	EXPENOR OF SA	MET ACQU PURC VSE ALE 0.	CHOD UIRED CHASED GROSS SALES PRICE 21,460,004
DESCRIPTION SECURITIES TOTAL TO FORM 199, PAGE 2, LN 6	COST OR OTHER BASIS 20,207,771.	DEPREC.	EXPENOR OF SA	MET ACQU PURC VSE ALE 0.	GHOD JIRED GROSS SALES PRICE 21,460,004
DESCRIPTION SECURITIES TOTAL TO FORM 199, PAGE 2, LN 6	COST OR OTHER BASIS 20,207,771.	DEPREC.	EXPENOR OF SA	MET ACQU PURC VSE ALE 0.	CHOD UIRED CHASED GROSS SALES PRICE 21,460,004 21,460,004

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
	777 S FIGUEROA ST STE 4050 - LOS ANGELES, CA 90017	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 OFFICE	ERS, DIRECTORS AND TRUSTEES STA	ATEMENT 6
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK CO	MPENSATION
JOLENE KOESTER 401 GOLDEN SHORE LONG BEACH, CA 90802	CHANCELLOR-EX OFFICIO (THR	0.
STEVE RELYEA 401 GOLDEN SHORE LONG BEACH, CA 90802	PRESIDENT (12/29/23-2/11/2	0.
LORI A. REDFEARN 401 GOLDEN SHORE LONG BEACH, CA 90802	PRESIDENT (THRU 12/29/23)	0.
AARON J. MOORE 401 GOLDEN SHORE LONG BEACH, CA 90802	CHIEF FINANCIAL OFFICER 18.00	0.
MILDRED GARCIA 401 GOLDEN SHORE LONG BEACH, CA 90802	CHANCELLOR-EX OFFICIO (AS	0.
WENDY CHAVIRA GARCIA 401 GOLDEN SHORE LONG BEACH, CA 90802	VICE PRESIDENT 18.00	0.
KRISTIN CRELLIN 401 GOLDEN SHORE LONG BEACH, CA 90802	CHAIR 1.00	0.
GILLIAN WRIGHT 401 GOLDEN SHORE LONG BEACH, CA 90802	VICE CHAIR 1.00	0.
RONALD FONG 401 GOLDEN SHORE LONG BEACH, CA 90802	SECRETARY 1.00	0.
MICHAEL LUCKI 401 GOLDEN SHORE LONG BEACH, CA 90802	TREASURER	0.
KERI ASKEW BAILEY 401 GOLDEN SHORE LONG BEACH, CA 90802	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		STATEMENT	7
DESCRIPTION				AMOUNT	
OTHER EXPENSES				292	2,861
FUNDRAISING					9,267
LEGAL FEES				1	1,307
ACCOUNTING FEES				46	5,350
LOBBYING FEES				23	3,138
INVESTMENT MANAGEMENT FEES				42	2,313
OTHER PROFESSIONAL FEES					1,441
ADVERTISING AND PROMOTION					3,236
OFFICE EXPENSES					9,975
TRAVEL					1,669
CONFERENCES AND CONVENTIONS					3,458
INSURANCE				9	9,954
TOTAL TO FORM 199, PART II, LIN	E 17			869	9,969
 CA 199	OTHER I	INVESTMENTS		STATEMENT	8
DESCRIPTION			BEG. OF YEAR	END OF Y	EAR
VENTURE CAPITAL AND PARTNERSHIP	S	_	11,810.	8	3,777
ALTERNATIVE INVESTMENTS			11,874,982.		
PUBLICLY TRADED SECURITIES			26,978,120.	29,931	
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	-	38,864,912.	42,761	1,494
		=			
CA 199	OTHE	R ASSETS		STATEMENT	9
DESCRIPTION			BEG. OF YEAR	END OF Y	EAR
PLEDGES AND GRANTS RECEIVABLE		_	3,116,300.	1,616	5 000
PREPAID EXPENSES AND DEFERRED C	HARGES		17,272.		7,351
CRUT RECEIVABLES			132,774.		,,33 <u>.</u> 9,346
OTHER CURRENT ASSETS			32,366.	133	(
CHARITABLE GIFT ANNUITY			7,990,787.	8,726	
TOTAL TO FORM 199, SCHEDULE L, 1	T.TNIF 12	_	11,289,499.	10,499	9 021
TOTAL TO FORM 199, SCHEDULE L,	NTME TQ	=	11,209,499.	=======================================	, 023

CA 199	OTHER LIABILIT	ries 	STATEMENT 10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CRUT PAYABLES ALUMNI COUNCIL LIABILI CHARITABLE GIFT ANNUIT		132,774. 196,012. 7,990,787.	139,346 177,294 8,726,328
TOTAL TO FORM 199, SCH	HEDULE L, LINE 18	8,319,573.	9,042,968
CA 199	INCOME RECORDED ON BOOK NOT INCLUDED IN THI		STATEMENT 11
DESCRIPTION			AMOUNT
DESCRIPTION ————— UNREALIZED GAIN ON INV	/ESTMENTS		AMOUNT 2,711,414
			
UNREALIZED GAIN ON INV		ES	2,711,414
UNREALIZED GAIN ON INV	HEDULE M-1, LINE 7	ES BEG. OF YEAR	2,711,414 2,711,414 STATEMENT 12
UNREALIZED GAIN ON INV TOTAL TO FORM 199, SCH	FUND BALANCE		2,711,414 2,711,414 STATEMENT 12 END OF YEAR

