

**Return of Organization Exempt From Income Tax**

**2009**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For the **2009** calendar year, or tax year beginning **7/01**, **2009**, and ending **6/30**, **2010**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number	<b>E</b> Telephone number	<b>G</b> Gross receipts \$
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions. <b>Foundation for the California State University, San Bernardino 5500 University Parkway San Bernardino, CA 92407-2397</b>	<b>95-6067343</b>	<b>(909) 537-5918</b>	<b>36,552,767.</b>
		<b>F</b> Name and address of principal officer: <b>Robert Gardner Same As C Above</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>http://foundation.csusb.edu/index.html</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of Formation: <b>1962</b>	<b>M</b> State of legal domicile: <b>CA</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>To promote and assist in education, administration, and related services of the California State University, San Bernardino.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	81
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	72
	<b>5</b>	Total number of employees (Part V, line 2a) .....	<b>5</b>	1,188
	<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	51
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	33,022,293.	30,104,247.
	<b>9</b>	Program service revenue (Part VIII, line 2g) .....	1,593,044.	1,026,459.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	962,052.	609,837.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	4,246,004.	4,812,224.
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	39,823,393.	36,552,767.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) .....		
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	15,770,134.	13,495,553.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) .....		
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ .....		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	23,158,335.	55,012,971.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	38,928,469.	68,508,524.	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	894,924.	-31,955,757.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) .....	75,136,291.	46,775,477.
	<b>21</b>	Total liabilities (Part X, line 26) .....	8,100,091.	9,335,483.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	67,036,200.	37,439,994.

**Part II Signature Block**

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

<b>Sign Here</b>	<b>▶</b> _____ Signature of officer	_____	Date	
	<b>▶</b> <u>Robert Gardner</u> Type or print name and title.	<b>Treasurer</b>		

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>▶</b> <u>Rolland Vasin</u>	Date <u>5/05/11</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>▶</b> <u>Vasin, Heyn &amp; Company 5000 N. Parkway Calabasas #301 Calabasas, CA 91302</u>	EIN <b>▶</b> <u>N/A</u>	Phone no. <b>▶</b> <u>(818) 222-3500</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)  **Yes**  **No**

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

To promote and assist in education, administration, and related services of the California State University, San Bernardino.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes 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 No

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 30,170,199. including grants of \$ ) (Revenue \$ )

Transfer of Palm Desert campus buildings to California State University, San Bernardino

4b (Code: ) (Expenses \$ 28,506,558. including grants of \$ ) (Revenue \$ )

Grants and contracts - Provide staff salaries, operating supplies, books and materials, tuition & stipends and equipment. Grants are for research, teaching and community service projects.

4c (Code: ) (Expenses \$ 6,185,629. including grants of \$ ) (Revenue \$ )

Alumni Association activities, Children's & Infant Centers, and the PC Lab

4d Other program services. (Describe in Schedule O.) See Schedule O

(Expenses \$ 1,381,083. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 66,243,469.

**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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>		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? <i>If 'Yes,' complete Schedule G, Part I.</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i>	X	
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . . <b>1 a</b> 163		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . <b>1 b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1 c</b>		X
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . <b>2 a</b> 1,188		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2 b</b> <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . <b>3 a</b>		X
<b>b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . . <b>3 b</b>		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4 a</b>		X
<b>b</b>	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5 a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5 b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . <b>5 c</b>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . <b>6 a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . . <b>6 b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7 a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7 b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7 c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7 d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7 e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7 f</b>		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7 g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . <b>7 h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . . <b>9 a</b>		
<b>b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . . <b>9 b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10 a</b>		
<b>b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10 b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from other members or shareholders. . . . . <b>11 a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11 b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12 a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12 b</b>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body		
<b>1 b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? <i>See Schedule O.</i>	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body?	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O. See Schedule O.</i>	X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10 b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11 A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. <i>See Schedule O</i>		
<b>12 a</b>	Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13.</i>	X	
<b>12 b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12 c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done. See Schedule O.</i>	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official.	X	
<b>15 b</b>	Other officers of key employees of the organization. <i>See Schedule O.</i> If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16 b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. *See Schedule O*
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ Lisa Iannolo 5500 University Parkway San Bernardino CA 92407-2397 (909) 537-3922

