

PUBLIC  
DISCLOSURE  
COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2007**Department of the Treasury  
Internal Revenue ServiceUnder 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**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**CALIFORNIA STATE UNIVERSITY  
NORTHRIDGE FOUNDATION**Number and street (or P.O. box if mail is not delivered to street address)  
**18111 NORDHOFF STREET**City or town, state or country, and ZIP + 4  
**NORTHRIDGE, CA 91330****D** Employer identification number**95-6196006****E** Telephone number  
**818-677-4657****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.CSUN.EDU/UA/FOUNDATION****J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **18,394,380.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:					
	<b>a</b> Contributions to donor advised funds	<b>1a</b>				
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>13,717,613.</b>			
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	<b>20,900.</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>				
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>13,386,782.</b> noncash \$ <b>351,731.</b> )	<b>1e</b>	<b>13,738,513.</b>			
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>542,302.</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>				
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>22,231.</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>	<b>2,173,279.</b>			
Revenue	<b>6 a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
	<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	(B) Other		
		<b>1,497,583.</b>				
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	<b>1,380,577.</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	<b>117,006.</b>			
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 2</b>	<b>8d</b>	<b>117,006.</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
Revenue	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>				
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>				
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>				
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>420,472.</b>			
	<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>17,013,803.</b>			
	Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>4,312,962.</b>		
		<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>892,370.</b>		
<b>15</b> Fundraising (from line 44, column (D))		<b>15</b>	<b>62,408.</b>			
<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>				
<b>17</b> Total expenses. Add lines 16 and 44, column (A)		<b>17</b>	<b>5,267,740.</b>			
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>11,746,063.</b>			
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>108,480,010.</b>			
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	<b>20</b>	<b>&lt;5,466,943.&gt;</b>			
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>114,759,130.</b>			

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12-27-07

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

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**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			<b>STATEMENT 5</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 985,402 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	985,402.	985,402.		
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27				
<b>28</b> Employee benefits not included on lines 25a - 27	28				
<b>29</b> Payroll taxes	29				
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	33,265.		33,265.	
<b>32</b> Legal fees	32	23,380.		23,380.	
<b>33</b> Supplies	33	80,171.	69,830.	8,819.	1,522.
<b>34</b> Telephone	34	7,301.	6,359.	803.	139.
<b>35</b> Postage and shipping	35	69,452.	60,494.	7,640.	1,318.
<b>36</b> Occupancy	36				
<b>37</b> Equipment rental and maintenance	37	229,050.	199,506.	25,196.	4,348.
<b>38</b> Printing and publications	38	115,195.	100,337.	12,672.	2,186.
<b>39</b> Travel	39	188,312.	164,023.	20,715.	3,574.
<b>40</b> Conferences, conventions, and meetings	40	335,254.	292,011.	36,879.	6,364.
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	42	154,870.		154,870.	
<b>43</b> Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g <b>SEE STATEMENT 4</b>	43g	3,046,088.	2,435,000.	568,131.	42,957.
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,267,740.	4,312,962.	892,370.	62,408.

**Joint Costs.** Check ☐ if you are following SOP 98-2.

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

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

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

What is the organization's primary exempt purpose? ▶

**SUPPORT AND ADMINISTER FUNDS FOR CAMPUS EDUCATIONAL PROGRAMS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a** SEE STATEMENT 6

(Grants and allocations \$ 985,402. ) If this amount includes foreign grants, check here ☐

4,312,962.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 4,312,962.

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	140,446.	45	419,754.
	46 Savings and temporary cash investments .....	3,851,957.	46	8,433,442.
	47 a Accounts receivable .....	47a		
	b Less: allowance for doubtful accounts .....	47b		47c
	48 a Pledges receivable .....	11,775,180.		
	b Less: allowance for doubtful accounts .....	16,000.	48c	11,759,180.
	49 Grants receivable .....		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b	
	51 a Other notes and loans receivable .....	51a		
	b Less: allowance for doubtful accounts .....	51b		51c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	22,738.	53	44,383.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	67,943,336.	54a	68,534,664.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis .....	1,825,601.			
b Less: accumulated depreciation .....		55c	1,825,601.	
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis .....	828,979.			
b Less: accumulated depreciation STMT 7	638,167.	57c	190,812.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 8 )	24,073,864.	58	24,325,067.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	109,303,826.	59	115,532,903.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	173,192.	60	215,530.
	61 Grants payable .....		61	
	62 Deferred revenue .....	516,250.	62	453,750.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9 )	134,374.	65	104,493.
66 <b>Total liabilities.</b> Add lines 60 through 65	823,816.	66	773,773.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	17,112,499.	67	18,980,748.
	68 Temporarily restricted .....	40,122,585.	68	43,630,840.
	69 Permanently restricted .....	51,244,926.	69	52,147,542.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	108,480,010.	73	114,759,130.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	109,303,826.	74	115,532,903.