329181 10-25-23 CALIFORNIA FORM

Political or Legislative Activities by 2023 **Section 23701d Organizations**

2023	Section 23701d Organizations				35	509	
For calenda	ar year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023	3	and ending (mm/dd/yyy	y) <u>06/30/2024</u>			_
Attach to F	Form 199. FTB 199N filers see instructions.						
-	n/Organization name IA STATE UNIVERSITY FOUNDATION			California corp	oration numb	oer	
				FEIN			—
401 GOLD	ress (suite, room, or PMB no.) EN SHORE			95-6123757			
City		State	ZIP code				
LONG BEA	СН	CA	90802				
Part I -	Political Activities						
Complete i	f the organization supported or opposed a candidate for public of	ffice. See	instructions.				
	e organization participated or intervened in any political campaigr," describe the activities. Provide a summary of any published ma		•	office candidate? 1	Yes	X	No
formed If "Yes,	e organization contributed funds to support or oppose any indiviced to support or oppose a public office candidate?			2[Yes	X	
Part II -	Legislative Activities						
3 Has the federal Influence	f the organization attempted to influence legislation. e organization attempted to influence any national, state or local I Form 5768, Election/Revocation of Election by an Eligible Sectio ce Legislation? ," See instructions.	n 501(c)(3) Organization To Make	Expenditures To	Yes	X] No
If "Yes, organiz	e organization, during the 2023 taxable year, filed a federal Form of attach a copy of federal Form 5768 filed with the Internal Reversation's need to file an election for state purposes.		ce and skip question 4b.		Yes	X	No
Note: T	e organization filed a federal Form 5768 in a prior year that has no The organization cannot make this election if it is a church, an int iated organization.			4b [ivate foundation, or	X Yes		No
 Furnish the	e following financial information for the taxable year:						_
5 Exemp	ot Purpose Expenditures						
-	tal amount paid or incurred to accomplish the charitable, education	onal, relig	ious, etc. purpose	5	4,686,0	002	00
6 Lobbyi	ing Expenditures						
	al amount expended for the purpose of influencing legislation through com			•		ا	
	islative body or any government official or employee who may participate	in the forn	nation of legislation	6	-	966	<u>00</u>
	Roots Expenditures	offoot the -	oniniono of the second	uublio or on:			
	nount expended to influence any legislation through attempts to a nt of it			oublic or any 7	33,3	138	00
Sognic					,		

022 8311234 FTB 3509 2023

Date Accepted			
	Date Accepted		

TAXABLE YEAR California e

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	n owes.)
Part I Electronic Return Information (whole dollars only) 1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	3,946,366 1,871,648 n owes.)
Part I Electronic Return Information (whole dollars only) 1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	3,946,366 1,871,648 n owes.)
1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) 3 Total expenses and disbursements (Form 199, line 9) 4 Tax due (Form 109, line 23) 5 Overpayment (Form 109, line 24) 5 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy) Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization First Payment Second Payment Third Payment Fourth Paym 8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 12 Type of account: Checking Savings Part V Declaration of Officer 11 Account number 12 Type of account: Checking In Part IV firect deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I declare that the bank account specified in Part IV firect deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed direct deposit refund agrees with the authorization stated on my return.	3,946,366 1,871,648 n owes.)
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) 3 Total expenses and disbursements (Form 199, line 9) 4 Tax due (Form 109, line 23) 5 Overpayment (Form 109, line 24) 5 Direct Deposit of refund (Form 109 only.) 7 Direct Deposit of refund (Form 109 only.) Part II Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization in the sempt organization in the sempt organization in the sempt organization in the payment in the payment in the sempt organization in the payment in the p	3,946,366 1,871,648 n owes.)
3 Total expenses and disbursements (Form 199, line 9) 4 Tax due (Form 109, line 23) 5 Overpayment (Form 109, line 24) 5 Overpayment (Form 109, line 24) 6 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy) Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization First Payment Second Payment Third Payment Fourth Paym 8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed	n owes.)
4 Tax due (Form 109, line 23) 5 Overpayment (Form 109, line 24) 5 Part II Settle Your Account Electronically for Taxable Year 2023 6 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy) Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization First Payment Second Payment Third Payment Fourth Payment 8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 12 Type of account: Checking Savings Part V Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV foured direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed	n owes.)
5 Overpayment (Form 109, line 24) 5 Part II Settle Your Account Electronically for Taxable Year 2023 6 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy) Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization First Payment Second Payment Third Payment Fourth Payment 8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer Lauthorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on the control of the amount listed on the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on the control of the amount listed on the amount listed on the control of the amount listed on the amount listed on the control of the control of the amount listed on the control of the control of the amount listed on the control of the control	n owes.)
Part II Settle Your Account Electronically for Taxable Year 2023 6 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy) Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization First Payment Second Payment Third Payment Fourth Payment 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV findirect deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed.	
6 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy) Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization First Payment Second Payment Third Payment Fourth Payment 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed.	
Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization. First Payment Second Payment Third Payment Fourth Payment	
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First Payment Second Payment Third Payment Fourth Payment 8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed.	
8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV findirect deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed	lent
Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV findirect deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed.	
Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV findirect deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed	
10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed	
11 Account number	
Part V Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed	
direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed	
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the e organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedul statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent. Sign Here 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-EO are complete and correct to the best of my known amonly an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form F accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I 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 3455, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the the exempt organiz	(ERO), 1023 is filing xempt es and d is wledge. (If I TB 8453-EO I have B Pub. e date es 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 belie true, correct, and complete. I make this declaration based on all information of which I have knowledge.	
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 belie	
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 true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date	1179
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 true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date	1179
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 true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date	
Check if also paid and address Firm's name (or yours if self-employed) and address Firm's name (or yours and address) Total	nowledge
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 true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date	nowledge
Ideclare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date	nowledge
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 true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date	nowledge
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 true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date	nowledge

