

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION		D Employer identification number 33-0397688
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 435 E. CARMEL STREET		E Telephone number (760) 750-4700
		City or town, state or country, and ZIP + 4 SAN MARCOS, CA 92078		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).		

G Website: **WWW.CSUSM.EDU/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.

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**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **22,944,513.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	1,312,365.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	5,164,634.		
	e Total (add lines 1a through 1d) (cash \$ 6,476,999. noncash \$)	1e			6,476,999.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			9,078,176.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			7,660.
	5 Dividends and interest from securities	5			1,423,232.
	6 a Gross rents SEE STATEMENT 1	6a	382,905.		
	b Less: rental expenses SEE STATEMENT 2	6b	50,000.		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			332,905.	
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	Less: cost or other basis and sales expenses	8b			
	Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a	5,575,541.			
	b Less: cost of goods sold	10b	5,466,008.		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 3	10c			109,533.
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			17,428,505.	
Expenses	13 Program services (from line 44, column (B))	13		10,189,465.	
	14 Management and general (from line 44, column (C))	14		1,774,151.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			11,963,616.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		5,464,889.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		27,603,225.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		808,533.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			33,876,647.

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>448,100</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	448,100.	448,100.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	246,184.	221,566.	24,618.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	4,700,723.	3,894,174.	806,549.	
27 Pension plan contributions not included on lines 25a, b, and c	186,904.	122,380.	64,524.	
28 Employee benefits not included on lines 25a - 27	903,018.	565,553.	337,465.	
29 Payroll taxes	385,115.	317,375.	67,740.	
30 Professional fundraising fees				
31 Accounting fees	40,530.		40,530.	
32 Legal fees	4,591.		4,591.	
33 Supplies	681,172.	655,856.	25,316.	
34 Telephone	86,195.	77,456.	8,739.	
35 Postage and shipping	41,279.	34,946.	6,333.	
36 Occupancy	214,706.	14,869.	199,837.	
37 Equipment rental and maintenance	105,498.	73,286.	32,212.	
38 Printing and publications	85,329.	83,677.	1,652.	
39 Travel	314,371.	294,170.	20,201.	
40 Conferences, conventions, and meetings	340,125.	318,473.	21,652.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	3,179,776.	3,067,584.	112,192.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	11,963,616.	10,189,465.	1,774,151.	0.

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? ► SEE STATEMENT 7

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 RESEARCH OPPORTUNITIES. SUCH OPPORTUNITIES INCLUDE RESEARCH GRANTS, SCHOLARSHIPS, STUDENT LOANS, AND OTHER CAMPUS PROGRAM ACTIVITIES.

(Grants and allocations \$ 448,100.) If this amount includes foreign grants, check here ►

10,189,465.

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) ► **10,189,465.**

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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
Assets	45 Cash - non-interest-bearing		45 15,257.
	46 Savings and temporary cash investments	8,859,385.	46 9,780,349.
	47 a Accounts receivable	47a 2,023,078.	
	b Less: allowance for doubtful accounts	47b	47c 2,023,078.
	48 a Pledges receivable	48a 1,947,077.	
	b Less: allowance for doubtful accounts	48b	48c 1,947,077.
	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 295,300.	
	b Less: allowance for doubtful accounts STMT. 8	51b	51c 295,300.
	52 Inventories for sale or use		52 729,841.
	53 Prepaid expenses and deferred charges		53 244.
	54 a Investments - publicly-traded securities STMT. 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54a 12,306,214.
	b Investments - other securities		54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56 0.	
57 a Land, buildings, and equipment: basis	57a 8,647,279.		
b Less: accumulated depreciation	57b 1,356,463.	57c 7,290,816.	
58 Other assets, including program-related investments (describe SEE STATEMENT 9)		58 798,921.	
59 Total assets (must equal line 74). Add lines 45 through 58		59 29,440,029.	
Liabilities	60 Accounts payable and accrued expenses	1,354,108.	60 2,175,752.
	61 Grants payable		61
	62 Deferred revenue	482,696.	62 685,803.
	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 SEE STATEMENT 9)		65
66 Total liabilities . Add lines 60 through 65	1,836,804.	66 2,861,555.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	8,134,480.	67 13,828,221.
	68 Temporarily restricted	7,126,512.	68 7,347,465.
	69 Permanently restricted	12,342,233.	69 12,700,961.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	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 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	27,603,225.	73 33,876,647.
	74 Total liabilities and net assets/fund balances . Add lines 66 and 73	29,440,029.	74 36,738,202.

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

a Total revenue, gains, and other support per audited financial statements			a 23,753,046.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	808,533.	
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): <u>SEE STATEMENT 11</u>	b4	5,516,008.	
Add lines b1 through b4			b 6,324,541.
c Subtract line b from line a			c 17,428,505.
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2			d 0.
e Total revenue (Part I, line 12). Add lines c and d			e 17,428,505.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements			a 17,479,624.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): <u>SEE STATEMENT 12</u>	b4	5,516,008.	
Add lines b1 through b4			b 5,516,008.
c Subtract line b from line a			c 11,963,616.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2			d 0.
e Total expenses (Part I, line 17). Add lines c and d			e 11,963,616.