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

1 a 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Albert Karnig CEO	1	X		X			0.	345,314.	121,810.	
Neale Perkins President	1	X		X			0.	0.	0.	
Edward Teyber Vice President	1	X		X			0.	97,974.	32,322.	
Lois Carson Secretary	1	X		X			0.	0.	0.	
Robert Gardner Treasurer	1	X		X			0.	152,277.	39,332.	
Marie Alonza Director	1	X					0.	0.	0.	
William Anthony Director	1	X					0.	0.	0.	
Donald Averill Director	1	X					0.	0.	0.	
Betty Barker Director	1	X					0.	0.	0.	
Glenda Bayless Director	1	X					0.	0.	0.	
Virginia M. Blumenthal Director	1	X					0.	0.	0.	
Michael Bracken Director	1	X					0.	0.	0.	
Jack Brown Director	1	X					0.	0.	0.	
Bob Burlingame Director	1	X					0.	0.	0.	
Arthur M. Butler Director	1	X					0.	0.	0.	
Ali Cayir Director	1	X					0.	0.	0.	
Steve I. Chiang Director	1	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Greg K. Christian Director	1	X					0.	0.	0.	
Henry Coil Director	1	X					0.	0.	0.	
Nick Coussoulis Director	1	X					0.	0.	0.	
Jim Cuevas Director	1	X					0.	0.	0.	
Carl Dameron Director	1	X					0.	0.	0.	
Theodore Dutton Director	1	X					0.	0.	0.	
Mark Edwards Director	1	X					0.	0.	0.	
James Egan Director	1	X					0.	0.	0.	
James Erickson Director	1	X					0.	0.	0.	
Gerald Fawcett Director	1	X					0.	0.	0.	
James Ferguson Director	1	X					0.	0.	0.	
Robert Fey Director	1	X					0.	0.	0.	
Howard Friedman Director	1	X					0.	0.	0.	
<b>1 b Total</b>							360,897.	1,319,620.	436,634.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
Charles Schwab & Co Inc PO Box 52013 San Bernardino, CA 92407	Investments	1,097,765.
Sodexo Inc & Affiliates 5500 University Parkway San Bernardino, CA 9	Catering Services	1,060,810.
Sea West Enterprises Inc 373 W. Foothill Blvd San Dimas, CA 91773	Land Observatory	650,871.
Kaiser Foundation Health Plan, Inc File 5915 Los Angeles, CA 90074	Health Benefits	320,747.
Florida Inst for Human & Mach Cognition 40 S. Alcaniz Street Pensaco	Sub-Contract Award	225,578.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 20



**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See instructions for Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization <b>Foundation for the California State</b>	Employer Identification number <b>95-6067343</b>
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**Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Michael J. Gallo Director	1	X						0.	0.	0.
Florentino Garza Director	1	X						0.	0.	0.
Graciano Gomez Director	1	X						0.	0.	0.
Allen B. Gresham Director	1	X						0.	0.	0.
Fred Hamilton Director	1	X						0.	0.	0.
W. Benson Harer Jr. Director	1	X						0.	0.	0.
Garner Holt Director	1	X						0.	0.	0.
Jim Imborski Director	1	X						0.	0.	0.
Dorothy Inghram Director	1	X						0.	0.	0.
Rick Lazar Director	1	X						0.	0.	0.
Wilfrid Lemann Director	1	X						0.	0.	0.
Dobbin Lo Director	1	X						0.	0.	0.
Paul Mata Director	1	X						0.	0.	0.
Barbara McGee Director	1	X						0.	0.	0.
Charles McNeely Director	1	X						0.	0.	0.
Michael Miller Director	1	X						0.	0.	0.
Louis Monville Director	1	X						0.	0.	0.
Yolanda Moses Director	1	X						0.	0.	0.
Michael Napoli Director	1	X						0.	0.	0.
John C. Nolan Director	1	X						0.	0.	0.
Shelby Obershaw Director	1	X						0.	0.	0.

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See instructions for Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization <b>Foundation for the California State</b>	Employer Identification number <b>95-6067343</b>
--	---

**Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Chuck Obershaw Director	1	X						0.	0.	0.
Richard Oliphant Director	1	X						0.	0.	0.
Patrick O'Reilly Director	1	X						0.	0.	0.
Madeleine Pfau Director	1	X						0.	0.	0.
Ray Quinto Director	1	X						0.	0.	0.
James Ramos Director	1	X						0.	0.	0.
Ali Razi Director	1	X						0.	0.	0.
D. Brian Reider Director	1	X						0.	0.	0.
George Reyes Director	1	X						0.	0.	0.
Barbara Robinson Director	1	X						0.	0.	0.
James Robinson Director	1	X						0.	0.	0.
Donald L. Rogers Director	1	X						0.	0.	0.
Ali Sahabi Director	1	X						0.	0.	0.
Phillip Savage IV Director	1	X						0.	0.	0.
George H. Schnarre Director	1	X						0.	0.	0.
Larry R. Sharp Director	1	X						0.	0.	0.
Paul Shimoff Director	1	X						0.	0.	0.
Barbara Simmons Director	1	X						0.	0.	0.
Ernest Siva Director	1	X						0.	0.	0.
Bruce Varner Director	1	X						0.	0.	0.
James R. Watson Director	1	X						0.	0.	0.