FTB 8453-EO 2023

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

California Exempt Organization Business Income Tax Return

328961	12-26-23
	FORM
_	109

Calendar	Year 20	23 or fiscal year beginning (mm/dd/yyyy) 07/0	1/2023	, and	ending (mi	n/dd/yyyy)		06/30	/2024	
Corporati	on/Orga	nization name					C	aliforni	a corporation numbe	er
CALIFO	RNIA	STATE UNIVERSITY FOUNDATION						043	1367	
Addition	al infor	mation. See instructions.					F	EIN		
	. ,					1_		95	-6123757	
Street add		uite/room no.)					PMB no.			
		ration has a foreign address, see instructions.)				State Z	ZIP code			
LONG B		ation has a foreign address, see instructions.					0802			
Foreign	country	name Fo	oreign province/st	tate/county		F	oreign p	ostal c	code	
A First r			'es X No	H Is the orga	nization a n	on-exempt ch	naritable t	rust as		
B Is this	an edu	cation IRA within the meaning of				on 4947(a)(1			• Yes	X No
R&TC	Section		es X No	-		aiming any for				
		ation under audit by the IRS or has the IRS	es X No			cy Military Ba				
D Final r		rior year? • Y	'es X No			Га́х Area (ТТА EA) tax benef				X No
	_	lved Surrendered (Withdrawn) Mei	rged/Reorganized							INC
		m/dd/yyyy)•	1904/1100194111204			escribed in IR				X No
E Amen			'es X No	K Unrelated	4.5			, ,		
		ethod used: (1) Cash (2) X Accrua	ul (3) Other	L Is this a ho	spital?				• Yes	X No
G Nature		e or business INVESTMENT IN PARTNERS		$\overline{}$		Schedule H ()		
Taxable	1	Unrelated business taxable income from Side 2, F	Part II, line 30		,			1	-27,	516 00
Corpora- tion	2	Mult. In 1 by the avg. apport. pctg%						2		00
Taxable	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. a						3	-27,	516 00
Trust		Unrelated business taxable income from Side 2, F						4	_27	516 ₀₀
	5	Unrelated business taxable income from line 3 or						5 6	-27,	00
Tax	7	EZ, LAMBRA, or TTA NOL carryover deduction . Net Operating Loss deduction. See General Inform		7		00				
Compu-	8	Add line 6 and line 7		8		00				
tation	9	Net unrelated business taxable income. Subtract I	•	9	-27,	516 00				
	10	Tax8.84 % x line 9. See General Ir						10		00
	11	Tax credits from Schedule B. See instructions .						11		00
Total	12	Balance. Subtract line 11 from line 10. If line 11 is	-					12		00
Tax	13	Alternative minimum tax. See General Information						13		00
	14	Total tax. Add line 12 and line 13			4-		262 -	14		0 00
		Overpayment from a prior year allowed as a credi				Ι,	363 00	-		
Payments	16	2023 estimated tax payments. See instructions Withholding (Form 592-B and/or 593). See instru	ctions	_	16		00	-		
Payment	17				18		00			
	19	Total payments and credits. Add line 15 through I	ine 18	.	-			19	1.:	363 00
	20							20		00
	21	Payments balance. If line 19 is more than line 20,		40			_	21	1,:	363 00
Use Tax/ Tax Due/	22	Use tax balance. If line 20 is more than line 19, s						22		00
Overpay-	23	Tax due. Subtract line 21 from line 14. Pay entire						23		00
ment	24	Overpayment. Subtract line 14 from line 21. See i	nstructions					24		363 00
	25	Enter amount of line 24 to be applied to 2024 esti	mated tax				•	25	1,	363 00

				_	т	
	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24		_	26		00
Refund or	a Fill in the account information to have the refund directly deposited. Routing number●	26a				
Amount	b Type: Checking ● Savings ● C Account Number ●	26c		1		_
Due	27 Penalties and interest. See General Information M		•	27		00
	28 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806				1	_
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24			29		00
	ed Business Taxable Income					
	Inrelated Trade or Business Income					
	s receipts or gross sales D Less returns and allowances C Balance		•	1c		00
2 Cost o	f goods sold and/or operations (Schedule A, line 7)		•	2		00
3 Gross	profit. Subtract line 2 from line 1c		•	3		00
	tal gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)		•	4a	10,295	00
b Net	gain (loss) from Schedule D-1, Part II		•	4b		00
c Cap	tal loss deduction for trusts		•	4c		00
	e (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions.					
Attach	Schedule K-1 (565, 568, or 100S) or similar schedule		•	5	-33,752	00
	income (Schedule C)		•	6		00
7 Unrela	ted debt-financed income (Schedule D)		•	7		00
	ment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)		•	8		00
	st, Annuities, Royalties and Rents from controlled organizations (Schedule F)		•	9		00
10 Exploi	red exempt activity income (Schedule G)		•	10		00
11 Advert	ising income (Schedule H, Part III, Column A)		•	11		00
	ncome. Attach schedule		•	12		00
13 Τοtal ι	nrelated trade or business income. Add line 3 through line 12		•	13	-23,457	00
Part II	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unre	lated b	usine	ess in	come.)	
14 Comp	ensation of officers, directors, and trustees from Schedule I		•	14		00
15 Salarie	s and wages		•	15		00
	S		•	16		00
	bbts		•	17		00
18 Interes	st. Attach schedule SEE STATEMENT 13		•	18	2,306	00
19 Taxes.	Attach schedule SEE STATEMENT 14		•	19	3	00
20 Contri	outions. See instructions and attach schedule SEE STATEMENT 15		•	20	0	00
	reciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) • 21a		00			
	s: depreciation claimed on Schedule A. See instructions 21b		00	21		00
22 Deplet	ion. Attach schedule		•	22		00
23 a Con	tributions to deferred compensation plans			23a		00
b Emp	loyee benefit programs. See instructions			23b		00
	deductions. Attach schedule SEE STATEMENT 16		•	24	1,750	$\overline{}$
25 Total o	leductions. Add line 14 through line 24			25	4,059	00
26 Unrela	ted business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		•	26	-27,516	00
	advertising costs (Schedule H, Part III, Column B)		•	27		00
	ted business taxable income before specific deduction. Subtract line 27 from line 26		•	28	-27,516	00
	c deduction. See instructions		•	29		00
30 Unrela	ted business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.			30	-27,516	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, clocate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter	r go to f	ftb.ca.	.gov/fc	rms and search for 1131 to	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Here	Signature Title				 Telephone 	
	of officer CFO					
	·	if self-			• PTIN	
Paid	signature ▶ELEANOR A. LIVINGSTON, CPA, MST 11/20/24 emplo		▶ □		00226461	
Preparer's Use Only	Firm's name (or yours,				• Firm's FEIN	
200 Jilly	if self-employed) WINDES, INC.				95-3001179	
	and address P.O. BOX 87			- <u> </u>	Telephone	
	LONG BEACH, CA 90801-0087				49-852-9433	
	May the FTB discuss this return with the preparer shown above? See instructions				• X Yes No	