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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<u>SEE STATEMENT 13</u>		246,184.	65,664.	0.

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. 75c X
75 d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)
Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
78 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
80 b If "Yes," enter the name of the organization SEE STATEMENT 14 and check whether it is [] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0
81 b Did the organization file Form 1120-POL for this year? 81b X

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Part VI Other Information (continued)		Yes	No
82 a 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?	82a	X	
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.)	82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h 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?	85h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88 a 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	88a		X
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	88b		X
89 a 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 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	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g 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?	89g		X
90 a List the states with which a copy of this return is filed ▶ CA			
b Number of employees employed in the pay period that includes March 12, 2006	90b		351
91 a The books are in care of ▶ GREG SVATORA, TREASURER Telephone no. ▶ (760) 750-4719			
Located at ▶ 435 E. CARMEL STREET, SAN MARCOS, CA ZIP + 4 ▶ 92078			
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)?	91b		X
If "Yes," enter the name of the foreign country ▶ N/A			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue:					
a CAMPUS PROGRAMS					9,078,176.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,660.	
96 Dividends and interest from securities			14	1,423,232.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	332,905.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	109,533.	
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,873,330.	9,078,176.
105 Total (add line 104, columns (B), (D), and (E))					10,951,506.

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).
93A	VARIOUS PROGRAMS ADMINISTERED BY THE FOUNDATION THAT PROMOTE AND ASSIST IN THE EDUCATIONAL OBJECTIVES OF CALIFORNIA STATE UNIVERSITY SAN MARCOS.

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.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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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	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

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	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

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

Signature of officer _____ Date _____

TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____

Date **05/08/08** Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. X) _____

EIN _____

Phone no. _____

COPY

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION** Employer identification number **33 0397688**

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

(See page 2 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
<u>GRANT HUBBARD</u> C/O 435 E. CARMEL ST., SAN MARCOS, CA	DIR GRANTS/CONTRACTS 40.00	89,167.	18,725.	0.
<u>MINERVA GONZALEZ</u> C/O 435 E. CARMEL ST., SAN MARCOS, CA	CAMP-PROGRAM DIRECTO 40.00	66,231.	15,895.	0.
<u>PAM EDMONSON</u> C/O 435 E. CARMEL ST., SAN MARCOS, CA	DIR COMM OPERATIONS 40.00	100,025.	20,005.	0.
<u>LORI LARGE</u> C/O 435 E. CARMEL ST., SAN MARCOS, CA	DIR SBRI PROGRAM 40.00	81,604.	17,137.	0.
<u>ROGER STEIN</u> C/O 435 E. CARMEL ST., SAN MARCOS, CA	DIRECTOR HR 40.00	81,928.	17,205.	0.
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
<u>NONE</u>		
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
<u>NONE</u>		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

CALIFORNIA STATE UNIVERSITY SAN MARCOS

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1	X
2	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.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit? SEE STATEMENT 15	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 16	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a 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 17	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	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
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a 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	Did the organization make any taxable distributions under section 4966? N/A	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	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.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 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	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,763,704.	8,963,643.	8,512,985.	10,756,949.	38,997,281.
16 Membership fees received					
17 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	9,719,911.	2,824,694.	3,204,039.	2,794,872.	18,543,516.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	989,996.	666,898.	421,739.	399,867.	2,478,500.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	21,473,611.	12,455,235.	12,138,763.	13,951,688.	60,019,297.
24 Line 23 minus line 17	11,753,700.	9,630,541.	8,934,724.	11,156,816.	41,475,781.
25 Enter 1% of line 23	214,736.	124,552.	121,388.	139,517.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 829,516.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,150,274.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 41,475,781.
d Add: Amounts from column (e) for lines: 18 2,478,500. 19 _____ 22 _____ 26b 3,150,274.					26d 5,628,774.
e Public support (line 26c minus line 26d total)					26e 35,847,007.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.4288%
27 Organizations described on line 12: a 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

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
29	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?		
30	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?		
31	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?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	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		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
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	41	
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)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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 13 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i 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.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION	Employer identification number 33-0397688
	Number, street, and room or suite no. If a P.O. box, see instructions. 435 E. CARMEL STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN MARCOS, CA 92078	

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **GREG SVATORA, TREASURER**
Telephone No. **(760) 750-4719** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2008**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER THE INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title **TREASURER** Date _____

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name A K T LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 312 S. JUNIPER ST., SUITE 100
	City or town, province or state, and country (including postal or ZIP code) ESCONDIDO, CA 92025

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITY RENTALS	1	382,905.
TOTAL TO FORM 990, PART I, LINE 6A		382,905.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSE			
- SUBTOTAL -	1	50,000.	50,000.
TOTAL TO FORM 990, PART I, LINE 6B			50,000.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	5,575,541	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		5,575,541
4. COST OF GOODS SOLD (LINE 13)	5,466,008	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		109,533

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	5,466,008	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		5,466,008
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		5,466,008

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		808,533.	
TOTAL TO FORM 990, PART I, LINE 20		808,533.	