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>	26,980,260.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b>	3,123,987.				
	<b>g</b> Noncash contribns included in lns 1a-1f: ... \$						
<b>h Total.</b> Add lines 1a-1f .....			30,104,247.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>Special Programs</u> .....		Business Code	823,925.	823,925.		
	<b>b</b> <u>Parent Fees</u> .....			190,012.	190,012.		
	<b>c</b> <u>Auxiliary Enterprises Rev</u> .....			12,522.	12,522.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,026,459.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....			609,837.		609,837.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>				
	<b>b</b> Less: direct expenses .....		<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>				
	<b>b</b> Less: direct expenses .....		<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>					
<b>b</b> Less: cost of goods sold .....		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue		Business Code					
<b>11 a</b> <u>Indirect Cost Recovery</u> .....			2,757,239.	2,757,239.			
<b>b</b> <u>Commissions</u> .....			1,127,445.	1,127,445.			
<b>c</b> <u>Administrative Fees</u> .....			840,720.	840,720.			
<b>d</b> All other revenue .....			86,820.	86,820.			
<b>e Total.</b> Add lines 11a-11d .....			4,812,224.				
<b>12 Total revenue.</b> See instructions .....			36,552,767.	5,838,683.	0.	609,837.	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,004.	129,004.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	9,958,129.	9,037,061.	921,068.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,408,420.	2,933,555.	474,865.	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,069,359.	1,004,604.	64,755.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,033,631.	1,024,950.	8,681.	
23 Insurance	68,573.	6,729.	61,844.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Contribution of PDC to CSUSB</u>	30,170,199.	30,170,199.		
b <u>Contracted Services</u>	7,640,968.	6,855,669.	785,299.	
c <u>Indirect Expenses</u>	2,757,239.	2,757,239.		
d <u>Stipends, Room and Board</u>	2,221,331.	2,219,756.	1,575.	
e <u>Other Expenses</u>	2,138,276.	2,045,464.	92,812.	
f All other expenses	7,913,395.	8,059,239.	-145,844.	
25 Total functional expenses. Add lines 1 through 24f	68,508,524.	66,243,469.	2,265,055.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing.....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments.....	11,382,520.	<b>2</b>	12,247,360.
	<b>3</b> Pledges and grants receivable, net.....	4,226,027.	<b>3</b>	2,742,507.
	<b>4</b> Accounts receivable, net.....	6,658,000.	<b>4</b>	5,261,520.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L..		<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>	
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	80,025.	<b>9</b>	9,748.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 6,827,214.		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 3,176,873.	33,387,423.	<b>10c</b> 3,650,341.
	<b>11</b> Investments — publicly-traded securities.....	399,495.	<b>11</b>	6,038,261.
	<b>12</b> Investments — other securities. See Part IV, line 11.....	17,856,218.	<b>12</b>	15,686,907.
	<b>13</b> Investments — program-related. See Part IV, line 11.....		<b>13</b>	
	<b>14</b> Intangible assets.....	85,252.	<b>14</b>	77,502.
	<b>15</b> Other assets. See Part IV, line 11.....	1,061,331.	<b>15</b>	1,061,331.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....	75,136,291.	<b>16</b>	46,775,477.	
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses.....	2,154,928.	<b>17</b>	3,562,411.
	<b>18</b> Grants payable.....		<b>18</b>	
	<b>19</b> Deferred revenue.....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D.....	5,945,163.	<b>25</b>	5,773,072.
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	8,100,091.	<b>26</b>	9,335,483.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.....	3,556,009.	<b>27</b>	1,287,115.
	<b>28</b> Temporarily restricted net assets.....	51,351,015.	<b>28</b>	20,950,666.
	<b>29</b> Permanently restricted net assets.....	12,129,176.	<b>29</b>	15,202,213.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, and equipment fund.....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>	
<b>33</b> Total net assets or fund balances.....	67,036,200.	<b>33</b>	37,439,994.	
<b>34</b> Total liabilities and net assets/fund balances.....	75,136,291.	<b>34</b>	46,775,477.	

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**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

Form 990 (2009)





**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	16900806.	7,239,547.	34775008.	33022293.	30104247.	122041901.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-through 3.	16900806.	7,239,547.	34775008.	33022293.	30104247.	122041901.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						122041901.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	16900806.	7,239,547.	34775008.	33022293.	30104247.	122041901.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	743,934.	1,084,289.	945,807.	962,052.	609,837.	4,345,919.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	3,642,745.	3,597,532.	3,843,797.	4,246,004.	4,812,224.	20,142,302.
11 <b>Total support.</b> Add lines 7 through 10.						146530122.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	83.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	70.8 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



5/05/11

02:43PM

**Part II, Line 10 - Other Income**

<u>Nature and Source</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Commissions	1,127,445.	1,223,713.	227,681.	124,514.	349,865.
Miscellaneous	86,820.	161,059.	174,947.	3,473,018.	3,292,880.
Indirect Cost Recovery	2,757,239.	2,135,815.	1,194,623.		
Other Revenue	840,720.	725,417.	2,246,546.		
Total	<u>\$4,812,224.</u>	<u>\$4,246,004.</u>	<u>\$3,843,797.</u>	<u>\$3,597,532.</u>	<u>\$ 3,642,745.</u>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

Employer identification number

Foundation for the California State University, San Bernardino

95-6067343

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ 1,061,331.
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. See Part XIV

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?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,401,462.	14,189,699.			
b Contributions	392,596.	1,338,219.			
c Net Investment earnings, gains, and losses	2,632,449.	-1,734,557.			
d Grants or scholarships		327,980.			
e Other expenditures for facilities and programs					
f Administrative expenses		63,919.			
g End of year balance	16,426,507.	13,401,462.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIV the intended uses of the organization's endowment funds. See Part XIV

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		4,640.		4,640.
b Buildings		4,045,752.	1,780,543.	2,265,209.
c Leasehold improvements		441,733.	260,121.	181,612.
d Equipment		1,951,513.	1,136,209.	815,304.
e Other		383,576.		383,576.

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  3,650,341.

BAA



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	36,552,767.
2 Total expenses (Form 990, Part IX, column (A), line 25)	68,508,524.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-31,955,757.
4 Net unrealized gains (losses) on investments	2,359,551.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	2,359,551.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-29,596,206.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1 Total revenue, gains, and other support per audited financial statements	1 38,912,318.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a 2,359,551.
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e 2,359,551.
3 Subtract line 2e from line 1	3 36,552,767.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 36,552,767.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1 Total expenses and losses per audited financial statements	1 68,508,524.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 68,508,524.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 68,508,524.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part III, Line 4 - Description Of Organization's Collections And How Furthers Exempt Purpose**

The Foundation's art collection aids in the educational mission of the California State University, San Bernardino. It is used as a study aid for art students as well as an educational opportunity for local elementary and high school students and the community.