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

<b>a</b> Total revenue, gains, and other support per audited financial statements .....		<b>a</b>	11,164,581.
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b> Net unrealized gains on investments .....	<b>b1</b>		
<b>2</b> Donated services and use of facilities .....	<b>b2</b>		
<b>3</b> Recoveries of prior year grants .....	<b>b3</b>		
<b>4</b> Other (specify): <u>SEE STATEMENT 11</u> .....	<b>b4</b>	13,138.	
Add lines <b>b1</b> through <b>b4</b> .....		<b>b</b>	13,138.
<b>c</b> Subtract line <b>b</b> from line <b>a</b> .....		<b>c</b>	11,151,443.
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b .....	<b>d1</b>	382,279.	
<b>2</b> Other (specify): <u>SEE STATEMENT 12</u> .....	<b>d2</b>	5,480,081.	
Add lines <b>d1</b> and <b>d2</b> .....		<b>d</b>	5,862,360.
<b>e</b> Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....		<b>e</b>	17,013,803.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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<b>a</b>	Total expenses and losses per audited financial statements .....			<b>a</b>	4,885,461.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:				
<b>1</b>	Donated services and use of facilities .....	<b>b1</b>			
<b>2</b>	Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>			
<b>3</b>	Losses reported on Part I, line 20 .....	<b>b3</b>			
<b>4</b>	Other (specify): .....	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b> .....			<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....			<b>c</b>	4,885,461.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :				
<b>1</b>	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	382,279.		
<b>2</b>	Other (specify): .....	<b>d2</b>			
	Add lines <b>d1</b> and <b>d2</b> .....			<b>d</b>	382,279.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....			<b>e</b>	5,267,740.

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

[illegible]



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**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	<b>82a</b>		<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....	<b>82b</b>		N/A
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	<b>83b</b>	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>		
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>		
If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members .....	<b>85c</b>		N/A
<b>d</b> Section 162(e) lobbying and political expenditures .....	<b>85d</b>		N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>		N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>		N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	<b>85h</b>		N/A
<b>86</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>		N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>		N/A
<b>87</b> 501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>		N/A
<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>87b</b>		N/A
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	<b>88a</b>		<b>X</b>
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	<b>88b</b>		<b>X</b>
<b>89 a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. ....			
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	<b>89b</b>		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....			0.
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	<b>89e</b>		<b>X</b>
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	<b>89f</b>		<b>X</b>
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>89g</b>		<b>X</b>
<b>90 a</b> List the states with which a copy of this return is filed ▶ <b>CA</b> .....	<b>90b</b>		0
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 .....			
<b>91 a</b> The books are in care of ▶ <b>GEETHA THOMAS</b> Telephone no. ▶ <b>818-677-4657</b> .....			
Located at ▶ <b>18111 NORDHOFF ST, NORTHRIDGE, CA</b> ZIP + 4 ▶ <b>91330</b> .....			
<b>b</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>91b</b>		<b>X</b>
If "Yes," enter the name of the foreign country ▶ <b>N/A</b>			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			

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**Part VI Other Information** (continued)

<b>91c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <span style="float:right">N/A</span>	<table border="1" style="width:100%"> <tr> <td style="width:50%; text-align:center">Yes</td> <td style="width:50%; text-align:center">No</td> </tr> <tr> <td style="text-align:center"> </td> <td style="text-align:center">X</td> </tr> </table>	Yes	No		X
Yes	No				
	X				
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float:right"> </span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92</span> <span style="float:right">N/A</span>	<input type="checkbox"/>				

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
a PROGRAM INCOME					542,302.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	22,231.	
<b>96</b> Dividends and interest from securities			14	2,173,279.	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	117,006.	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
a ROYALTY INCOME			15	353,467.	
b OTHER INCOME			01	67,005.	
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		2,732,988.	542,302.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					3,275,290.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>93A</b>	TO ADMINISTER FUNDS ON BEHALF OF THE UNIVERSITY FOR VARIOUS EDUCATION-RELATED FUNCTIONS, SPECIAL PROGRAMS AND OTHER ACTIVITIES.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

<b>(a)</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>(b)</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form **990** (2007)

CALIFORNIA STATE UNIVERSITY  
NORTHRIDGE FOUNDATION

Form 990 (2007)

95-6196006 Page 9

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

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

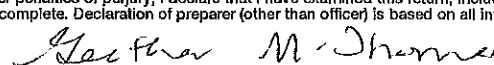
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

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

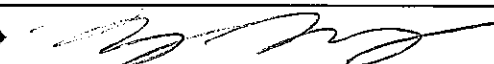
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

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

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.

