Form 990-EZ

Department of the Treasury
Internal Revenue Service

** PUBLIC DISCLOSURE COPY **
Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations or donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

Check if applicable:

1. Address change
2. Name change
3. Initial return
4. Terminated
5. Amended return
6. Application pending

Name of organization:

THE CALIFORNIA STATE UNIVERSITY ALUMNI COUNCIL, INC.

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

401 GOLDEN SHORE, 6TH FLOOR

City or town, state or country, and ZIP + 4

LONG BEACH, CA 90802

Telephone number

562-951-4810

Accounting Method:

Cash  X  Accrual  Other (specify)

Cash Accrual  Accounting Method: Other (specify)

Tax-exempt status (check only one)  X  501(c)(3)  501(c) ( _ ) (insert no.)  4947(a)(1) or 527

Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

$ 75,123.

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

(see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I  X

1 Contributions, gifts, grants, and similar amounts received

6,500.

2 Program service revenue including government fees and contracts

5,650.

3 Membership dues and assessments

27,300.

4 Investment income

SEE SCHEDULE O

5a Gross amount from sale of assets other than inventory

32,855.

5b Gain or (loss) from sale of assets other than inventory

31,868.

5c Net assets or fund balances at beginning of year (from line 27, column (A))

987.

6a Gross income from gaming (attach Schedule G if greater than $15,000)

SEE SCHEDULE O

6b Less: direct expenses from gaming and fundraising events

6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

6d Gross sales of inventory, less returns and allowances

SEE SCHEDULE O

7a Less: cost of goods sold

7b Gross profit or (loss) from sales of inventory (Subtract line 7a from line 7a)

7c Other revenue (describe in Schedule O)

SEE SCHEDULE O

8 Other revenue (describe in Schedule O)

66.

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

43,255.

10 Grants and similar amounts paid (list in Schedule O)

SEE SCHEDULE O

11 Benefits paid to or for members

500.

12 Salaries, other compensation, and employee benefits

2,142.

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

SEE SCHEDULE O

17 Total expenses. Add lines 10 through 16

36,409.

18 Excess or (deficit) for the year (Subtract line 9 from line 17)

6,846.

19 Net assets or fund balances at beginning of year (from line 27, column (A))

110,841.

20 Other changes in net assets or fund balances (explain in Schedule O)

SEE SCHEDULE O

21 Net assets or fund balances at end of year. Combine lines 18 through 20

-4,391.

-4,391.

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

Form 990-EZ (2011)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUY HESTON, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>PRESIDENT</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>KRISTIN CRELLIN, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>PRESIDENT ELECT</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>KEN STONE, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>IMMEDIATE PAST PRESIDENT</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>BOB LINSCHIED, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>ALUMNI TRUSTEE</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JENNIFER BARBER, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>TREASURER</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JON LUNDSTROM, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>CHAIR, FINANCE &amp; DEV. COMMIT</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIANNA FISHER, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>CHAIR, PROGRAMS COMMITTEE</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>LORI BROCKETT, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>ALUMNI DIRECTORS' REPRESENTATIVE</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>AARON MOORE, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>EXECUTIVE DIRECTOR</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JEREMY ADDIS-MILLS, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>SUE ANDERSON, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
33. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Yes No 33 X

34. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Yes No 34 X

35a. Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Yes No 35a X

b. If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Yes No 35b N/A

c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Yes No 35c X

36. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Yes No 36 X

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions

Yes No 37a 0

b. Did the organization file Form 1120-POL for this year?

Yes No 37b X

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Yes No 38a X

b. If "Yes," complete Schedule L, Part II and enter the total amount involved

Yes No 38b N/A

39. Section 501(c)(7) organizations. Enter:

a. Initiation fees and capital contributions included on line 9

Yes No 39a N/A

b. Gross receipts, included on line 9, for public use of club facilities

Yes No 39b N/A

40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

b. Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?

Yes No 40b X

c. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

Yes No 40c 0

d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

Yes No 40d 0

e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Yes No 40e X

41. List the states with which a copy of this return is filed

CA

42a. The organization’s books are in care of

AARON J. MOORE

Telephone no. (562) 951-4509

Located at 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA

ZIP + 4 90802

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)?

Yes No 42b X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Yes No 42c X

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

Yes No 43 N/A

44a. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes No 44a X

b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes No 44b X

c. Did the organization receive any payments for indoor tanning services during the year?