**Part V, Line 4 - Intended Uses Of Endowment Fund**

Endowment funds are used primarily for designated scholarships. There are some funds that are designated to support program functions.





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

Foundation for the California State

Employer identification number

95-6067343

**Part I Questions Regarding Compensation**

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
Albert Karnig	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	345,314.	0.	0.	0.	121,810.	467,124.	406,706.
Robert Gardner	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	152,277.	0.	0.	0.	39,332.	191,609.	32,887.
Francoise Aylmer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	130,819.	0.	0.	0.	33,846.	164,665.	0.
Spencer Freund	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,624.	0.	0.	0.	42,253.	216,877.	0.
Frank Rincon	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	147,182.	0.	0.	0.	37,187.	184,369.	191,055.
Debbie Burns	(i)	129,004.	0.	0.	0.	24,750.	153,754.	121,170.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

Foundation for the California State University, San Bernardino

Employer identification number

95-6067343

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
Cal State University, San Bernardino 5500 University Parkway San Bernardino, CA 92407 33-0644150	Public University - State of California	CA	115 (1)		N/A
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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) 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	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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-----											
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
-----							
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**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

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

**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity.....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s).....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s).....		X
<b>d</b> Loans or loan guarantees to or for other organization(s).....		X
<b>e</b> Loans or loan guarantees by other organization(s).....		X
<b>f</b> Sale of assets to other organization(s).....		X
<b>g</b> Purchase of assets from other organization(s).....		X
<b>h</b> Exchange of assets.....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s).....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s).....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s).....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s).....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets.....		X
<b>n</b> Sharing of paid employees.....		X
<b>o</b> Reimbursement paid to other organization for expenses.....	X	
<b>p</b> Reimbursement paid by other organization for expenses.....	X	
<b>q</b> Other transfer of cash or property to other organization(s).....	X	
<b>r</b> Other transfer of cash or property from other organization(s).....		X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Cal State University, San Bernardino	o	8,553,746.
(2) Cal State University, San Bernardino	p	986,417.
(3) Cal State University, San Bernardino	q	30,130,277.
(4)		
(5)		
(6)		





**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization Foundation for the California State  
University, San Bernardino

Employer identification number  
95-6067343

**Form 990, Part III, Line 4d - Other Program Services Description**

Scholarships - Coordinate scholarship donations with the campus financial aid  
office. Student awards totaled 889.

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

Charles and Shelby Obershaw are husband and wife.

**Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address**

Lois Carson

Community action Partnership

2038 Iowa Avenue, Suite B-102

Riverside, CA 92507

Howard Friedman

Friedman & Brounstein, LLP

444 North Arrowhead Ave., Suite 105

San Bernardino, CA 92401

Rex Jackson

Inland Empire Investment Advisors

127 East State Street

Redlands, CA 92373

Philip Savage III

3126 Valencia Avenue

San Bernardino, CA 92404

Name of the organization Foundation for the California State University, San Bernardino

Employer identification number 95-6067343

**Form 990, Part VI, Line 11 - Form 990 Review Process**

Form 990 will be emailed to Board members prior to filing

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

This is done by requiring annual completion of conflict of interest form.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

Comparability studies are used. The governing Board approves the salary for the Executive Director.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The forms are posted on the organization's website. Copies are made available upon request to those who do not have internet access.



5/05/11

02:43PM

**Form 990, Part VIII, Line 11d**  
**Other Revenue**

Description	Bus. Code	Total Revenue	Related or Exempt Func tion Revenue	Unrelated Business Revenue	Revenue Excluded From Tax
Miscellaneous		\$ 86,820.	\$ 86,820.		
Totals		<u>86,820.</u>	<u>86,820.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Form 990, Part IX, Line 24**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Administrative Costs	1,021,438.	330,421.	691,017.	
Bad Debt Expense	7,578.	7,578.		
Bank and Credit Card Fees	3,828.	3,828.		
Capital Outlay	911,127.	901,750.	9,377.	
Commissions				
Conferences and Meetings	331,213.	330,851.	362.	
Cost of Goods Sold				
Direct Student Services	157,919.	157,919.		
Dues, Memberships & Subscriptn	16,916.	12,433.	4,483.	
Food	64,782.	64,782.		
Honoraria	51,742.	49,904.	1,838.	
Licenses and Permits	8,035.	6,707.	1,328.	
Participant Incentives	17,058.	17,058.		
Postage and Shipping	39,437.	33,416.	6,021.	
Printing and Publications	50,126.	46,542.	3,584.	
Professional Development & Trn	99,452.	98,661.	791.	
Professional Fees	83,480.	33,718.	49,762.	
Public Relations	55,810.	54,697.	1,113.	
Rental, Equipment & Space	204,810.	180,344.	24,466.	
Repairs	104,379.	69,439.	34,940.	
Scholarships Paid to CSUSB	1,381,083.	1,381,083.		
Student Activities	54,767.	54,767.		
Supplies	1,680,997.	1,555,186.	125,811.	
Transfers and Reimbursements	491,964.	1,638,266.	-1,146,302.	
Tuition	810,807.	810,807.		
University Reimbursements	82,884.	82,884.		
Utilities and Telephone	173,452.	136,198.	37,254.	
Vehicles Expense	8,311.		8,311.	
Total	<u>\$ 7,913,395.</u>	<u>\$ 8,059,239.</u>	<u>\$ -145,844.</u>	<u>\$ 0.</u>