Schedule A	Cost of Goods Sold and/or Operation
Method of inventory	valuation (specify)
1 Inventory at be	ginning of year

Corrections 71 dost of doods 30id and/of operations.							
Method of inventory valuation (specify)		N/A					_
1 Inventory at beginning of year					1		00
2 Purchases					2		00
3 Cost of labor				•	3		00
4 a Additional IRC Section 263A costs. Attach schedule					4a		00
b Other costs. Attach schedule					4b		00
5 Total. Add line 1 through line 4b					5		00
6 Inventory at end of year					6		00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5.					7		00
Do the rules of IRC Section 263A (with respect to property produc	ced or acquired for	resale) apply to this	organiz	ration?	<u>L</u>	Yes X No	
Schedule B Tax Credits.							
1 Enter credit name				00			
2 Enter credit name				00			
3 Enter credit name	code •	• 3		00			
4 Total. Add line 1 through line 3. If claiming more than 3 credits, et							
on line 4. Enter here and on Side 1, line 11			<u></u>		4		00
Schedule K Add-On Taxes or Recapture of Tax. See instruc							
1 Interest computation under the look-back method for completed le					1		00
2 Interest on tax attributable to installment: a Sales of certain tim					2a		00
b Method for non-dea					2b		00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disp	osition of intangibl	es		•	3		00
4 Credit recapture. Credit name		<u> </u>		•	4		00
5 Total. Combine the amounts on line 1 through line 4. See instructi	ions				5		00
Schedule R Apportionment Formula Worksheet. Use only for	r unrelated trade o	business amounts.					
Part A. Standard Method - Single-Sales Factor Formula. Complete t	this part only if the		single-				
		(a) Total within a	nd	(b) Total within		(c) Percent within	
		outside Califor		California		California [(b) ÷ (a)] x 1	00
1 Total sales		•		•			
2 Apportionment percentage. Divide total sales column (b) by total	l sales column (a)						
and multiply the result by 100. Enter the result here and on Form	109, Side 1, line 2.					•	
Part B. Three Factor Formula. Complete this part only if the corporati	ion uses the three-					_	
		(a) Total within ar	nd	(b) Total within		(c) Percent within	
		outside Califor		California		California [(b) ÷ (a)] x 10	00
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 allowar	nces	•		•		•	
4 Total percentage: Add the percentages in column (c)							
5 Average apportionment percentage: Divide the factor on line 4 b							
result here and on Form 109, Side 1, line 2. See instructions for ex	xceptions					•	
Schedule C Rental Income from Real Property and Personal	Property Leased	with Real Property					
For rental income from debt-financed property, use Schedule D, R&TC Section 2370	1g, Section 23701i, an	d Section 23701n organi	zations. S	See instructions for exce	ptions.		
(a) Description of property			(b) Re	ent received or accrued	(C) P	ercentage of rent attributable	e to
			` '		, b	ersonal property	
							%
							%
							%
(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 it	em in col	umn (c) is more than 10%	6, but no	t more than 50%	
	me includible, column	(I) Gross income repo	ortable	(II) Deductions directly co		(III) Net income includible	le,
	ess column (d)(i)	column (b) x colum		with personal property (attach schedule)	1	column (e)(i) less column (e)(ii)	
				(2002000000)			
		1				1	
I							

3643234 022 Form 109 2023 **Side 3**

S	chedule D Unrelated D	Debt-Finance	d Income											
(a) Description of debt-financed prope	erty				(b) Gross income allocable to de	from or	(c) Deduc	tions directly	connected v	with or all	ocable to de	ebt-financed property	
•	,					property	ebt-financed	I (I) Straig	ht-line dep n schedule	reciation)		(II) Othe (atta	er deductions ach schedule)	
1	•					•		•	•		•			
2	•					•		•				•		
3	•					•		•				•		
<u>-</u> (d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	of or alloca	ced property	(f) Debt base percental column (age, (d) ÷	(g) Gross income reportable, column (b) x c		(h) Alloca colum		ctions, total of nd (c)(ii) x (i) Net incor (or loss) i column (i			ncome lss) includible, mn (g) less column (h)	
1	•	•		•	%	•		•	•			•		
2	•	•		•	%	•		•				•		
3	•	•		•	%	•		•				•		
4	Total. Enter here and on Side	2, Part I, line	7								. 4	•		
S				on 23701g,	Section 2	23701i, or Section	on 23701n	Organizat	ion					
(a	Description		(b) Amount	<u>. </u>		actions directly ected		estment ince		Set-aside	es		(f) Balance of investment income, column (d) less column (e)	
1														
2														
3	Total. Enter here and on Side	2, Part I, line	8				<u>,</u>	<u></u>				3		
4	Enter gross income from me						<u> </u>					4		
<u>S</u>	chedule F Interest, Ar	nuities, Roya	alties and Rei	nts from Co	ntrolled (Organizations								
						Exempt Contro	lled Organ	izations						
				identificati number	on	income (loss)		payments	made	the orga	t is inclu control anizatio ss incor	ling n's	connected with income in column (e)	
<u>1</u>														
<u> </u>							-							
3														
ľ	lonexempt Controlled Organiza	ations					<u> </u>			T			_	
(g) Taxable income					(h) Net unrelated income (loss)		Total of spe payments		the orga	t of colu t is inclu controll anizatio ss incor	ided in ling n's	(k) Deductions directly connected with income in column (j)	
1														
2														
3														
4	Add the amounts in columns	(e) and (j)							4					
5	Add the amounts in columns	(f) and (k)										5		
6	Subtract line 5 from line 4. E	nter here and	on Side 2, Pa	rt I, line 9								6		
			y Income, oth			Income								
(a	Description of exploited activity (at schedule if more than one unrelate is exploiting the same exempt activ	d activity (` ´l vity) i	Gross unrelated business income from trade or business	(c) Expense connect product unrelate busines	ed with ion of	(d) Net income from unrelated trade or business, col. (b) less col. (c	d 'from is not busin			enses outable olumn (e)	exp (f) I but	ess exempt ense, colum ess column not more th umn (d)	(e) includible, column (d) less column (g	
1														
2														
3														
4														
5	Total. Enter here and on Side	2, line 10											5	