Yes No 44c X

d. If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Yes No 44d

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes No 45a X

45b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No 45b X
### Part VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Sch. C, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>49a Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>49b If &quot;Yes,&quot; was the related organization a section 527 organization?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### Table: Highest Compensated Employees

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
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<tr>
<td>NONE</td>
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<td>NONE</td>
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<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $100,000: 

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter &quot;None.&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONE</td>
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<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other independent contractors each receiving over $100,000: 

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Sign Here

**Signature of officer**

AARON J. MOORE, EXEC. DIRECTOR

**Date**

#### Paid Preparer Use Only

**Print/Type preparer’s name**

DONITA M. JOSEPH

**Firm’s name**

WINDES & MCCLAUGHRY ACCT. CORP.

**Firm’s address**

P.O. BOX 87

LONG BEACH, CA 90801-0087

**Firm’s EIN**

95-3001179

**Phone no.**

(562)435-1191

**Preparer’s signature**

**Date**

**Check □ if self-employed**

**PTIN**

P00286656

Yes No
## SCHEDULE A
(For Form 990 or 990-EZ)

### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- Attach to Form 990 or Form 990-EZ.  See separate instructions.

#### Name of the organization
THE CALIFORNIA STATE UNIVERSITY ALUMNI COUNCIL, INC.

#### Employer identification number
95–3102335

## Part I  Reason for Public Charity Status
(All organizations must complete this part.) See instructions.

<table>
<thead>
<tr>
<th>The organization is not a private foundation because it is:</th>
<th>(For lines 1 through 11, check only one box.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2 A school described in section 170(b)(1)(A)(ii).</td>
<td></td>
</tr>
<tr>
<td>3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td></td>
</tr>
<tr>
<td>5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).</td>
<td></td>
</tr>
<tr>
<td>6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).</td>
<td></td>
</tr>
<tr>
<td>8 A community trust described in section 170(b)(1)(A)(vii).</td>
<td></td>
</tr>
<tr>
<td>9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).</td>
<td></td>
</tr>
<tr>
<td>10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
</tr>
<tr>
<td>11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.</td>
<td></td>
</tr>
<tr>
<td>a Type I</td>
<td></td>
</tr>
<tr>
<td>b Type II</td>
<td></td>
</tr>
<tr>
<td>c Type III - Functionally integrated</td>
<td></td>
</tr>
<tr>
<td>d Type III - Other</td>
<td></td>
</tr>
<tr>
<td>e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</td>
<td></td>
</tr>
<tr>
<td>f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box</td>
<td></td>
</tr>
<tr>
<td>g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
<td></td>
</tr>
<tr>
<td>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?</td>
<td></td>
</tr>
<tr>
<td>(ii) A family member of a person described in (i) above?</td>
<td></td>
</tr>
<tr>
<td>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</td>
<td></td>
</tr>
<tr>
<td>h Provide the following information about the supported organization(s).</td>
<td></td>
</tr>
</tbody>
</table>

#### (i) Name of supported organization

#### (ii) EIN

#### (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))

#### (iv) Is the organization in col. (i) listed in your governing document?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### (v) Did you notify the organization in col. (i) of your support?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### (vi) Is the organization in col. (i) organized in the U.S.?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### (vii) Amount of support

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

---

LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

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09321220 794084 01391 2011.05010 THE CALIFORNIA STATE UNIVERSITY 01391__1
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>organization's benefit and either paid to</td>
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<td></td>
</tr>
<tr>
<td>or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 <strong>Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The portion of total contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by each person (other than a governmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unit or publicly supported organization)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>included on line 1 that exceeds 2% of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 **Public support. Subtract line 5 from</td>
<td></td>
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</table>

### Section B. Total Support

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<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
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<tr>
<td>8 Gross income from interest, dividends,</td>
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<tr>
<td>payments received on securities loans,</td>
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<tr>
<td>rents, royalties and income from similar</td>
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<tr>
<td>9 Net income from unrelated business</td>
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<tr>
<td>activities, whether or not the business</td>
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<tr>
<td>is regularly carried on</td>
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<tr>
<td>10 Other income. Do not include gain or</td>
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<tr>
<td>loss from the sale of capital assets</td>
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<td>(Explain in Part IV.)</td>
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<td>11 <strong>Total support. Add lines 7 through 10</strong></td>
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<tr>
<td>etc. (see instructions)</td>
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<tr>
<td>13 <strong>First five years. If the Form 990 is</strong></td>
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<td>third, fourth, or fifth tax year as a</td>
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### Section C. Computation of Public Support Percentage

<table>
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<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
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<td>14 Public support percentage for 2011</td>
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<td>(line 6, column (f) divided by line 11,</td>
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<td>column (f))</td>
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<td>15 Public support percentage from 2010</td>
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<td>organization qualifies as a publicly</td>
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<td>organization qualifies as a publicly</td>
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<td>17a <strong>10% - facts-and-circumstances test</strong></td>
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<td>in Part IV how the organization meets the</td>
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<tr>
<td>&quot;facts-and-circumstances&quot; test. The</td>
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<td>organization qualifies as a publicly</td>
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<td>supported organization</td>
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<td>18 Private foundation. If the organization</td>
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<td>did not check a box on line 13, 16a, 16b,</td>
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<tr>
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<tr>
<td>instructions</td>
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### Section A. Public Support

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<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td>27,400</td>
<td>50,400</td>
<td>31,500</td>
<td>37,500</td>
<td>33,800</td>
<td>180,600</td>
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<td>membership fees received. (Do not</td>
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<td>include any “unusual grants.”)</td>
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<td>2 Gross receipts from admissions,</td>
<td>8,920</td>
<td>10,688</td>
<td>4,310</td>
<td>5,650</td>
<td>29,568</td>
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<td>merchandise sold or services performed,</td>
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<tr>
<td>that is related to the organization’s</td>
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<tr>
<td>tax-exempt purpose</td>
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<td>3 Gross receipts from activities that</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>are not an unrelated trade or business</td>
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<td>under section 513</td>
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<td>4 Tax revenues levied for the</td>
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<td>organization’s benefit and either paid to</td>
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<tr>
<td>or expended on its behalf</td>
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<tr>
<td>5 The value of services or facilities</td>
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<td>furnished by a governmental unit to the</td>
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<td>organization without charge</td>
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<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>27,400</td>
<td>59,320</td>
<td>42,188</td>
<td>41,810</td>
<td>39,450</td>
<td>210,168</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
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<td>3 received from disqualified persons</td>
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<td>7b Amounts included on lines 2 and 3</td>
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<td>received from other than disqualified</td>
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<td>year</td>
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<tr>
<td>8 Public support</td>
<td>210,168</td>
<td>210,168</td>
<td>210,168</td>
<td>210,168</td>
<td>210,168</td>
<td>210,168</td>
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</table>

### Section B. Total Support

<table>
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<tr>
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<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
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<td>27,400</td>
<td>59,320</td>
<td>42,188</td>
<td>41,810</td>
<td>39,450</td>
<td>210,168</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td>2,146</td>
<td>1,357</td>
<td>1,808</td>
<td>2,967</td>
<td>3,805</td>
<td>12,083</td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
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</tr>
<tr>
<td>rents, royalties and income from similar</td>
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<td></td>
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<tr>
<td>10b Unrelated business taxable income</td>
<td>2,146</td>
<td>1,357</td>
<td>1,808</td>
<td>2,967</td>
<td>3,805</td>
<td>12,083</td>
</tr>
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<td>(less section 511 taxes) from businesses</td>
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<td>11 Net income from unrelated business</td>
<td>2,146</td>
<td>1,357</td>
<td>1,808</td>
<td>2,967</td>
<td>3,805</td>
<td>12,083</td>
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<tr>
<td>regularly carried on</td>
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<tr>
<td>12 Other income. Do not include gain or</td>
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<tr>
<td>loss from the sale of capital assets</td>
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<tr>
<td>(Explain in Part IV.)</td>
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<tr>
<td>13 Total support (Add lines 9, 10a, 11,</td>
<td>29,546</td>
<td>60,677</td>
<td>43,996</td>
<td>44,777</td>
<td>43,255</td>
<td>222,251</td>
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<tr>
<td>and 12.)</td>
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<tr>
<td>14 First five years. If the Form 990 is</td>
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<td>for the organization’s first, second,</td>
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<tr>
<td>third, fourth, or fifth tax year as a</td>
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<tr>
<td>section 501(c)(3) organization,</td>
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<tr>
<td>check this box and stop here</td>
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</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
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</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2011 (line 8, column (f)</td>
<td>94.56</td>
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<td></td>
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<td>divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16 Public support percentage from 2010 Schedule A, Part III,</td>
<td>91.68</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>line 15</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2010</th>
<th>(b) 2010</th>
<th>(c) 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2011 (line 10c, column (f)</td>
<td>5.44</td>
<td></td>
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<tr>
<td>divided by line 13, column (f))</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2010 Schedule A, Part</td>
<td>8.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a 33 1/3% support tests - 2011. If the organization did</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not check the box on line 14, and line 15 is more than 33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/3%, check this box and stop here. The organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33 1/3% support tests - 2010. If the organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>did not check the box on line 14 or line 19a, and line 16</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>is more than 33 1/3%, and line 18 is not more than 33 1/3%,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>check this box and stop here. The organization qualifies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>as a publicly supported organization</td>
<td></td>
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</tr>
<tr>
<td>20 Private foundation. If the organization did not check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the box on line 14, 19a, or 19b, check this box and see</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
** PUBLIC DISCLOSURE COPY **