Please Sign Here:  Date: 12-6-09

Type or print name and title: GEETHA M THOMAS, CFO

Paid Preparer's Use Only: Preparer's signature:  Date: JAN 30 2009 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):  
Firm's name (or yours if self-employed), address, and ZIP + 4: GREEN HASSON & JANKS LLP  
10990 WILSHIRE BLVD., 16TH FLOOR  
LOS ANGELES, CA 90024-3929  
EIN:   
Phone no.: (310) 873-1600

Form 990 (2007)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(a), 501(l), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization **CALIFORNIA STATE UNIVERSITY  
NORTHRIDGE FOUNDATION** Employer identification number  
**95: 6196006**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BOBBY BRASWELL 11001 BELMAR AVE, NORTHRIDGE, CA 91326	BASKETBALL COACH	75,000.
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>►</b> \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? .....	2a	X
<b>b</b> Lending of money or other extension of credit? .....	2b	X
<b>c</b> Furnishing of goods, services, or facilities? .....	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
<b>e</b> Transfer of any part of its income or assets? .....	2e	X
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 15	3a	X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
<b>b</b> Did the organization make any taxable distributions under section 4966? .....	4b	N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year .....		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....		0.
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....		0.

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**CALIFORNIA STATE UNIVERSITY**

Schedule A (Form 990 or 990-EZ) 2007 **NORTHRIDGE FOUNDATION**

95-6196006 Page 4

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	16,127,461.	11,144,532.	15,334,734.	25,185,503.	67,792,230.
<b>16</b> Membership fees received		120,308.	92,751.	90,328.	303,387.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	669,805.	546,202.	533,249.	467,762.	2,217,018.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,194,309.	1,761,669.	1,289,427.	989,172.	6,234,577.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	263.	37,421.	15,191.	176,342.	229,217.
<b>23</b> Total of lines 15 through 22	18,991,838.	13,610,132.	17,265,352.	26,909,107.	76,776,429.
<b>24</b> Line 23 minus line 17	18,322,033.	13,063,930.	16,732,103.	26,441,345.	74,559,411.
<b>25</b> Enter 1% of line 23	189,918.	136,101.	172,654.	269,091.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 1,491,188.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 24,152,380.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 74,559,411.
<b>d</b> Add: Amounts from column (e) for lines: 18 6,234,577. 19 22 229,217. 26b 24,152,380.					<b>26d</b> 30,616,174.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 43,943,237.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 58.9372%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
<b>c</b> Add: Amounts from column (e) for lines: 15 16 17 20 21					<b>27c</b> N/A
<b>d</b> Add: Line 27a total and line 27b total					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

723131 12-27-07

NONE

Schedule A (Form 990 or 990-EZ) 2007

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	<b>31</b>	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2007

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)  
Affiliated group  
totals(b)  
To be completed for all  
electing organizations

- 36** Total lobbying expenditures to influence public opinion (grassroots lobbying) .....
- 37** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- 38** Total lobbying expenditures (add lines 36 and 37) .....
- 39** Other exempt purpose expenditures .....
- 40** Total exempt purpose expenditures (add lines 38 and 39) .....
- 41** Lobbying nontaxable amount. Enter the amount from the following table -
- |  |   |
|--|---|
| <b>If the amount on line 40 is -</b>             | <b>The lobbying nontaxable amount is -</b>              |
| Not over \$500,000 .....                         | 20% of the amount on line 40 .....                      |
| Over \$500,000 but not over \$1,000,000 .....    | \$100,000 plus 15% of the excess over \$500,000 .....   |
| Over \$1,000,000 but not over \$1,500,000 .....  | \$175,000 plus 10% of the excess over \$1,000,000 ..... |
| Over \$1,500,000 but not over \$17,000,000 ..... | \$225,000 plus 5% of the excess over \$1,500,000 .....  |
| Over \$17,000,000 .....                          | \$1,000,000 .....                                       |
- 42** Grassroots nontaxable amount (enter 25% of line 41) .....
- 43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....
- 44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....