Schedule H Advertising Income and Excess Advertising Costs

Pa	irt I Income from Periodicals Repor	ted o	n a Consolidate	d Ba	sis											
(a)	Name of periodical	(-,	Gross advertising income	(-) a	Direct advertising costs		cos grea (c), (e), colu than the colu	rertising income excess advertising income excess advertising ts. If column (b) is after 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) Circuincon	lation ne	(f) Rear	dership :s	(g) If column (e) is greater than column (f), enter the income shown in column (d), in Part III, column (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	irt II Income from Periodicals Repo	rted	on a Separate E	Basis												
1	•	•	-	•			•		•		•		•)		
	•	•		•			•		•		•		•)		
	•	•		•			•		•		•		•	•		
	irt III Column A - Net Advertising li	icom					Par	t III Colun	nn B - Exc	ess Advert	ising Co	sts				
(a)	Enter "consolidated periodical" and/or names of non-consolidated periodicals		(b) Enter total amo columns (d) or in Part II, colur	(g), a	nd amount	: listed	(a) En	ter "consolidated mes of non-cons	periodical	and/or		(b) Enter to	otal am ounts	nount from Part I, column (d), listed in Part II, column (d)		
1	•		•			•					•					
	•		•				•					•				
3	•		•				•	7 /	<u> </u>			•				
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	•				
	hedule I Compensation of Offic	ers.	Directors, and T	ruste	es					, , ,		ı				
(a)	Name		,			(b) Tit	le		\		` ′ devo	cent of time oted to ness	` ′ a	Compensation attributable to unrelated business		
1												%				
2												%				
3				7								%				
4												%				
5												%				
6	Total. Enter here and on Side 2, Part II,	line	14	T								6				
	chedule J Depreciation (Corpora			ns or	lv Trust	s use f	form F	TB 3885F)								
(2)	Group and guideline class or description of property	7	Date acquired (mm/dd/yyyy)		(c) Cost			(d) Depreciation allowed or allowed or year	allowable	(e) Method computi deprecia	''9	(f) Life or rate		(g) Depreciation for this year		
1	Total additional first-year depreciation (do n	ot include in iten	ns be	low)	<u></u>										
	Depreciation:															
2a	Buildings 2	a 🗌														
2b	Furniture and fixtures 2	b 🗌														
2c	Transportation equipment2	с														
	Machinery and other equipment 2															
	Other (specify) 2															
-																
3	Other depreciation	_		3												
	Total															
	Amount of depreciation claimed elsewh			_				•					5			
	Balance 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 E		1,688. 618.
TOTAL TO FORM 109, PAG	E 2, LINE 18	2,306.
CA 109	TAXES PAID	STATEMENT 14
DESCRIPTION		AMOUNT
FOREIGN TAXES PAID		3.
TOTAL TO FORM 109, PAG	E 2, LINE 19	3.

CA 109	CASH & CARRYOVER CHARITABLE CONTRIBUTIONS	STATEMENT 15
DESCRIPTION		AMOUNT
CSU LONG BE	ACH RESEARCH FOUNDATION	185,761.
CSU FULLERT	ON PHILANTHROPIC FOUNDATION	124,470.
CSU DOMINGU	EZ HILLS PHILANTHROPIC FOUNDATION	99,040.
CSU SAN BER	NADINO PHILANTHROPIC FOUNDATION	62,343.
CSU LOS ANG	ELES UNIVERSITY AUXILIARY SERVICES	32,386.
UNIVERSITY	FOUNDATION AT SACRAMENTO STATE	15,000.
HISPANIC AS	SOCIATION OF COLLEGES AND UNIVERSITIES	15,000.
CSU NORTHRI	DGE FOUNDATION	14,300.
CAL POLY PO	MONA PHILANTHROPIC FOUNDATION	11,000.
CALIFORNIA	COALITION FOR PUBLIC HIGHER EDUCATION	10,000.
GREAT MINDS	IN STEM	10,000.
CSU NORTHRI	DGE FOUNDATION	10,000.
CALIFORNIA	POLYTECHNIC STATE UNIV FOUNDATION	9,500.
CSU FULLERT	ON PHILANTHROPIC FOUNDATION	9,000.
CALIFORNIAN	S DEDICATED TO EDUCATION FOUNDATION	7,500.
AFRICAN AME	RICAN MALE EDUCATION NETWORK	7,500.
UNIVASSIST	INC	6,500.
CSU FRESNO		5,200.
CALIFORNIA		5,000.
	SOCIATION OF BLACKS IN HIGHER EDUCATION	5,000.
CALIFORNIA		5,000.
	DGE FOUNDATION	26,400.
CSU STANISL		50,000.
CSU BAKERSF		50,000.
CHARITABLE L.P.	CONTRIBUTIONS - KKR AMERICAS FUND XII (IVORY)	3.
	CONTRIBUTIONS - KKR AMERICAS XII NEPTUNE	1.
CHARITABLE	CONTRIBUTIONS - PA SMALL COMPANY PRIVATE EQUITY	1.
FUND IX, LP		5.
	ROM PRIOR YEAR(S)	645,833.
LESS EXCESS	CONTRIBUTIONS	-1,421,742.
TOTAL INCLU	DED ON FORM 109, PAGE 2, LINE 20	0.
CA 109	OTHER DEDUCTIONS	STATEMENT 16
DESCRIPTION		AMOUNT
TAX PREP FE	ES	1,750.
TOTAL TO FO	RM 109, PAGE 2, LINE 24	1,750.

2023

Attach to	Form 100. F	orm 100W, Form 100	S. or Form	109.										
Corporation			<u> </u>	100.							Califor	nia corpo	ration number	
											l			
		re university									_	1367		
		r the corporation incu									FEIN	05 61	0255	
	-	n	-				_						.23757	
If the cor	poration prev	riously filed California	tax returns	under another o	corporate	e name, enter the	corp	oration name and	Californi	a corporatio	on numb	er:		
	poration is i	ncluded in a combine	d report of	a unitary group	, see ins	tructions, Gener	al In	formation C, Com	bined Re	porting.				
		NOL. If the corporation						•						
		m 100, line 18; Form					2.							
Ente	r as a positiv	e number								● 1 _			27,516	5 00
2 2023	disaster los	s included in line 1. E	nter as a po	sitive number						. • 2 _				00
3 Subt	ract line 2 fro	om line 1. If zero or le	ss, enter -0	- and see instruc	ctions .					. ● 3 _			27,510	5 00
		unt of the loss incurre								00				
		unt of the loss incurre	-	-						00				i
	dd line 4a ar													00
		tract line 4c from line											27,516	
6 Curr	ent year NOL	. Add line 2, line 4c, a	nd line 5. S	ee instructions						. • 6 _			27,51	<u> </u>
	NO													
Part II	NUL carryov	er and disaster loss o	arryover III	mitations. See i	nstructio	ons.			(2)	Available be	alanaa			
1 Noti	noomo Entr	er the amount from Fo	rm 100 lin	a 10: Earm 100V	V lina 19	P: Form 1000 lin	. 15	loog ling 16:	(9)	Available ba	alance			
		2; (but not less than							•		0			
Prior Yea		2, (but not 1033 than	0)					······································	<u> </u>					
(a)) (c)		(d)		(e)		(f)					(h)	
Year	of Code	- See Type of NO	- I In	itial loss -		Carryover		Amount used				Car	ryover to 20	24
los		See below '		instructions		rom 2022		in 2023					e) minus co	
2 0 202	2 🖲	● GEN	•	17,130	•	17,130	•		0		0	•	17	,130
<u> </u>	•	•	•		•		●					•		
_												_		
<u> </u>	•	•	0		0		<u> </u>							
	•	. ●	0		O		<u> </u>					•		
Current \	ear NOLs	<u> </u>					ı —					col.	(d) minus col.	(f)
0.0000		DIO.										Se	ee instructions	
3 2023		DIS												
4 2023		GEN		27,516									27	,516
4 2023		5211		27,310										, 510
2023														
2023														
2023														
* Type of	NOL: Gener	al (GEN), New Busine	ss (NB), Eli	gible Small Busi	ness (ES	B), or Disaster (D	IS).							
Part III	2023 NOL de	duction												
1 Tota	the amount	s in Part II, line 2, colu	ımn (f)							• 1 _				00
2 Ente	r the total am	ount from line 1 that	represents	disaster loss car	ryover d	eduction here an	d on	Form 100, line 21;						
		21; or Form 100S, line								2 _				00
		om line 1. Enter the re	sult here ar	nd on Form 100,	line 19;	Form 100W, line	19; F	form 100S,						
line	17; or Form	109, line 7								● 3 _				00