**Schedule D, Part V**  
**Endowment Funds**

	Current Year	Prior Year	Two Yrs. Back	Three Yrs. Back	Four Yrs. Back
Beginning of year balance	13401462.	14189699.	12651248.	11143074.	10,288,285.
Contributions	392,596.	1,338,219.	3,272,472.	337,781.	397,446.
Investment earnings (losses)	2,632,449.	-1734557.	-1394567.	1,426,650.	699,987.
Grants or scholarships		327,980.	288,685.	239,260.	222,772.
Expend. for facilities & progs					
Administrative expenses		63,919.	50,769.	16,997.	19,872.

Schedule D, Part V (continued)  
Endowment Funds

	<u>Current Year</u>	<u>Prior Year</u>	<u>Two Yrs. Back</u>	<u>Three Yrs. Back</u>	<u>Four Yrs. Back</u>
End of year balance	16426507.	13401462.	14189699.	12651248.	11,143,074.

**2009**

**California Filing Instructions**

Foundation for the California State  
University, San Bernardino

Client FNDCSUSB

95-6067343

5/05/11

02:43PM

**FORM TO FILE:**

Form 199 - 2009 California Exempt Organization Annual Information  
Return

**SIGNATURE:**

Sign and date Form 199.

**PAYMENT:**

There is a balance due of \$10 which is payable by June 15, 2011.  
Attach a check or money order for the full amount payable to  
"Franchise Tax Board," and write the California corporation number,  
the tax period to which it applies, and "Form 199" on it.

**WHEN TO FILE:**

On or before June 15, 2011.

**WHERE TO FILE:**

Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0701

2009

## California Filing Instructions

Foundation for the California State

University, San Bernardino

Client FNDCSUSB

95-6067343

5/05/11

02:43PM

### FORM TO FILE:

Form RRF-1 - Registration/Renewal Fee Report to Attorney General of California

### SIGNATURE:

Sign and date Form RRF-1.

### PAYMENT:

There is a fee due of \$225 which is payable by May 16, 2011. Attach a check or money order for the full amount payable to "Attorney General's Registry of Charitable Trusts" and write the California charity registration number on the payment.

### WHEN TO FILE:

On or before May 16, 2011.

### WHERE TO FILE:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

California Exempt Organization Annual Information Return

Calendar year 2009 or fiscal year beginning month 07 day 01 year 2009, and ending month 06 day 30 year 2010

**A** First Return Filed?  Yes  No

**B** Type of organization Exempt under Section 23701... **D** (insert letter)  **CORP #**  
 IRC Section 4947(a)(1) trust...  **D-0438029**

Corporation/Organization Name **FOUNDATION FOR THE CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO** **FEIN**  
**95-6067343**

Address  
**5500 UNIVERSITY PARKWAY**  
 City **SAN BERNARDINO, CA 92407-2397** State ZIP Code

**C** Amended Return?  Yes  No

**D** Are you a subordinate/affiliate in a group exemption?..  Yes  No

**a** Is this a group filing for affiliates? See General Instruction L.  Yes  No

**b** If 'Yes,' enter the number of affiliates. ....

**c** Are all affiliates included?  Yes  No (If 'No,' attach a list. See instructions.)

**d** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**e** Federal Group Exemption Number. ....

**f** Is a roster of subordinates attached?  Yes  No

**E** Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
 If a box is checked, enter date. ....

**F** Check the box if the organization filed the following federal forms or schedule:  
**1**  990T **2**  990PF **3**  (Schedule H) 990

**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F.  
 No filing fee is required. ....

**H** Accounting method used .. **1**  Cash **2**  Accrual **3**  Other

**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ....  Yes  No

**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ....  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If 'Yes,' enter amount of gross receipts from nonmember sources. .... \$

**L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. ....	<b>1</b>	6,448,520.
	<b>2</b> Gross dues and assessments from members and affiliates. ....	<b>2</b>	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. .... <b>SEE .SCH. .B</b> ..	<b>3</b>	30,104,247.
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. ....	<b>4</b>	36,552,767.
	<b>5</b> Cost of goods sold. ....	<b>5</b>	
	<b>6</b> Cost or other basis, and sales expenses of assets sold. ....	<b>6</b>	
	<b>7</b> Total costs. Add line 5 and line 6. ....	<b>7</b>	
	<b>8</b> Total gross income. Subtract line 7 from line 4. ....	<b>8</b>	36,552,767.
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. ....	<b>9</b>	68,508,524.
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ....	<b>10</b>	-31,955,757.
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F. ....	<b>11</b>	10.
	<b>12</b> Total payments. ....	<b>12</b>	
	<b>13</b> Penalties and Interest. See General Instruction J. ....	<b>13</b>	
	<b>14</b> Use tax. See General Instruction K. ....	<b>14</b>	
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. ....	<b>15</b>	10.