N/A

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

☐ Yes ☒ No

N/A

[illegible]

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

CALIFORNIA STATE UNIVERSITY  
NORTHRIDGE FOUNDATION

Employer identification number

95-6196006

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 foundationCheck 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 organizations 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 Form 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 \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization  
**CALIFORNIA STATE UNIVERSITY  
 NORTHRIDGE FOUNDATION**

Employer identification number

95-6196006

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,428,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 724,606.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 26 AND 29

COMPENSATION IS PAID TO EMPLOYEES THROUGH CALIFORNIA STATE UNIVERSITY NORTHRIDGE (CSUN). SUBSEQUENTLY, CSUN IS REIMBURSED FOR THE EXPENSE BY CALIFORNIA STATE UNIVERSITY NORTHRIDGE FOUNDATION. THEREFORE, NO PAYROLL TAX RETURNS ARE FILED BY THE FOUNDATION.

FORM 990, PART V-A LINE 75C AND STATEMENT B

CSUN FOUNDATION SERVES AS AN AUXILIARY ORGANIZATION TO CALIFORNIA STATE UNIVERSITY, NORTHRIDGE WITH A GOAL OF FURTHERING THE PURPOSES AND OBJECTIVES OF THE UNIVERSITY.

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	1,497,583.	1,380,577.	0.	117,006.
TO FORM 990, PART I, LINE 8	1,497,583.	1,380,577.	0.	117,006.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS/(LOSSES) ON MARKETABLE SECURITIES	<5,441,543.>
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	<38,538.>
CHANGE IN VALUE OF GIFT ANNUITIES RECEIVABLE	13,138.
TOTAL TO FORM 990, PART I, LINE 20	<5,466,943.>

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FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	17,236.		17,236.	
DUES & SUBSCRIPTIONS	15,029.	13,090.	1,653.	286.
BANK CHARGES	21,667.		21,667.	
TAXES & LICENSES	8,448.	7,358.	929.	161.
INVESTMENT EXPENSES	382,279.		382,279.	
FUNDRAISING EXPENSES	17,600.			17,600.
DONATED GOODS	351,731.	306,363.	38,692.	6,676.
PROGRAM COSTS	1,271,454.	1,271,454.		
COMPUTER EXPENSES	125,058.	108,927.	13,757.	2,374.
PROFESSIONAL SERVICES	811,595.	706,911.	89,279.	15,405.
ADVERTISING	23,323.	20,315.	2,566.	442.
MISCELLANEOUS	668.	582.	73.	13.
TOTAL TO FM 990, LN 43	3,046,088.	2,435,000.	568,131.	42,957.

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
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<u>CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS</u>	<u>AMOUNT</u>
SCHOLARSHIP & FELLOWSHIPS CALIF. STATE UNIV, NORTHRIDGE 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	781,385.
SCHOLARSHIP & FELLOWSHIPS PLEASE SEE STATEMENT "A"	204,017.
 TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	 <u>985,402.</u>

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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## DESCRIPTION OF PROGRAM SERVICE ONE

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE FOUNDATION (THE FOUNDATION) IS A NONPROFIT 501(C)(3) CALIFORNIA CORPORATION THAT SERVES AS AN AUXILIARY ORGANIZATION TO CALIFORNIA STATE UNIVERSITY, NORTHRIDGE WITH A GOAL OF FURTHERING THE PURPOSES AND OBJECTIVES OF THE UNIVERSITY. THE FOUNDATION'S MAIN FUNCTION IS TO ADMINISTER THE RECEIVING AND DISBURSING OF GIFTS, GRANTS, CONTRACTS, BEQUESTS, AND TRUSTS FROM VARIOUS DONORS TO DIFFERENT DEPARTMENTS OF THE UNIVERSITY. THE FOUNDATION ALSO ASSISTS THE UNIVERSITY IN VARIOUS ACTIVITIES, INCLUDING ACCUMULATION AND MANAGING LIFE INCOME, ANNUITY AND STUDENT SCHOLARSHIP FUNDS AND ADMINISTERING FUNDS FOR VARIOUS EDUCATIONAL RELATED FUNCTIONS, SPECIAL PROGRAMS AND OTHER ACTIVITIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	985,402.	4,312,962.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT AND SOFTWARE	828,979.	638,167.	190,812.
TOTAL TO FORM 990, PART IV, LN 57	828,979.	638,167.	190,812.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ART COLLECTION	22,270,256.	22,270,256.
GIFT ANNUITIES RECEIVABLE	229,239.	186,989.
BENEFICIAL INTEREST IN SPLIT-INTEREST AGREEMENTS	1,574,369.	1,790,191.
OTHER RECEIVABLES	0.	77,631.
TOTAL TO FORM 990, PART IV, LINE 58	24,073,864.	24,325,067.

FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
AMOUNTS PAYABLE TO THE UNIVERSITY	94,641.	76,106.
AMOUNTS PAYABLE TO OTHER UNIVERSITY AUXILIARY ORGANIZATION	39,733.	28,387.
TOTAL TO FORM 990, PART IV, LINE 65	134,374.	104,493.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	10
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
U.S. CORPORATE SECURITIES	FMV	41,876,564.			41,876,564.
BONDS	FMV		21,080,063.		21,080,063.
HEDGE FUNDS	FMV			3,661,569.	3,661,569.
OTHER SECURITIES	FMV			1,916,468.	1,916,468.
TO FORM 990, LINE 54A, COL B		41,876,564.	21,080,063.	5,578,037.	68,534,664.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF GIFT ANNUITIES RECEIVABLE	13,138.
TOTAL TO FORM 990, PART IV-A	13,138.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	5,441,543.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	38,538.
TOTAL TO FORM 990, PART IV-A	5,480,081.



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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 13  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PHILIP S. MAGARAM 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	CHAIR 1.00	0.	0.	0.
WAYNE-KENT A. BRADSHAW 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	VICE CHAIR 1.00	0.	0.	0.
DAVID S. HONDA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	IMMEDIATE PAST CHAIR 1.00	0.	0.	0.
VANCE PETERSON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	FOUNDATION PRESIDENT 1.00	0.	0.	0.
JOLENE KOESTER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	UNIVERSITY PRESIDENT 1.00	0.	0.	0.
GEETHA M. THOMAS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	CHIEF FINANCIAL OFFICER 1.00	0.	0.	0.
JUDITH LANDY 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	ALTERNATE SECRETARY 1.00	0.	0.	0.
WILLIAM (BILL) ALLISON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
MARLENE R. BANE 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
VINCENT P. (VINCE) BARABBA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
SARA BAUER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.

JOHN W. BRADLEY 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
RALPH A. COURTNEY III 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
EARL S. ENZER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
DAVID W. FLEMING 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
DIRK I. GATES 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
RICHARD E. GILBERT 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
JOHN R. GOLISCH 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
MICHAEL J. GROBSTEIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
THOMAS MCCARRON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
BRIAN CASTRONOVO 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
ALBERT M. LAPIDES 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
ADAM HAVERSTOCK 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
GEORGIA L. MERCER, THE HONORABLE 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.

HARRY HELLENBRAND 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
CHARLES H. NOSKI 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
SANFORD (SANDY) PARIS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
JOY PICUS, THE HONORABLE 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
ROBERT J. RAWITCH 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
TODD R. REINSTEIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
JAMES H. RING 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
ROBIN ROUSSELET 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
LARRY TWERSKY 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
DALE A. SUROWITZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
PIERRE Y. TADA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR 1.00	0.	0.	0.
EARL G. BURKE 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR EMERITI 1.00	0.	0.	0.
S. Q. DELLAGROTTA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR EMERITI 1.00	0.	0.	0.

GARY C. DICKEY 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR EMERITI 1.00	0.	0.	0.
HOWARD E. HALLER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR EMERITI 1.00	0.	0.	0.
F. ANTHONY (TONY) KURTZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR EMERITI 1.00	0.	0.	0.
MANFRED MOSK 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR EMERITI 1.00	0.	0.	0.
ANTHONY J. (TONY) PARTIPILLO 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR EMERITI 1.00	0.	0.	0.
JAMES D. POWER III 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	DIRECTOR EMERITI 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>0.</u>	<u>0.</u>	<u>0.</u>

FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 14

## OFFICER'S NAME

VARIOUS

## NAME OF RELATED ORGANIZATION

## EMPLOYER ID NUMBER

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

95-4358677

## RELATIONSHIP BETWEEN ORGANIZATIONS

## COMPENSATION DESCRIPTION

SEE STATEMENT B

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15  
PART III, LINE 3A

SCHOLARSHIPS ARE FUNDS AWARDED ON A COMPETITIVE BASIS AND, IN MOST CASES, DO NOT NEED TO BE REPAID. AWARDS CAN BE BASED UPON ACADEMIC ACHIEVEMENT, TALENT, NEED, OR OTHER DONOR INTERESTS (SUCH AS COMMUNITY OF RESIDENCE, MAJOR GOAL, ETC.). SEE STATEMENT C

## SCHEDULE A OTHER INCOME STATEMENT 16

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISC. REVENUE	263.	37,421.	15,191.	176,342.
TOTAL TO SCHEDULE A, LINE 22	263.	37,421.	15,191.	176,342.