Date Accepted	

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

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	20	20	Exer	npt Organiza	ntions						0100 L	
Pert I Electronic Return Information (whole dollars only) 1 Total gross receipts or unrelated Dusinssa taxable income (Form 199, line 4 or Form 109, line 5) 2 Total gross receipts or unrelated Dusinssa taxable income (Form 199, line 9) 3 Total expenses and disbursements (Form 199, line 9) 4 Tax due (Form 109, line 24) 5 Overgayment (Form 109, line 24) 5 Overgayment (Form 109, line 24) 6 Direct Deposit of refund (Form 109 only.) 7 Electronic Unds, withdrawai	Exempt Or	ganization name								Identifyi	ng number	_
Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	CALIFO	RNIA STAT	'E UNIVER	SITY FOUNDATION						95-	6123757	
2 Total gross income or total tax (Form 199, line 9)	Part I	Electronic	c Return In	formation (whole dolla	rs only)				•			
2 Total gross income or total tax (Form 199, line 9 or Form 109, line 14)	1 Tot	tal gross rec	eipts or unr	elated business taxable	income (Form 199, line	4 or Form 109	, line 5)			1	-27,5	16
3 Total expenses and disbursements (Form 199, line 9) 4 4 Tax due (Form 100, line 23) 4 5 Overpayment (Form 109, line 24) 5 6 Direct pownet (Form 109, line 24) 5 6 Direct pownet (Form 109, line 24) 5 6 Direct pownet (Form 109, line 24) 7 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dol/ywy) Part III Settle Your Account Electronically for Taxable Year 2023 (These are NOT installment payments for the current amount the exempt organization owes.) First Payment First Payment For Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.) 8 Amount First Payment Second Payment Third Payment Fourth Payment Fourth Payment II Payment II Payment Fourth Payment II Payment Fourth Payment II Payment II Payment II Payment II Payment Fourth Payment II Payment I												
4 1, 363 Foverpayment (Form 109, line 23) Fart II Settle Your Account Electronically for Taxable Year 2023 6 Direct Depost of refund (Form 109 only). 7 Electronic funds withdrawal 7 a Amount 70 Withdrawal date (mm/dd/yyyy) Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments fig. the current amount the exempt organization owes.) 8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number Part IV Declaration of Officer 11 Jaccount number 12 Type of secount: Checking Savings Part V Declaration of Officer 12 Type of secount: Checking Savings Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of secount: Checking Savings Part V Declaration of Officer 11 authorize the exempt organization as account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit returned agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount stied on line 7 and and yes time the service provider and the amounts in Part II, I if I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit return directly and all applicable interest and penalists, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organizations \$2023 and advanced to return 10 the best of my knowledge in the service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organizations \$2023 and best II is a service provider and the amounts on the corresponding lines on the corresponding lines of the exempt organizations \$2023 and best II is a service provider and the amounts on the corresponding lines of th												
Settle Your Account Electronically for Taxable Year 2023 6 Direct Deposit of refund (Form 109 only.) 7 Detect Deposit of refund (Form 109 only.) 8 Amount 8 Amount 9 Withdrawal Date First Payment Fourth Payment Fourth Payment Fourth Payment Fourth Payment 10 Routing number 11 Account number 12 Type of account: Checking Savings Part IV Declaration of Officer 12 Type of account: Checking Savings Part V Declaration of Officer 13 Lauthorize the exempt organization stated on my return. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic fund withdrawal for the amount is lauthorized the seventh organization stated on my return. If I check Part II, box 7, I authorize an electronic return originator (RDO), interest and any estimated apprent amounts is led on Fart IV. Interest II is form the bank account specified in Part IV. Interest II is form the bank account specified in Part IV. Interest II is form the bank account specified in Part IV. Interest II is form the bank account specified in Part IV. Interest II is form the bank account specified in Part IV. Interest II is form the bank account specified in Part IV. Interest II is form the bank account specified in Part IV. In the processing of the exempt organization state in the provided on the exempt organization state in the interest is specified in Part I												
Part III Settle Your Account Electronically for Taxable Year 2023 8 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7 Amount 8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Banking information (Have you verified the exempt organization's banking information?) 10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Beclaration of Officer 12 Type of account: Checking Savings Part V Beclaration of Officer 13 Latthorize the permit organization's account to be settled as designated in Part II. III check Part II, box 5, i declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my refurn. II I check Part II, box 5, i declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my refurn. II I check Part II, box 7, i authorize an electronic funds withdrawal for the amount isled on line 7a and any estimated apprent amounts isled on Part IV. For the direct deposit refund agrees with the authorization stated on my refurn. II I check Part II, box 7, i authorize an electronic funds withdrawal for the amount isled on line 7a and any estimated apprent administration of the above exempt organization and that the information provided to my electronic return roll refunds and the part IV for the direct deposit refunds a state of the part IV for the direct deposit refunds a state of the part IV for the direct deposit refunds a state of the part IV for the direct deposit refunds a state of the part IV for the direct deposit refunds a state of the part IV for	5 Ov	erpayment (Form 109, li									63
Part III Schedule of Estimated Tax Payment for Taxable Year 2024 (These are NOT installing payments for Taxable Year 2024 (These are NOT installing payments for Taxable Year 2024 (These are NOT installing payments for Taxable Year 2024 (These are NOT installing payments for Taxable Year 2024 (These are NOT installing payments for Taxable Year 2024 (These are NOT installing payments for Taxable Year 2024 (These are NOT installing payments for the Country of Year 2024 (These are NOT installing payment in Year 2024 (These 2024 (The	Part II	Settle Yo	ur Account	Electronically for Tax	able Year 2023							
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11 Account number Part V Declaration of Officer Lauthorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on nine 7a and any settland payment amounts listed on Part III, line 8 from the bank account specified in Part IV. Under penaltities of perjury, I declare that I am an officer of the above exempt organization is specified in Part IV. Under penaltities of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts in the corresponding lines of the exempt organization is filling a balance due return, I understand that if the Franchise I as 80ard (FTB) does not receive full and timely payment of the exempt organization is falling a balance due return, I understand that I the Franchise I as 80ard (FTB) does not receive full and timely payment of the exempt organization is fall balance and all applicable interest and penalties, authorize the exempt organization is tax liability, the oxempt organization of the exempt organization or terum and accompanying schedules and delayed, authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization is return or refund is delayed, authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization is return or refund is delayed, authorize the FTB to disclose to the ERO or intermediate service provider, I understand that I am not responsible for reviewing the exempt organization is return to the FTB. I have successfully reflects the date on the return, I) have exceed the organization of returns or the	Part IV	Banking I	nformation	(Have you verified the	exempt organization's b	anking informa	ation?)					
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Part V Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on lier 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the Information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization is 1810, and complete. If the exempt organization is 1810, a balance due return, I understand that if the Franchise I ax Board (FTB) does not receive full and timely payment of the exempt organization is tax liability, the exempt organization from the text liability and all applicable interest and penalties, authorize the exempt organization is tax liability, the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization's return or refund and interest and penalties, authorize the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay or the date when the refund was sent. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO 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 revi	11 Acc	ount numbe	r			12 Type of	account:	Ch	ecking		Savings	