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

Signature of officer **TREASURER** Title  
 Date **5/05/11** Date  
 Telephone **(909) 537-5918**

**Paid Preparer's Use Only**  
 Preparer's signature **ROLLAND VASIN** Date **5/05/11** Check if self-employed   
 Firm's name (or yours, if self-employed) and address **VASIN, HEYN & COMPANY**  
**5000 N. PARKWAY CALABASAS #301**  
**CALABASAS, CA 91302**  
 Preparer's SSN/PTIN **P00644882**  
 FEIN **95-4401626**  
 Telephone **(818) 222-3500**

May the FTB discuss this return with the preparer shown above? See instructions. ....  Yes  No



**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	608,707.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	5,839,813.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	6,448,520.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	129,004.
	12	Other salaries and wages	●	12	9,958,129.
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See Instructions)	●	16	1,033,631.
	17	Other. Attach schedule. SEE STATEMENT 2	●	17	57,387,760.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	68,508,524.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		11,382,520.	●	12,247,360.
2	Net accounts receivable		10,884,027.	●	8,004,027.
3	Net notes receivable. Attach schedule			●	
4	Inventories			●	
5	Federal and state government obligations		399,495.	●	6,038,261.
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule. STMT 3		17,856,218.	●	15,686,907.
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets	39,421,565.		6,822,574.	
b	Less accumulated depreciation	6,038,782.	33,382,783.	3,176,873.	3,645,701.
11	Land		4,640.	●	4,640.
12	Other assets. Attach schedule. STM 4		1,226,608.	●	1,148,581.
13	<b>Total assets</b>		75,136,291.		46,775,477.
<b>Liabilities and net worth</b>					
14	Accounts payable		2,154,928.	●	3,562,411.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 5		5,945,163.		5,773,072.
19	Capital stock or principle fund		67,036,200.	●	37,439,994.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		75,136,291.		46,775,477.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	-31,955,757.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		-31,955,757.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-31,955,757.

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

Department of the Treasury  
Internal Revenue Service

California Copy  
**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

Name of the organization Foundation for the California State University, San Bernardino	Employer identification number 95-6067343
---	--

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule** –

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules** –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Anita & Howard Richmond Found 266 E. 37th St., Floor 17 New York, NY 10018	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Arrowhead Credit Union P.O. Box 735 San Bernardino, CA 92402	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Associated Students Inc, CSUSB 5500 University Pkwy San Bernardino, CA 92407	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Arrowhead United Way 646 N. D St San Bernardino, CA 92402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Baker's Burgers Inc 1875 Business Center Dr San Bernardino, CA 92408	\$ 7,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CA Community Foundation 445 S. Figueroa St. No. 3400 Los Angeles, CA 90071	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	California Wellness Foundation 6320 Canoga Ave., Ste 1700 Woodland Hills, CA 91367	\$ 42,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Children's Fund 825 E. Hospitality Ln, 2nd Flr San Bernardino, CA 92415	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Citigroup 3800 Citigroup Cntr Dr #G-3-4 Tampa, FL 33610	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	City of Coachella 1515 Sixth St. Coachella, CA 92236	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	City of Desert Hot Springs 65950 Pierson Blvd. Desert Hot Springs, CA 92240	\$ 164,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Coeta & Donald Barker Found P.O. Box 936 Rancho Mirage, CA 92270	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Desert Healthcare District 1140 North Indian Canyon Dr. Palm Springs, CA 92262	\$ 186,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Eisenhower Medical Center 39000 Bob Hope Dr. Rancho Mirage, CA 92270	\$ 103,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Dr. Anthony H. Evans 6101 34th St. W. No. 32F Bradenton, FL 34210	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	Gresham, Savage, Nolan & Tilden P.O. Box 1271 San Bernardino, CA 92402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Inland Empire United Way 9644 Hermosa Avenue Rancho Cucamonga, CA 91730	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Jack R. Widmeyer Trust 19689 7th Ave., NE Poulsbo, WA 98370	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	John F. Merrell Charitable Fdn ----- 1835 Meadowbrook Rd. ----- Altadena, CA 91001 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
20	John F. Kennedy Memorial Hospital ----- 47111 Monroe Street ----- Indio, CA 92201 -----	\$ 52,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
21	Kaiser Permanente ----- 10800 Magnolia Ave. ----- Riverside, CA 92505 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
22	Loma Linda Univ Medical Center ----- 11234 Anderson Street ----- Loma Linda, CA 92354 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
23	OppenheimerFunds Legacy Progra ----- P.O. Box 173673 ----- Denver, CO 80217 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
24	Neale A. Perkins ----- 3120 E. Mission Blvd ----- Ontario, CA 91761 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	Riverside Community Hospital 4445 Magnolia Avenue Riverside, CA 92501	\$ 484,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	Regional Access Project Found 75-105 Merle Dr., Ste 800 Palm Desert, CA 92211	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	Ron and Mary Barnes Estate 795 Glendenning Way San Bernardino, CA 92404	\$ 156,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	Lewis Rosenberg 77682 Country Club Dr., Ste.A3 Palm Desert, CA 92211	\$ 15,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	Sanford C. Bernstein & Co. One N. Lexington Avenue White Plains, NY 10601	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	San Bernardino Vly Mun Wtr Dis 1350 S. E St San Bernardino, CA 92412	\$ 404,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	Southern California Edison P.O. Box 800 Rosemad, CA 91770	\$ 135,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	Stater Bros Markets 301 S. Tippecanoe Avenue San Bernardino, CA 92408	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	Target 1000 Nicollet Mall Minneapolis, MN 55403	\$ 11,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	Tenet Healthcare Corp P.O. Box 809074 Dallas, TX 75380	\$ 103,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	Tykeson Family Charitable Trust P.O. Box 70006 Eugene, OR 97401	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	Union Bank of California P.O. Box 60691 Los Angeles, CA 90060	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	The Community Foundation 4280 Latham St., No. C Riverside, CA 92501	\$ 59,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	UPS Foundation 55 Glenlake Parkway, NE Atlanta, GA 30328	\$ 24,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	Watson & Associates 101 Main St., Ste A. Seal Beach, CA 90740	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	Wells Fargo Foundation 1350 Fashion Valley Rd. San Diego, CA 92108	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	Nicholas J. Coussoulis 341 W. 2nd St., Ste 1 San Bernardino, CA 92401	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	ASI-CSUSB, Palm Desert Campus 37-500 Cook Street Palm Desert, CA 92211	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	Catholic Charities 1450 N. D St. San Bernardino, CA 92405	\$ 25,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	Citigroup Foundation 850 3rd Avenue, 13th Floor New York, NY 10022	\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	County of San Bernardino EDA 215 N. D Street San Bernardino, CA 92415	\$ 39,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	H N and Frances C Berger Foundation PO Box 13390 Palm Desert, CA 92255	\$ 162,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	Jim and Judy Watson Foudnation 101 Main St., Ste A Seal Beach, CA 90740	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	Frank R. Goodman 77-900 Avenue of the States Palm Desert, CA 92211	\$ 274,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Foundation for the California State