Schedule B
(Forms 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CALIFORNIA STATE UNIVERSITY ALUMNI COUNCIL, INC.

Employer identification number
95-3102335

Organization type
(choose one):

Form 990 or 990-EZ

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) exempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Form 990-PF

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) exempt charitable trust treated as a private foundation

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

General Rule

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

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. ................................................... $

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>$5,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Payroll</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)
### Part II  Noncash Property  
(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>$</td>
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</tbody>
</table>
**Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Use duplicate copies of Part III if additional space is needed. 

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
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</thead>
<tbody>
<tr>
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</tbody>
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<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
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<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

- **INTEREST**
  - 2,752.

### FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

- **DIVIDENDS**
  - 66.

### FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

**ACTIVITY CLASSIFICATION:** SPONSORSHIP

**GRANTEE NAME:** CALIFORNIA STATE STUDENT ASSOCIATION

**GRANTEE ADDRESS:**

- 401 GOLDEN SHORE, SUITE 135, LONG BEACH, CA 90802

**AMOUNT GIVEN:**

- 500.

### FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

- **INSURANCE**
  - 2,546.

- **TRAVEL**
  - 4,672.

- **MEETING AND CONFERENCE EXPENSE**
  - 23,966.

- **LICENSE & REGISTRATION**
  - 127.

- **SUPPLIES**
  - 12.

- **CONFERENCE CALL CHARGES**
  - 449.

- **RECOGNITION EXPENSES**
  - 384.

- **SUBSCRIPTIONS**
  - 200.

- **PROMOTIONAL ITEMS**
  - 209.
Name of the organization | THE CALIFORNIA STATE UNIVERSITY ALUMNI COUNCIL, INC. | Employer identification number |
<table>
<thead>
<tr>
<th></th>
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<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>95-3102335</td>
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</tbody>
</table>

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

<table>
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<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>UNREALIZED GAIN</td>
<td>-4,391</td>
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</table>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<table>
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<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
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</thead>
<tbody>
<tr>
<td>MANUAL OBLIGATION ACCRUALS</td>
<td>64.</td>
<td>0.</td>
</tr>
<tr>
<td>ACCOUNTS PAYABLE</td>
<td>0.</td>
<td>1,621.</td>
</tr>
</tbody>
</table>

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
### Part IV: List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) if not paid, enter -0-</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAY ARAKAWA, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GAYLE BALL-PARKER, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BRIAN BATES, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ANNE BIAIS, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARLENE CARNEY, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TIM COLBIE, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GAYLE BALL-PARKER, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GAYLE BALL-PARKER, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JEANIE ESAJIAN, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MIKE FERKETICH, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TANIA GARCIA, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOHN GIBBS, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JACQUELYN &quot;JACQUI&quot; GLASENER, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ROSS GOODWIN, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PILAR GOSE, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DEAN HART, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
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<tr>
<td>ASH HAYES, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
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<td>0.</td>
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</tr>
<tr>
<td>JIM HERRICK, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
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<td>0.</td>
</tr>
<tr>
<td>DOUG HUPKE, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
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<td>0.</td>
</tr>
<tr>
<td>PAMELA LANGFORD, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>STEVE MC SHANE, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>FERNANDO MORA, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GRAY MOUNGER, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SHANNON NICHOLS, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>FRANCINE OSCHIN, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>KEN PASS, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JENNIFER PATINO, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated. (see the instructions for Part IV.)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
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</thead>
<tbody>
<tr>
<td>MANOLO PLATIN, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIA POOLE, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SILVIA REGALADO, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MELISSA RIORZAN, 401 GOLDEN SHORE, 6TH FLOOR, LONG BEACH, CA 90802</td>
<td>DIRECTOR</td>
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