NAME	AMOUNT
Recipient 1	\$ 25
Recipient 2	\$ 25
Recipient 3	\$ 25
Recipient 4	\$ 25
Recipient 5	\$ 25
Recipient 6	\$ 25
Recipient 7	\$ 25
Recipient 8	\$ 25
Recipient 9	\$ 25
Recipient 10	\$ 50
Recipient 11	\$ 50
Recipient 12	\$ 75
Recipient 13	\$ 90
Recipient 14	\$ 90
Recipient 15	\$ 90
Recipient 16	\$ 100
Recipient 17	\$ 100
Recipient 18	\$ 100
Recipient 19	\$ 100
Recipient 20	\$ 100
Recipient 21	\$ 100
Recipient 22	\$ 100
Recipient 23	\$ 100
Recipient 24	\$ 100
Recipient 25	\$ 100
Recipient 26	\$ 100
Recipient 27	\$ 100
Recipient 28	\$ 100
Recipient 29	\$ 100
Recipient 30	\$ 100
Recipient 31	\$ 100
Recipient 32	\$ 100
Recipient 33	\$ 100
Recipient 34	\$ 125
Recipient 35	\$ 150
Recipient 36	\$ 150
Recipient 37	\$ 153
Recipient 38	\$ 180
Recipient 39	\$ 200
Recipient 40	\$ 200
Recipient 41	\$ 200
Recipient 42	\$ 200
Recipient 43	\$ 200
Recipient 44	\$ 200
Recipient 45	\$ 250
Recipient 46	\$ 250
Recipient 47	\$ 250
Recipient 48	\$ 250
Recipient 49	\$ 250
Recipient 50	\$ 250
Recipient 51	\$ 250
Recipient 52	\$ 250
Recipient 53	\$ 250
Recipient 54	\$ 250
Recipient 55	\$ 250
Recipient 56	\$ 250
Recipient 57	\$ 250
Recipient 58	\$ 250
Recipient 59	\$ 250

NAME	AMOUNT
Recipient 60	\$ 250
Recipient 61	\$ 250
Recipient 62	\$ 250
Recipient 63	\$ 250
Recipient 64	\$ 250
Recipient 65	\$ 250
Recipient 66	\$ 250
Recipient 67	\$ 300
Recipient 68	\$ 300
Recipient 69	\$ 300
Recipient 70	\$ 400
Recipient 71	\$ 400
Recipient 72	\$ 400
Recipient 73	\$ 400
Recipient 74	\$ 400
Recipient 75	\$ 400
Recipient 76	\$ 400
Recipient 77	\$ 450
Recipient 78	\$ 450
Recipient 79	\$ 500
Recipient 80	\$ 500
Recipient 81	\$ 500
Recipient 82	\$ 500
Recipient 83	\$ 500
Recipient 84	\$ 500
Recipient 85	\$ 500
Recipient 86	\$ 500
Recipient 87	\$ 500
Recipient 88	\$ 500
Recipient 89	\$ 500
Recipient 90	\$ 500
Recipient 91	\$ 500
Recipient 92	\$ 500
Recipient 93	\$ 500
Recipient 94	\$ 500
Recipient 95	\$ 500
Recipient 96	\$ 500
Recipient 97	\$ 500
Recipient 98	\$ 500
Recipient 99	\$ 500
Recipient 100	\$ 500
Recipient 101	\$ 500
Recipient 102	\$ 500
Recipient 103	\$ 500
Recipient 104	\$ 500
Recipient 105	\$ 500
Recipient 106	\$ 500
Recipient 107	\$ 500
Recipient 108	\$ 500
Recipient 109	\$ 500
Recipient 110	\$ 500
Recipient 111	\$ 500
Recipient 112	\$ 500
Recipient 113	\$ 500
Recipient 114	\$ 500
Recipient 115	\$ 600
Recipient 116	\$ 677
Recipient 117	\$ 705
Recipient 118	\$ 750

NAME	AMOUNT
Recipient 119	\$ 750
Recipient 120	\$ 780
Recipient 121	\$ 800
Recipient 122	\$ 900
Recipient 123	\$ 900
Recipient 124	\$ 900
Recipient 125	\$ 900
Recipient 126	\$ 900
Recipient 127	\$ 1,000
Recipient 128	\$ 1,000
Recipient 129	\$ 1,000
Recipient 130	\$ 1,000
Recipient 131	\$ 1,000
Recipient 132	\$ 1,000
Recipient 133	\$ 1,000
Recipient 134	\$ 1,000
Recipient 135	\$ 1,000
Recipient 136	\$ 1,000
Recipient 137	\$ 1,000
Recipient 138	\$ 1,000
Recipient 139	\$ 1,000
Recipient 140	\$ 1,000
Recipient 141	\$ 1,000
Recipient 142	\$ 1,000
Recipient 143	\$ 1,000
Recipient 144	\$ 1,000
Recipient 145	\$ 1,000
Recipient 146	\$ 1,000
Recipient 147	\$ 1,000
Recipient 148	\$ 1,000
Recipient 149	\$ 1,000
Recipient 150	\$ 1,000
Recipient 151	\$ 1,000
Recipient 152	\$ 1,000
Recipient 153	\$ 1,000
Recipient 154	\$ 1,000
Recipient 155	\$ 1,021
Recipient 156	\$ 1,050
Recipient 157	\$ 1,250
Recipient 158	\$ 1,250
Recipient 159	\$ 1,500
Recipient 160	\$ 1,575
Recipient 161	\$ 1,600
Recipient 162	\$ 1,675
Recipient 163	\$ 1,696
Recipient 164	\$ 1,750
Recipient 165	\$ 2,000
Recipient 166	\$ 2,000
Recipient 167	\$ 2,000
Recipient 168	\$ 2,000
Recipient 169	\$ 2,930
Recipient 170	\$ 3,039
Recipient 171	\$ 3,046
Recipient 172	\$ 5,000
Recipient 173	\$ 5,000
Recipient 174	\$ 5,000
Recipient 175	\$ 5,000
Recipient 176	\$ 5,000
Recipient 177	\$ 5,000



California University of Northridge Foundation  
EIN:95-6196006  
FYE 06-30-08  
Form 990, Part II, Line 22b

NAME	AMOUNT
Recipient 178	\$ 5,000
Recipient 179	\$ 5,000
Recipient 180	\$ 5,000
Recipient 181	\$ 5,000
Recipient 182	\$ 7,093
Recipient 183	\$ 11,263
Recipient 184	\$ 11,301
Recipient 185	\$ 11,404
Recipient 186	\$ 11,484
	<hr/>
	\$ 204,017

**California State University, Northridge Foundation**  
**Support Schedule For Line 75: Compensation from related Organization**  
**Form 990: 2007**  
**EIN: 95-6196006**

1 Name of the Related Organization: California State University, Northridge  
2 EIN of the Related Organization: 95-4358677  
3 Relationship of the two organizations: California State University, Northridge Foundation is an auxiliary of California State University, Northridge. The Foundation's primary purpose is to receive gifts and donations from individuals and other entities on behalf and for the benefit of the University.

4 Compensation Information for board members who are employees of the related organization:

<u>Board Member</u>	<u>Title</u>	<u>Compensation &amp; Benefits</u>	<u>Benefits</u>
1 Jolene Koester	Director	\$ 307,000	\$ 104,516 **
2 Harry Hellenbrand	Director	\$ 225,000	\$ 58,633
3 Geetha Thomas	Chief Financial Officer	\$ 100,080	\$ 35,678
4 Judy Landy	Alternate Secretary	\$ 51,249	\$ 23,176
5 Brian Castronovo	Director	\$ 113,400	\$ 32,855
7 Vance Peterson	Foundation President	\$ 214,608	\$ 64,400
10 Thomas McCarron	Director	\$ 132,462	\$ 31,687
11 Bobby Braswell	Basketball Coach	\$ 140,076	\$ 46,827 ***

\*\* Includes car and housing allowances of \$12,000 and \$26,400, respectively.

\*\*\* Not a Board member

## Financial Aid & Scholarship Department

Division of Student Affairs  
Federal School Code: 00H53

### Scholarship Opportunities

Welcome! Cal State Northridge is pleased to offer a wide variety of scholarships and awards to honor the academic success of our undergraduate and graduate students. Each year CSUN students are awarded more than \$2 million in scholarships and awards due to academic achievement, financial need, major or extracurricular activities. Because of our generous donors we are able to offer need and merit based scholarships ranging from \$250 to \$5,000 per year.