95-6067343

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	W. M. Keck Foundation 550 s. Hope Street, Ste 2500 Los Angeles, CA 90071	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	Weingart Foundation 1055 W. 7th Street, Ste 3050 Los Angeles, CA 90017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization Foundation for the California State	Employer identification number 95-6067343
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**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

Administrative Fees.....	\$ 840,720.
Commissions.....	1,127,445.
Indirect Cost Recovery.....	2,757,239.
Miscellaneous.....	86,820.
Other Investment Income.....	1,130.
Program Service Revenue.....	1,026,459.
Total	<u>\$ 5,839,813.</u>

**Statement 2**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Administrative Costs.....	\$ 1,021,438.
Bad Debt Expense.....	7,578.
Bank and Credit Card Fees.....	3,828.
Capital Outlay.....	911,127.
Conferences and Meetings.....	331,213.
Contracted Services.....	7,640,968.
Contribution of PDC to CSUSB.....	30,170,199.
Direct Student Services.....	157,919.
Dues, Memberships & Subscriptn.....	16,916.
Food.....	64,782.
Honoraria.....	51,742.
Indirect Expenses.....	2,757,239.
Insurance.....	68,573.
Licenses and Permits.....	8,035.
Other Employee Benefit.....	3,408,420.
Other Expenses.....	2,138,276.
Participant Incentives.....	17,058.
Postage and Shipping.....	39,437.
Printing and Publications.....	50,126.
Professional Development & Trn.....	99,452.
Professional Fees.....	83,480.
Public Relations.....	55,810.
Rental, Equipment & Space.....	204,810.
Repairs.....	104,379.
Scholarships Paid to CSUSB.....	1,381,083.
Stipends, Room and Board.....	2,221,331.
Student Activities.....	54,767.
Supplies.....	1,680,997.
Transfers and Reimbursements.....	491,964.
Travel.....	1,069,359.
Tuition.....	810,807.
University Reimbursements.....	82,884.
Utilities and Telephone.....	173,452.
Vehicles Expense.....	8,311.
Total	<u>\$57,387,760.</u>

**Statement 3**  
**Form 199, Schedule L, Line 7**  
**Investments in Stocks**

Equity Securities.....	\$	3,490,789.
Hedge Fund.....		1,639,822.
Money Market Funds.....		514,246.
Mutual Funds.....		10,042,050.
Real Estate.....		0.
	Total	<u>\$ 15,686,907.</u>

**Statement 4**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

Art Collections & Intellectual Property.....		1,061,331.
Net Intangible Assets.....		77,502.
Prepaid Expenses and Deferred Charges.....		9,748.
	Total	<u>\$ 1,148,581.</u>

**Statement 5**  
**Form 199, Schedule L, Line 18**  
**Other Liabilities**

Liability to Beneficiaries.....		1,467,562.
Post-Retirement Medical Benefits.....		4,305,510.
	Total	<u>\$ 5,773,072.</u>

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.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, 311 and 312

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 as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>04294</u> <hr/> FOUNDATION FOR THE CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO <small>Name of Organization</small> <hr/> <u>5500 UNIVERSITY PARKWAY</u> <small>Address (Number and Street)</small> <hr/> <u>SAN BERNARDINO, CA 92407-2397</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <u>D-0438029</u> <hr/> Federal Employer ID No. <u>95-6067343</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/09 ending 6/30/10) list:  
 Gross annual revenue \$ 36,552,767. Total assets \$ 46,775,477.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;"><b>SEE STATEMENT 1</b></span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (909) 537-5918

Organization's e-mail address LIANNOLO@CSUSB.EDU

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

ROBERT GARDNER	TREASURER	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>



5/05/11

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**Statement 1  
Form RRF-1, Part B, Line 6  
Government Agency That Provided Funding**

CA Dept of Corrections & Rehab  
PO Box 187019 Sacramento, CA 95818  
Lori Lee (916) 870-6449