direct deposit refund agrees with the authorization stated on my refurn. If I cheek Part.II, box 7, lauthorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank accounts specified in Part IV. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 (allifornia electronic return. To the best of my knowledge and belief, the exempt organization is filling a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's Itility, the exempt organization in the exempt organization and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the provider is the exampt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the provider is the exampt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the exampt organization return and accompanying schedules and statements are transmitted to the FTB by the ERO or intermediate service provider. If the exampt organization return and accompanying schedules and statements are transmitted to the FTB by the ERO or intermediate service provider. If the exampt organization is return or return to the exampt organization of Electronic Return Organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I declare that I have reviewed the above exempt organization's return and accompanying schedules and statements, and to the best o	Part V	Declaration	on of Office	er								
WINDES, INC. Firm's name (or yours if self-employed) and address WINDES, INC. WINDES, INC. Firm's pare (or yours if self-employed) and address WINDES, INC. Firm's name (or yours if self-employed) and address WINDES, INC. Firm's pare (or yours if self-employed) and address WINDES, INC. Firm's name (or yours if self-employed) and address WINDES, INC. Firm's name (or yours if self-employed) and address WINDES, INC. Firm's pare (or yours if self-employed) and address WINDES, INC. Firm's pare (or yours if self-employed) and address WINDES, INC. Firm's pare (or yours if self-employed) and address WINDES, INC. Pool BOX 87	Under petransmitt California a balance organizat statemen delayed, Sign Here Part VI I declare am only a accurated 1345, 20 the exem I declare	enalties of perjeer, or intermed a electronic reduced the electronic reduced redu	ury, I declare diate service turn. To the tunderstand to liable for the ted to the FT to discrete for on of Electiviewed the attest service proton officer with for Authorizen return is fill amined the a	that I am an officer of the provider and the amounts sest of my knowledge and that if the Franchise Tax Bo the tax liability and all applic B by the ERO, transmitter, close to the ERO or interminate of the transmitter of t	above exempt organization in Part I above agree with a belief, the exempt organizar ard (FTB) does not receive able interest and penalties, or intermediate service provider the Date return and that the entries im not responsible for reviam formation that I will file were form FTB 8453-EO on f I will make a copy available interment and accompanying in the part of the service of	and that the info the amounts on t tion's return is tr full and timely p. I authorize the e poider. If the prove e reason(s) for t CFO Title arer. on form FTB 84! eving the exempt tith the FTB, and ille for four years et to the FTB upor schedules and s	he correspon ue, correct, a ayment of the kempt organi cessing of the he delay or t 53-EO are cor organization 8 8453-EO be have followe from the due	ding line nd comp e exempt zation re e exemp he date "s return fore tran ed all oth date of am also	s of the lete. If to organize turn and torganize to organize to organize to organize to organize to organize to organize the correct the paid the return the paid the return the paid to organize the or	exemptine exemptine exemptine exemptine exemption's discourse accourse refundation of the exemption of the e	e best of my knowledge. (lever, that form FTB 8453-turn to the FTB. I have sees described in FTB Pub. ur years from the date er, under penalties of perj	EO ury,
Sign if self-employed and address	ERO		WINDES,	INC.		Date	also paid		if self-	ed	_	
Sign if self-employed and address IRVINE, CA 2050 MAIN ST., STE. 1300 IRVINE, CA Under penalties of perjury, I declare that I have examined the above 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. Paid Peaid Pe	Must		r yours				11 /2		1 47			
Under penalties of perjury, I declare that I have examined the above 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. Paid Preparer Paid Preparer's signature signature WINDES, INC. Firm's name (or yours if self-employed) and address WINDES, INC. P.O. BOX 87	Sign		d)		TE. 1300							_
and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Peaid Preparer Signature Must Firm's name (or yours if self-employed) and address WINDES, INC. Paid Peaid	_			•						ZIP co	de 92614	
Preparer preparer's signature propagative		, ,	• •		· ·	, ,	•		tements	, and to	the best of my knowledge)
Preparer signature employed P00226461 Must Firm's name (or yours if self-employed) and address WINDES, INC. Firm's FEIN 95-3001179 Proparer Signature employed P00226461 Firm's FEIN 95-3001179 Proparer Signature P00226461 Firm's FEIN 95-3001179 Proparer Signature P00226461 Firm's FEIN 95-3001179 Proparer Signature P00226461 Firm's FEIN 95-3001179 FIRM's FEIN	Paid					Date				P	aid preparer's PTIN	
Sign if self-employed) and address P.O. BOX 87	Prepa	rer prepare signatur	r's e						ed		P00226461	
Sign and address P.O. BOX 87	Must			WINDES, INC.						Firm's	FEIN 95-3001179	
LONG BEACH, CA ZIP code 90801-0087	Sign			P.O. BOX 87								
				LONG BEACH, CA	A					ZIP co	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:							
				Change of address							
	ORNIA STATE UNIVERSITY	FOUND	ATION	Amended report							
Name of	Organization			Org	ganization requests email notifications						
List all D	BAs and names the organization uses or h	as used									
	OLDEN SHORE (Number and Street)			State Cha	arity Registration Number003993						
LONG	BEACH, CA 90802			Corporati	on or Organization No. 0431367						
	own, State, and ZIP Code			Corporati	on or organization rec.		_				
562-9	51-4810			Federal E	mployer ID No. 95-6123757						
Telephor	ne Number E-m	ail Addres	es								
	ANNUAL REGIST	ratic	ON RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departm								
Total I	Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee	<u>e</u>				
Less t	han \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80	00				
	en \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million		Between \$100,000,001 and \$500 million		000				
	en \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	n \$400	Greater than \$500 million	\$1,	200				
	A - ACTIVITIES				n 05/30/2024 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
ı	or your most recent full acco	unting	period (beginning 07/01/2023	enc	ling						
Total Re	venue oncash contributions) \$	3.946	. 366 Noncash Contributions \$		1,610 Total Assets \$ 54,	755,3	126				
(including in	Program Expenses \$_		, 366 Noncash Contributions \$ 4,700,839	Total Exp	enses \$		_				
PART	B - STATEMENTS REGARDIN	IG ORC	GANIZATION DURING THE PERIOD O	F THIS RE	PORT						
Note:			you answer "yes" to any of the ques		w, you must attach a separate page 1 instructions for information required.	Yes	No				
1. D			any contracts, loans, leases or other fir			162	NO				
a			of, either directly or with an entity in wh				х				
	uring this reporting period, was	there a	any theft, embezzlement, diversion or m	nisuse of th	e organization's charitable property		х				
3. D	uring this reporting period, were	e any o	rganization funds used to pay any pena	alty, fine or	judgment?		х				
4. D	uring this reporting period wer	e the se	ervices of a commercial fundraiser, fund	draising cou	unsel for charitable purposes or						
	ommercial coventurer used?		Sivious of a commercial fundation, fund		and the character purposes, or		Х				
5. D	uring this reporting period, did	the org	anization receive any governmental fun	ding?			х				
6. D	uring this reporting period, did	the org	anization hold a raffle for charitable pur	poses?			х				
7. D	oes the organization conduct a	vehicle	e donation program?				х				
	id the organization conduct an enerally accepted accounting p	•	ndent audit and prepare audited finances for this reporting period?	ial stateme	nts in accordance with	х					
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							х				
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.											
	·		•								
			ON J. MOORE		FO						
Signature	e of Authorized Agent	Pri	nted Name	Т	itle Date						