New and continuing students are welcome to apply annually for any of our Institutional, Departmental and Off-Campus Scholarships. All scholarships are disbursed in two disbursements, normally at the beginning of the fall and spring semesters unless specifically noted by the scholarship donor. However, no disbursements will be made until the Scholarship Office has received funds from the scholarship donor. Scholarships are used as a resource in a student's financial aid package, and may reduce need-based financial aid awards. However, all students are encouraged to apply for as many scholarships as possible, to lessen their need for loans or part time work to attend school. During your scholarship search please note, the Scholarship Office does not endorse scholarship search services that require a student to pay a fee. For full details on scholarships and awards at Cal State Northridge, please click on the link below.

#### Institutional Scholarships

**Northridge Scholarship Program** - This merit-based program was established to honor the academic talents of our CSUN students and promote their future success. Students who are interested in growing as a scholar are encouraged to apply. The program gives students the opportunity to receive a **Presidential Scholars Award** or a **University Scholars Scholarship Award**.

**Northridge Achievement Program (formerly University Scholarship Program)** - This program is CSUN's oldest scholarship program. The program is designed to support the financial need of Cal State Northridge's best and brightest students. Students must file a FAFSA to apply.

#### Things you should know...

- You may apply for the merit based Northridge Scholars Program and/or the need based Northridge Achievement Awards.
- Applications are available for the 2007-2008 academic year.
- Both programs require full time status with at least a 3.0 GPA.
- Both programs require an application, letters of recommendation, and personal statement.
- All scholarship awardees will have their funds applied against the upcoming year's tuition and fees.

#### Off-Campus Scholarships

- Review our listing of **Off-Campus Scholarship opportunities**.
- Off-Campus scholarship announcements are posted inside the Scholarship Office (BH 130) and outside BH 140 as they are received.
- Off-Campus scholarship announcements are emailed to students who request this service. To sign up, please send an email to [scholarshipopportunities@csun.edu](mailto:scholarshipopportunities@csun.edu) with "Sign me up" in the subject line.
- Be sure to check bi-weekly for new announcements.
- If you receive an Off-Campus Scholarship, you must notify the Scholarship Office in writing of the award. Simply drop off a copy of the scholarship announcement with the amounts you will receive.
- Often Off-Campus Scholarships are made payable to CSUN. Please bring your scholarship check to the Scholarship Office, Bayramian Hall room 130 to be applied to your student account. If all your fees are paid, your scholarship will create a credit on your account and a balance check will be issued to you by University Cash Services. Financial aid students may have their aid adjusted.

## International Students

Unfortunately, CSUN does not offer scholarships for international students. However, to help you with your search we have listed a few websites that cater to international students seeking scholarships. We hope you find the sites below helpful. Please exercise caution in your search as CSUN will not be held liable for the contents of the below websites and does not endorse scholarship search engines for which there is a fee.

<http://www.usastudyguide.com/financial-aid.html>

<http://www.international-scholarships.com/>

<http://www.usjournal.com/en/students/info/financial.html>

This information is in PDF format. This freely available Adobe® Acrobat® Reader is required. Download it free now!



California State University | Community Justice Institute | Visit Us Online | Terms and Conditions to Use | Contact CSUN | Assistance Information | Federal Office of Education | 1-800-451-7000

Updated: 04/23/2008 by Financial Aid Office | Financial Aid & Scholarship Department  
California State University Northridge, 18111 Ventura Street Northridge, CA 91310, 818-677-1200

## Governor's Scholarship Program

If you are the recipient of the Governor's Scholarship Award:

1. Claim your award and complete a Qualified Withdrawal Form. This can be done at:

[www.ca.gov/governorsscholarships.org/index.html](http://www.ca.gov/governorsscholarships.org/index.html)

2. Make checks payable to:

**California State University Northridge**

**18111 Nordhoff St.**

**Northridge, CA 91330-8307**

**Attention: Kathi Kilmer, Scholarship Assistant**

3. Be advised that it takes 6-8 weeks for CSUN to receive the check once you have completed the withdrawal form

4. All checks received will be split in half between the fall and spring semesters. If you would like your full check to be credited to one particular semester please email Kathi Kilmer at [scholarships@csun.edu](mailto:scholarships@csun.edu).