CA Dept of Educ  
1430 N St, Ste 4503 Sacramento, CA 95814  
John Mitchell (916) 319-0605

CA Dept of Educ - Nut Svcs  
1430 N. St, Ste 2213 Sacramento, CA 95814  
Melissa Garza (916) 322-5885

CA Dept of Educ, Categ Compl Div  
1430 N St, Ste 4401 Sacramento, CA 95814  
Linda Rivera (916) 445-1957

CA Dept of Transp, Div of Research & Innovation, MS A#83  
PO Box 942873 Sacramento, CA 94273  
Christine Azevedo (916) 657-4723

CA Postsecondary Educ Comm  
770 L St, Ste 1160 Sacramento, CA 95814  
Karen Humphrey (916) 445-1504

CA Dept of Rehab, Blind Field Svc  
464 W 4th St, Ste 152 San Bernardino, CA 92401  
(909) 383-4401

CA Comm on Teacher Credentialing  
1020 East Cooley Dr Colton, CA 92324  
Lori Isom (909) 433-4653

CA Dept of Water Resources, Floodplain Management Branch  
3310 El Camino Ave, Ste LL60 Sacramento, CA 95821  
Ricardo Pindea (916) 574-0611

CA Dept of Water Resources, Div of Planning & Local Assistance  
PO Box 942836 Sacramento, CA 94236  
Dottie Tarleton-Rush (916) 651-9616

City of Corona, Redev Dept  
400 S Vicentia Ave Corona, CA 92882  
Marilee Hansen (851) 817-5715

Cnty of Riverside, Probation Dept  
PO Box 883 Riverside, CA 92502  
Kei Okubo (951) 955-2830

Cnty of San Bernardino, Dept of Comm Dev & Housing  
290 N "D" St, 6th Flr San Bernardino, CA 92415  
Gail Rodriguez (909) 388-0840

Dept of the Treausry - IRS  
5600 Fishers Lane - 11-33 11th Flr Rockville, MD 20857  
Azell Turner (404) 338-8917

Health & Human Svcs  
200 Independence Ave, S.W. Washington, D.C. 20201  
Brad Barney (31\01) 443-6916

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**Statement 1 (continued)**  
**Form RRF-1, Part B, Line 6**  
**Government Agency That Provided Funding**

HHS - Center for Disease Control & Prevention  
1600 Clifton Rd Atlanta, GA 30333  
Peter E. Grandillo (412) 386-6834

National Aeronautics and Space Administration  
Office of Procurement-SP, Bldg 1111 Stennis Space Center, MS 39529  
Ben Benvenuti (877) 677-2123

National Endowment for the Arts  
1100 Pennsylvania Avenue, NW (Room 618) Washington, D.C. 20506  
Rocco Landesman (202) 682-5403

National Endowment for the Humanities  
1100 Pennsylvania Avenue, N.W. Washington, D.C. 20506  
Division of Research Programs (202) 606-8200

National Geospatial-Intelligence Agency, Office of Naval Research  
140 Sylvester Road, Bldg. 140, Room 218 San Diego, CA 92121  
Phillip Hwang (703) 735-2639

National Institutes of Health  
9000 Rockville Pike Bethesda, MD 20892  
Erica West (301) 594-3917

National Science Foundation  
4201 Wilson Blvd. Arlington, VA 22230  
Vanessa Richardson (703) 292-4839

National Security Agency (NSA)  
Fort George G. Meade, MD 20755  
Alice Shaffer (410) 854-6206

Office Naval Research  
140 Sylvester Road, Bldg. 140, Suite 130  
San Diego, CA 92106  
James Canty or Rachel Gmyr (619) 221-5499 or (619) 221-5495

San Bernardino County Department of Behavioral Health  
268 West Hospitality Lane, Suite 400 San Bernardino, CA 92415  
(909) 387-2060

San Bernardino County Office of Education  
1020 East Cooley Drive Colton, CA 92324  
Robert Vedo (909) 433-4642

San Bernardino County Superintendent of Education  
1020 East Cooley Drive Colton, CA 92324  
Yolanda Rodriguez (909) 777-0723

San Bernardino County, Economic Development Agency  
215 North "D" Street, Suite 201 San Bernardino, CA 92415  
Tisha Baca or Veronica Martinez (909) 387-9852 or (909) 387-9838

San Bernardino Valley Water Conservation District  
1630 West Redlands Blvd., Suite A Redlands, CA 92373  
Claud Seal or Colleen Theuer (909) 793-2503

US Dept of Agriculture

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**Statement 1 (continued)**  
**Form RRF-1, Part B, Line 6**  
**Government Agency That Provided Funding**

1400 Independence Avenue, S.W. Washington, D.C. 20250  
Crystal Catlett (202) 401-1318

US Dept of Army  
1400 Defense Pentagon Wash, DC 20301  
Bruce LaMattina (919) 549-4379

US Dept of Education  
400 Maryland Ave, SW, Room 4C138  
Wash, DC 20202  
(888) 336-8930

US Dept of Transp, Res & Innov Tech Adm  
PO Box 268861  
Oklahoma City, OK 73126  
Terri King (202) 366-3372

US Dept of Energy  
1000 Independence Ave, SW  
Wash, DC 20585  
Pat Brewington (630) 252-6623

US SBA  
409 3rd St SW 6th Fl  
Wash, DC 20416  
Carol Greenfield (202) 205-6480