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BUSINESS SERVICE FEES	495,897.	437,086.	58,811.		
INSURANCE-BUSINESS CONSULTING & SUBCONTRACTS	25,662.	424.	25,238.		
PROGRAM EXPENSES	955,418.	946,313.	9,105.		
STIPENDS / HONORARIA	412,565.	412,565.	0.		
TRANSFERS TO ENDOWMENTS	371,016.	371,016.	0.		
EQUIPMENT / FURNISHINGS	560,565.	560,565.	0.		
TOTAL TO FM 990, LN 43	358,653.	339,615.	19,038.		
	3,179,776.	3,067,584.	112,192.		

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6
TO OTHERS

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SCHOLARSHIPS CSU - SAN MARCOS 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92069	448,100.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	448,100.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION PROVIDES FINANCIAL AND PROGRAM ADMINISTRATIVE SUPPORT TO CALIFORNIA STATE UNIVERSITY SAN MARCOS IN ACCORDANCE WITH THE MISSION OF THE UNIVERSITY TO ENHANCE STUDENT LEARNING AND EDUCATIONAL RESEARCH OPPORTUNITIES. SUCH OPPORTUNITIES INCLUDE RESEARCH GRANTS, SCHOLARSHIPS, STUDENT LOANS AND OTHER CAMPUS PROGRAM ACTIVITIES.

FORM 990 OTHER NOTES AND LOANS RECEIVABLE STATEMENT 8

DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
CALIFORNIA STATE UNIVERSITY SAN MARCOS	0.	295,300.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	295,300.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	AMOUNT
APPRECIABLE ARTWORK	56,300.
OTHER ASSET	4,780.
MINERAL RIGHTS	134,891.
DEPOSITS	162,925.
OTHER RECEIVABLES	129,338.
INVESTMENT INTEREST RECEIVABLE	45,305.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	533,539.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY FUNDS	FMV	8,253,873.			8,253,873.
BOND FUNDS	FMV	4,540,788.			4,540,788.
INSTITUTIONAL INVESTMENTS	FMV	662,641.			662,641.
INSTITUTIONAL ASSET MANAGEMENT	FMV	665,399.			665,399.
TO FORM 990, LINE 54A, COL B		14,122,701.			14,122,701.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
RENTAL EXPENSE NET W/ RELATED REVENUE	50,000.
BOOK STORE EXPENSE NET W/ RELATED REVENUE	5,466,008.
TOTAL TO FORM 990, PART IV-A	5,516,008.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
RENTAL EXPENSE NET W/ RELATED REVENUE	50,000.
BOOK STORE EXPENSE NET W/ RELATED REVENUE	5,466,008.
TOTAL TO FORM 990, PART IV-B	5,516,008.

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARTI A. GRAY C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	EXEC DIRECTOR/SECRETARY 40.00	141,420.	37,378.	0.
CLARK HAMPTON C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	TREASURER/CFO 40.00	104,764.	28,286.	0.
DR. JAQUELINE A. IBRAHIM C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
DR. ANN BERSI C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
GIL CARDENAS C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
DR. BEN CHERRY C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
TRES CONRIQUE C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
WAYNE J. FIELDS C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
KYM FORGRAVE C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
RICK GITTINGS C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
DR. KAREN S. HAYNES C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.

NEAL HOSS C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
RICK KEITH C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
TRUDY MANGRUM C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
KEVIN P. SULLIVAN C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
DR. SHARON WHITEHURST-PAYNE C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
DR. ERNEST E. ZOMALT C/O 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>246,184.</u>	<u>65,664.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 14
PART VI, LINE 80B

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
CALIFORNIA STATE UNIVERSITY SAN MARCOS 501(C)(3)	X	

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2B

STATEMENT 15

IN 2006, THE FOUNDATION LOANED \$184,335 TO A MEMBER OF ITS BOARD OF DIRECTORS. QUARTERLY INTEREST ONLY PAYMENTS AT 4% WERE DUE FOR THE FIRST FIVE YEARS. THE LOAN WAS PAID IN FULL DURING THE YEAR ENDED JUNE 30, 2007

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 16

SEE FORM 990 PART V-A

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 17
PART III, LINE 3A

SUBSTANTIALLY ALL FOUNDATION DISBURSEMENTS ARE MADE (1) FOR STUDENT SCHOLARSHIPS, (2) GRANTS AND CONTRACTS FOR APPROVED PROJECTS, OR (3) FOR OPERATING EXPENSES. THE FINANCIAL AID OFFICE OF THE UNIVERSITY QUALIFIES APPLICANTS FOR SCHOLARSHIPS AND LOANS BASED ON CRITERIA OVER WHICH THE FOUNDATION HAS NO CONTROL. EXPENDITURES ON GRANTS AND CONTRACTS ARE CLOSELY MONITORED BY THE FOUNDATION STAFF TO COMPLY WITH SPONSOR REQUIREMENTS. THE FOUNDATION ACCOUNTS ARE EXAMINED ANNUALLY BY INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS.