Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047
2011

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning $\mathrm{JUL}1$, 2011	JUN 30, 2012	
В	Check If	C Name of organization	D Employer identific	ation number
_ ;	Check if applicable:	CALIFORNIA STATE UNIVERSITY, DOMINGUEZ		
Г	Address change	HILLS FOUNDATION		
Ē	Name change	Doing Business As	95-25	543028
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number	
F	Termin- ated	1000 E VICTORIA STREET		243-3255
	Amende return	City or town, state or country, and ZIP + 4	G Gross receipts \$	26,006,687.
	Applica- tion	CARSON, CA 90747	H(a) Is this a group re	
	pending	F Name and address of principal officer:MARY ANN RODRIGUEZ	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	uded? Yes No
1	Tax-exer		if "No," attach a	list. (see instructions)
		:▶ WWW.CSUDH.EDU/ADMFIN/FOUNDATION.SHTML	H(c) Group exemption	
			ear of formation: 1968 N	State of legal domicile: CA
	art I	Summary		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ø	1 B	riefly describe the organization's mission or most significant activities: SEE SCHEI	JULE O FOR OR	JAN I ZAT ION
auc	I P	IISSION STATEMENT.		
ler.	2 0	heck this box if the organization discontinued its operations or disposed of m	1 _ 1	
ဇ္ဌ	3 1	lumber of voting members of the governing body (Part VI, line 1a)	1 1	25 15
త	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		459
ţi.	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a) otal number of volunteers (estimate if necessary)		0
Activities & Governance	6 T	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		125,397.
¥	1 a 1	let unrelated business taxable income from Form 990-T, line 34		-29,315.
		ist difficiated business taxable from form of the object of minor of minor of the object of the obje	Prior Year	Current Year
6 \	8 0	Contributions and grants (Part VIII, line 1h)	15,447,214.	17,178,182.
nge	9 F	Program service revenue (Part VIII, line 2g)	1,568,421.	1,255,789.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	600,795.	914,626.
ď	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,682,663.	1,634,077.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,299,093.	20,982,674.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1·3)	4,741,918.	4,618,530.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15 5	Saläries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,952,908.	1,997,586.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ž	ьТ	otal fundraising expenses (Part IX, column (D), line 25)	10 707 560	12 000 001
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,707,562.	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,402,388. -103,295.	1,557,637.
_	/ 19 F	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or		Till and to (Dark V. Hand 10)	Beginning of Current Year 19,064,426.	End of Year 21,034,625.
JSS6	20]	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	4,380,875.	5,352,703.
et et	21 7	Net assets or fund balances. Subtract line 21 from line 20	14,683,551.	15,681,922.
	Part II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	ny knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		•
Si	gn	Signature of officer	Date	
Н	ere	MARY ANN RODRIGUEZ, EMECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check [PTIN
	1	TIMOTHY D EVANS, CPA	self-emplo	
	eparer	Firm's name VICENTI LLOYD & STUTZMAN LLP	Firm's EIN ▶	95-2242818
US	se Only	Firm's address 2210 E ROUTE 66	Die C	26-857-7300
		GLENDORA, CA 91740-4673	Phone no. 6	
<u>M</u>	ay the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

(Code:) (Expenses \$	2,929,31	8 • including grant	s of \$) (Revenu	e\$	415,495.
THE	FOUNDATION	ACCUMULATES	AND MANA	AGES ENI	DOWMENT	AND STU	JDENT	
SCHO	LARSHIP FU	INDS. THE EAR	NINGS GEN	IERATED	FROM TH	HE ENDOW	MENT	
INVE	STMENTS HE	ELP FUND OVER	40 DIFFE	ERENT SO	CHOLARSE	HIPS. TH	E FOUN	DATION
ALSC	ADMINISTE	ERS THE FUNDS	FOR VAR	COUS OT	HER EDUC	CATIONAI	RELAT	ED
FUNC	TIONS, SPE	CIAL PROGRAM	S AND OTH	HER ACT	IVITIES.			

Other p	rogram services (De	escribe in Schedule O.)						
(Expense	s\$	including grant	s of \$) (Revenue \$)
Total p	rogram service ext	penses 17,	738,476.					

4d

4e

4c

Total program service expenses

Form	990 (2011) HILLS FOUNDATION 95-2543	028	Pa	<u>age 3</u>
	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		X
_	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	*********	 	***********
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
	Part VI	110	1 2 2	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		1
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	+
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		A
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>^</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Α.	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI, XII, and XIII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		· v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		-	X
14a		14a	-	X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			٠,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	İ	İ	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	. 16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	. 17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III			X
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		X
	of "Vos" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	. 1	İ

Form 990 (2011) HILLS FOUNDATION

Part IV Checklist of Required Schedules (continued)

0.000000	water of the order of the state			
04	Did the averagination report more than \$5,000 of grants and other popietones to any government or organization in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	21	Х	
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	21	
22		22	Х	
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	~~	-11	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
••	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
_	Schedule K. If "No", go to line 25	24a		Λ_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			**
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	The state of the s	35a	X	
b				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
-				

orm	990 (2011) HILLS FOUNDATION		95-25	<u> 43 (</u>	128	Pa	ige 5
	Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response to any question in this Part V						
		1		10		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3	342			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r					•	
	(gambling) winnings to prize winners?	 1	 I		1c	X	**********
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		١ ,	150			
	filed for the calendar year ending with or within the year covered by this return	_2a		159		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu				2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	X	
	11 100, 1100 11 1100 1 101 1100 7 100 7 10			····· }	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			1	4-		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?		4a		
b	If "Yes," enter the name of the foreign country:	A					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial			8		*******	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-				5c		- 23
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				JU.		
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t any contributions that were not tax deductible?				6a		Х
L.	If "Yes," did the organization include with every solicitation an express statement that such contributions			•••••	- Ou		
D	were not tax deductible?			Ì	6b		
.7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices	provided to the p	avor?	7a	X	******
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ſ			
•	to file Form 8282?				7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		act?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con				7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file I	Form 8	899 as required	₫?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			8-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	it any ti	ime during the yea	ar?	8		*********
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a	ļ	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1	1				
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106)				
11	Section 501(c)(12) organizations. Enter:	118	. 1				
a	Gross income from members or shareholders	116	1				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116	,]				
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				12a		********
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?				13a		1
a	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	131	0				
c	Enter the amount of reserves on hand	t t	С				
	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011)

95-2543028

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

Sect	tion A. Governing Body and Management					
		ı	1	- 100000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2.5	2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ĺ	4.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			2		Х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			-		
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
4	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
5	Did the organization have members or stockholders?			6		X
6 73	Did the organization have members of stockholders, or other persons who had the power to elect or ap			-		
7a				7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders or	70		
D				7b		х
ρ	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			*******		
8 a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			100		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
202	tion B. Policies (This Section B requests information about policies not required by the Internal R					
000	tion D. I onoice (This occion is requeste information about policies het required by the information	010110			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such c			1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•				
				12a	X	
b	and the second s			12b	Х	
c	many the second					
_	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	and the second of the second o			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizati	on's			
	exempt status with respect to such arrangements?			16b	<u></u>	
Sec	etion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup CA$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sed	ction 501(c)(3)s only) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request					
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflic	t of interest policy:	ind fi	noial	
19	statements available to the public during the tax year.	OHILL	i or interest policy, a	and IINa	ııcıdl	
90	State the name, physical address, and telephone number of the person who possesses the books a	and ro	cords of the organi-	ration. I	>	
20	CSUDH FOUNDATION - 310-243-3255	a 10 16	cords of the organia	.auuni		
יינאאני	1000 E VICTORIA STREET, CARSON, CA 90747					
13200 01-23	06 I-12			Forn	990	(2011)

Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A) Name and Title	(B) Average hours per	(do	not ci unle:	(C) Posi neck r	tion		ne nan	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MILDRED GARCIA TERM DIRECTOR	0.50	х						0.	306,996.	71,460.
(2) MARY ANN RODRIGUEZ TERM DIRECTOR	5.00	х		х				0.	182,046.	60,325.
(3) GREG SAKS ADMINISTRATION DIRECTOR	0.50							0.	172,506.	57,171.
(4) KAREN WILSON FACULTY DIRECTOR	0.50							0.	80,460.	
(5) MARDEL BALDWIN STUDENT DIRECTOR	0.50	х						0.	0.	0.
(6) D.R. HERMAN COMMUNITY DIRECTOR	0.50	x						0.	0.	0.
(7) CLIFFORD CANNON COMMUNITY DIRECTOR	0.50	Х						0.	0.	0.
(8) JAMES O. GIERLICH COMMUNITY DIRECTOR	0.50	Х						0.	0.	0.
(9) PILAR M HOYOS COMMUNITY DIRECTOR	0.50	x						0.	0.	0
(10) DEL L. HUFF COMMUNITY DIRECTOR	0.50	х						0.	0.	0
(11) HELEN S. KAWAGOE COMMUNITY DIRECTOR	0.50	x						0.	. 0.	0
(12) GIL IVEY COMMUNITY DIRECTOR	0.50	X						0.	. 0.	0
(13) KEN PUTNAM CHAIR & COMMUNITY DIRECTOR	0.50	x						0.	. 0.	0
(14) GEORGE J. SCHMELTZER SECRETARY-TREASURER, COMMU	0.50	X						0 .	. 0.	0
(15) PAULA MOORE VICE CHAIR/COMMUNITY DIREC	0.50	x						0.	. 0.	0
(16) WILLIAM HAGAN TERM DIRECTOR	0.50	Х						0	5,063.	73
(17) MITCHELL MAKI TERM DIRECTOR	0.50	X						0	178,672.	59,741

132007 01-23-12

Form **990** (2011)

95-2543028 Page 8

Form 990 (2011) HILLS FOUNDATION 95-2543028 Page 8											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E) (F)											(F)
Name and title Average Position Reportable Reportable											stimated
hours per box, unless person is both an compensation compensat										I	mount of
week officer and a director/trustee) from from relate										<u> </u>	other
										con	npensation
	hours for	trustee or director				B		organization	(W-2/1099-MISC		rom the
	related	8	器			nsaf		(W-2/1099-MISC)	,	' 1	ganization
	organizations	age a	를		326	e E		,		-	d related
	in Schedule	dual	rfio	ایا	oldm	를 했다.	듑			org	anizations
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Form				
(18) SUE BORREGO											
TERM DIRECTOR	0.50	X						0.	180,000	5. 4	8,802.
(19) ANDREA SALA		1						·	***************************************		
STAFF DIRECTOR	0.50	x					Ì	0.	54,886	5 . 1	5,412.
(20) DANA WARD		+		 		 	-				.0 / 1220
	0.50	X						0.		o .	0.
COMMUNITY DIRECTOR	0.30	$\frac{\Lambda}{\Lambda}$	┼	-		ļ	-	V .		· -	
(21) MICHAEL ROUSE	0.50	,,						_		<u>, </u>	0
COMMUNITY DIRECTOR	0.50	X	ļ	-		-		0.	1	0.	0.
(22) NANCY CARLSON											•
COMMUNITY DIRECTOR	0.50	X	ļ					0.		0.	0.
(23) RODERICK HERNANDEZ											
FACULTY DIRECTOR	0.50	X						0.	77,29	3. 3	34,996.
(24) JEFFREY POLTORAK											
STAFF DIRECTOR	0.50	X						0.	39,64	7. 1	4,016.
(25) JAN CHILIMIDOS											
COMMUNITY DIRECTOR	0.50	X						0.		0.	0.
(26) DAWN SHIMIZU		1	T	1		 	\vdash				
DIRECTOR, BUSINESS & FINAN	40.00			X	Ì			88,512.		0. 2	27,007.
					L	┢	L		1,277,57		
1b Sub-total						-		177,816.			0,161.
c Total from continuation sheets to Part									1,277,57		
d Total (add lines 1b and 1c)											3,041.
2 Total number of individuals (including bu		hose	e list	ed a	bov	e) w	no r	eceived more than \$100	0,000 of reportable		0
compensation from the organization	•										0
										[588888888	Yes No
3 Did the organization list any former office				-		-					
line 1a? If "Yes," complete Schedule J fo	or such individua	١								3	X
4 For any individual listed on line 1a, is the	sum of reportal	ole c	omp	ensa	atio	n an	d ot	ther compensation from	the organization		
and related organizations greater than \$	150,000? If "Yes	, " cc	отр	lete .	Sch	edui	e J	for such individual		4	X
5 Did any person listed on line 1a receive	or accrue compe	ensa	tion	from	any	y un	rela	ted organization or indiv	idual for services		
rendered to the organization? <i>If</i> "Yes," c	-									5	X
Section B. Independent Contractors					A						
Complete this table for your five highest	compensated in	dep	end	ent c	cont	ract	ors	that received more than	\$100,000 of comp	ensation	from
the organization. Report compensation											
		(B)	, <u>, , , , , , , , , , , , , , , , , , </u>		(C)						
(A) Name and business address								Description of	services		ensation
URBAN SCHOOL IMAGINEERS											
PO BOX 15220, LONG BEAC		Ω1	5					EVALUATION S	FDVICES	2:	38,000.
				777				EVALUATION S	DERVICES		30,000
VITAL RESEARCH LLC, 638		.Ei	ВL	עע	•				I TOTAL COLO	7,	
#1609, LOS ANGELES, CA	90048							EVALUATION S	ERVICES	T	57 , 965.
		_									
									-		
2 Total number of independent contractor	rs (including but	not !	limit	ed to	the	ose I	iste	d above) who received r	more than		
\$100,000 of compensation from the org	•			_ 		2					
SEE PART VII, SECTI		тη	TITA	ער 🗸			SП	FETS			- OOO (004 d
OHE TAKE VIT, OHOLI	OI A CON	- L	T4 O	Z-3.IL		7.4	للاب	الما المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية ا		rom	n 990 (2011)
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Form 990 (2011)

HILLS FOUNDATION

orm 990 (2011) HILLS FOU									95-254	3020
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					es.		the	organizations	compensation
		ફ				휼		organization	(W-2/1099-MISC)	from the
·		를				ag er		(W-2/1099-MISC)	·	organization
		8	Sts			ınsa				and related
		‡	ᄩ		<u>8</u>	ğ				organizations
		g	igi		픁	st c	늅			
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
		┡	_	-	-	_		·		
27) RICHARD CHESTER	40.00			Х				96,131.	0.	28,204
IRECTOR, COMMERCIAL OPERA	40.00	<u> </u>		Λ	-			90,131.	V •	20,204
28) GLORIA MENDEZ	40 00	Į		ν,				01 605	0.	21,957
IRECTOR, GRANTS & CONTRAC	40.00		<u> </u>	X	-	-		81,685.	V •	21,957
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								177,816	1	50,16

1 a Federated campaigns		1 990			LON			95-2543	028 Page 9
1 a Federated campaigns 1 a	Pa	n VI	Ш	Statement of Revenue					2 10m. b
Substitute Sub							Related or exempt function	Unrelated business	excluded from
Substitute Sub	rants			. 3					
Substance Code	D E				286,211.				
Substance Code	# F								
Substance Code	S,E				3275273.				
Substitute Sub	Pig	f							
Substance Code	the				616,698.				
Sustainest Cooks Sustainest	dit.	g	g	Noncash contributions included in lines 1a-1f: \$ 1, 5	500,497.				
2 a INDIRECT COSTS FEES 900099 919,638. 919,638. BMANAGEMENT FEES 611710 127,712. 127,712. d 611710 127,712. 127,712. d 611710 127,712. 127,712. d 611710 127,712. 127,712. 3 Investment Income (Including dividends, Interest, and other similar amounts)	a C	1				17178182.			
MANAGEMENT FEES 000099 208,439									
Total Add lines 2e2f	9	2 8							
Total Add lines 2e2f	ē Ž	ı				208,439.	208,439.		
Total Add lines 2e2f	n Se	•	Ç	EDUCATIONALLY RELATED	611710	127,712.	127,712.		
Total Add lines 2e2f	Rev	•	d						
Total Add lines 2e2f	20.	•	е		Life Julian Control of the Control o				
3 Investment income (including dividends, interest, and other similar amounts)	т.	1		. •		1 255 700			
A		<u> </u>				1,233,109.			
1 1 1 1 1 1 1 1 1 1		3			_	404.776.			404.776.
Topic Top						101///00			10270
(i) Real		1							
Company Comp									
b Less: rental expenses		6	а						
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 4183692. C Gain or (loss) 4183692. D Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 286,211. of contributions reported on line 12. See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss)		1							
Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory 4693542.		i .							
Second Part Second Part		1				-1,956.		-1,956	
b Less: cost or other basis and sales expenses		7	а		(ii) Other				
and sales expenses 4183692. c Gain or (loss) 509,850. d Net gain or (loss) 509,850. 8 a Gross income from fundraising events (not including \$ 286,211. or contributions reported on line 1c). See Part IV, line 18				,					
C Gain or (loss) 509,850 . d Net gain or (loss) 509,850 . 8 a Gross income from fundraising events (not including \$ 286,211 · of contributions reported on line 1c). See Part IV, line 18			b	4102602					
d Net gain or (loss) 509,850. 509,850. 509,850. 8 a Gross income from fundraising events (not including \$ 286,211. of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b C Net income or (loss) from fundraising events				EOO OFO					
8 a Gross income from fundraising events (not including \$ 286,211. of contributions reported on line 1c). See Part IV, line 18						500 850			509 850
including \$ 286,211. of contributions reported on line 1c). See Part IV, line 18					.	309,030.			303,030.
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME b FILMING ON CAMPUS c d All other revenue e Total. Add lines 11a·11d 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b 725,005. c Net income or (loss) from sales of inventory 1,551,151.1,451,578. 99,573. 27,780.	Ĕ	8	а						
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME b FILMING ON CAMPUS c d All other revenue e Total. Add lines 11a-11d P 107,124.	š								
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME b FILMING ON CAMPUS c d All other revenue e Total. Add lines 11a-11d P 107,124.	Ę				21,118.				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME b FILMING ON CAMPUS c d All other revenue e Total. Add lines 11a-11d P 107,124.	the		ь	Less: direct expenses b	43,360.				
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME b FILMING ON CAMPUS C d All other revenue e Total. Add lines 11a-11d D TOT, 124. B Less: cost of goods sold b T25, 005. 1,551,151.1,451,578. 99,573. 1,551,151.1,451,578. 99,573. 1,751,151.1,451,578. 1,751,15	0					-22,242.			-22,242.
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Niscellaneous Revenue 11 a OTHER INCOME b FILMING ON CAMPUS C d All other revenue e Total. Add lines 11a-11d b 107,124.		1							
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10 a Gross sales of inventory, less returns and allowances		1		· · · · · · · · · · · · · · · · · · ·		-			
and allowances a 2276156. b Less: cost of goods sold b 725,005. c Net income or (loss) from sales of inventory ▶ 1,551,151.1,451,578. 99,573. Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 79,344. 79,344. b FILMING ON CAMPUS 532000 27,780. 27,780. c d All other revenue e Total. Add lines 11a-11d ▶ 107,124.		1							
b Less: cost of goods sold b 725,005. c Net income or (loss) from sales of inventory ► 1,551,151.1,451,578. 99,573. Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 79,344. 79,344. b FILMING ON CAMPUS 532000 27,780. 27,780. c d All other revenue 107,124.		10	а		2276156				
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Miscellaneous Revenue Business Code						1.551.151	1,451,578	99.573	
11 a OTHER INCOME 900099 79,344. 79,344. b FILMING ON CAMPUS 532000 27,780. 27,780. c d All other revenue 107,124.		-	C				-, 131,370	33,3,3	
b FILMING ON CAMPUS 532000 27,780. 27,780. d All other revenue 107,124.		11					79,344.	,	
d All other revenue e Total. Add lines 11a-11d 107, 124.		''							
d All other revenue e Total. Add lines 11a-11d 107,124.									
e Total. Add lines 11a-11d ► 107, 124.			_						
			е			107,124			
12 Total revenue. See instructions. ▶ 20982674.2,786,711. 125,397. 892,384.				Total revenue. See instructions.	>	20982674	2,786,711.	125,397	
132009 01-23-12 Form 990 (2011)	132 01-2	009 23-12				1.0			Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to

Check # Schedule Contains a resource to any question in this Part K Check # Schedule Contains a resource to any question in this Part K Check #	compl	ete columns (B), (C), and (D).				
Total expenses		Check if Schedule O contains a respons	se to any question in this	Part IX		
Organization in the United States. See Part IV, line 22 3,118,033. 3,118,033. 3,118,033. 3 3,118,033. 3				Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and incividuals outside the United States. See Part IV, line 15 and 16 United States. See Part IV, line 15 and 16 United States. See Part IV, line 15 and 16 United States. See Part IV, line 17 and 17,500,497. 4 Benefits paid to or for members 5 Compensation of current officiers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as official under action 4958/III) and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in section 4958/III and persons described in 47, 992. 1 47, 992. 1 47, 293. 1 47,		- 1				
## United States. See Part N, line 22 Grants and other assistance to governments, organizations, and incividuals outside the United States. See Part N, lines 15 and 16 1,500,497. 1,500,497.		_				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 1,500,497. 1,500,497.		1	2 110 022	2 110 022		
Compensation of university Compensation Compensation of university Compensation of current officers, directors, trustees, and key employees 343,496. 124,335. 219,161.		The state of the s	3,118,033.	3,110,033.		
United States. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officere, directors, trustees, and key employees Compensation of current officere, directors, trustees, and key employees Compensation on Included above, to disqualified persons described in section 4958(0)(3)(8) Post of the residence and vages Persons (as defined under section 4958(0)(3)(8) Persons described in section 4958(0)(4)(4) Persons described in section 4958(0)(4)(4) Persons described in section 4958(0)(4)(4) Persons described in section 4958(0)(4)(4) Persons described in section 4958(0)(4)(4) Persons described in section 4958(0)(4)(4) Persons described in						
Benefits paid to or for members Compensation of current officers, directors, trustess, and key employees		-	1 500 407	1 500 /07		
Compensation of current officers, directors, trustees, and key employees 343,496 124,335 219,161		T I	1,300,497.	1,300,497.		
trustees, and key employees		*				
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1) and persons described in section 4958(r) and persons described in section 4958(r) and persons described in section 4958(r) and persons described in section 4958(r) and persons described in section 4958(r) and persons described in section 4958(r) and persons described in section 4958(r) and persons described in section 4958(r) and persons described in section		•	242 496	12/ 225	219 161	
persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(8) 7 Other selaries and wages 8 Pension plan accruals and contributions networks section 400(4) and 500(4) and 5			343,490.	124,333.	217,101.	
Persons described in section 4958(c/(3)(8) 7 Other selaries and varges 8 Pension plan accruals and contributions gretuels section 4079) and section 4009(serployer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management Legal 2,753, 758, 1,995, Legal 2,753, 758, 1,995, Legal 2,753, 758, 1,995, Legal 2,753, 758, 1,995, Legal 2,753, 758, 1,995, Legal 3,759, 95,000, 83,998, Lobbyling Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other 52,7421, 6,417, 46,004, 12 Advertising and promotion 64,821, 28,814, 36,007, 13 Office expenses 64,821, 28,814, 36,007, 16 Royattles 16 Occupancy 71,563, 7,447, 64,116, 17 Travel 4,239, 1,395, 2,844, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 1 Payments of travel or entertainment expenses 50 rany federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 1 Payments to affiliates 10 Payments to affiliates 10 Payments to affiliates 11 Payments to affiliates 12 Payments to affiliates 13 Payments of travel or entertainment (a) amount, list line 24e amount accessed 10% of line 25, olumn (A) amount, list line 24e depenses on Schedule (b) 1, 38, 258, 8, 245, 30, 013, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	6	•	Ì			
Representation of the content of t		•				
8 Pension plan accruals and contributions (include section 400)9 and section 400)9 employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 11 Rese for services (non-employees): 12 Accounting 12 Accounting 13 Legal		•	002 521	554 427	329 094	
## 47,992. 14,239. 33,753. ## 593,318. 62,519. 530,799. ## 129,249. 81,456. 47,793. ## 129,249. 81,456. 47,793. ## 129,249. 81,456. 47,793. ## 129,249. 81,456. 47,793. ## 129,249. 81,456. 47,793. ## 129,249. 81,456. 47,793. ## 129,249. 81,456. 47,793. ## 1,995. 129,249. 81,456. 47,793. ## 1,995. 129,249. 81,456. 47,793. ## 1,995. 129,249. 81,456. 47,793. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 129,249. 81,456. 1,995. ## 1,995. 1,995. 1,995. 1,995. ## 1,995. 1,995. 1,995. 1,995. 1,995. 1,996. ## 1,995. 1,995. 1,995. 1,995. 1,996. ## 1,995. 1,995. 1,995. 1,995. 1,996. ## 1,995. 1,995. 1,995. 1,995. 1,996. 1,995. 1,996.	-	1	003,331.	334,437.	329,094.	
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b Legal						
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Advertising and priorition	g	Other			40,004.	
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17 Travel	15	Royalties	202 706	265 071	27 015	
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Payments to affiliates Depreciation, depletion, and amortization 42,945	19	Conferences, conventions, and meetings	5,162.		5,102.	
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b RESEARCH 3,004,106. 3,004,106. c ACADEMIC SUPPORT 1,430,072. 1,430,072. d INSTITUTIONAL SUPPORT 1,372,059. e All other expenses 1,231,155. 1,170,543. 60,612. 25 Total functional expenses. Add lines 1 through 24e 19,425,037. 17,738,476. 1,686,561. 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		amount, list line 24e expenses on Schedule 0.)	4 062: 717	4 062 717		
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Total functional expenses. Add lines 1 through 24e 19,425,037 • 17,738,476 • 1,686,561 • 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						<u> </u>
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25			11,130,410.	1,000,301.	1
educational campaign and fundraising solicitation.	26	•				
		•				
Observation 1/1/2 1/1/2 1/1/2 1/1/2 1/1/2 1/1/2 1/1/2 1/1/2 1/1/2		maintenant .				
		Check here if following SOP 98-2 (ASC 958-720)		<u></u>		Form 990 (2011)

HILLS FOUNDATION

Par		Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
1	2	Savings and temporary cash investments	385,777.	2	1,296,435.
ļ	3	Pledges and grants receivable, net	2,279,233.	3	2,596,619.
		Accounts receivable, net	547,221.	4	360,827.
ĺ	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
1		of Schedule L		5	
1	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	35,609.	8	29,821. 17,593.
-	9	Prepaid expenses and deferred charges	56,331.	9	17,593.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,663,923. Less: accumulated depreciation 10b 1,109,970.			
	b	Less: accumulated depreciation 10b 1,109,970.	644,501.		553,953.
	11	Investments - publicly traded securities	14,098,609.	11	15,156,296.
	12	Investments - other securities. See Part IV, line 11	900,590.	12	904,264.
İ	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	116,555.		118,817.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,064,426.		21,034,625.
	17	Accounts payable and accrued expenses	1,294,373.		1,583,655.
	18	Grants payable	387,934.		430,301.
	19	Deferred revenue	38,638.	19	146,309.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iabi		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	236,258.		228,064.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	2 422 672		2 064 274
		Schedule D	2,423,672		
	26	Total liabilities. Add lines 17 through 25	4,380,875	- 26	3,332,703.
		Organizations that follow SFAS 117, check here			
Ses		lines 27 through 29, and lines 33 and 34.	6,678,865	-	9,169,455.
auc	27	Unrestricted net assets	1 670 600		
Bal	28	Temporarily restricted net assets	6 226 059		1 00= 100
P	29	Permanently restricted net assets	0,320,030	- 29	4,707,433.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.		30	
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
é	32	Retained earnings, endowment, accumulated income, or other funds	1 1 / (0) [[1		
-	33	Total net assets or fund balances	10 064 426		
	34	Total liabilities and net assets/fund balances	17,004,420	• 34	21,034,023.

Form **990** (2011)

orm	990 (2011) HILLS FOUNDATION	95-2	23430	<u> </u>	Pag	<u>je 12</u>
Pai	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI			<u></u>		X
		,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 19,</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>14,</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5				66.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15 ,	<u>681</u>	L,92	<u>22.</u>
Pai	T XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
			Para		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		📓			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			ļ		l
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Auc	lit			
- :	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	lit			
	ar audite explain why in Schodule O and deposite any steps taken to undergo such audits			3h	Х	1

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ

Employer identification number 95–2543028

Part Reason for Public Charity Status (All organizations must complete this part) See instructions.			HILLS FO				45.1-	0		93-	23430	120	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). Attach Schould E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives: (1) more than 33 1/3% of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), Complete Part III.) An organization organizated 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 and complete lines 11 tethrough 11. An organization organization described in section 509(a)(1) or section 509(a)(2). Check the box that describes the type of supporting organizations and complete lines 11 tethrough 11. A progranization organization and complete lines 11 tethrough 11. A progranization organization and complete lines 11 tethrough 11. By checking this box, I certify that the organization is not controlled directly or indirectly or indirectly controls,	Part I								uctions.				
2 A school described in section 170(b)(1)(A)(ii). Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization caparated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). 7 An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) 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 bits exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization advantaged and operated exclusively to test for public safety. See section 509(a)(4). An organization organization advantaged and coparated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations of 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th. a Type I b Type III or Type III or Type III or Type III or Type III or Type III or Type III or Type III or Type III or Type III or Type III or Type III or Type III or Type III	The organ												
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5	1 📙					oed in sec	tion 170(b)(1)(A)(i).					
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, oity, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)	2												
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). A regularization 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)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community from the general public described in section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organizated and operated exiculatively to test for public safety. See section 509(a)(4). An organization organization accommonal precision is expected in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization accomplete lines 11 te through 11th. a	3 🖳	A hospital or a	cooperative hospita	I service organization d	escribed in	section 1	70(b)(1)(/	4)(iii).		F 1 41			
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)(v). (Complete Part II.) A foderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part III.) 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)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) 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 (ses section 511 tax) from businesses acquired by the organization after June 30, 1975. Sea section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public selectly. See section 509(a)(4). 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)(7) or section 509(a)(7). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. □	4 📖	A medical rese	earch organization op	oerated in conjunction v	vith a hosp	ital descrit	oed in sec	tion 170(I	o)(T)(A)(III).	. Enter the	nospital	s name	∍,
section 170(b)(1)(A)(iv). Complete Part III.) 7		city, and state								.1	•		
A federal, state, or local government or governmental unit described in section 170(b)(11/A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(11/A)(v). (Complete Part II.) A community trust described in section 170(b)(11/A)(v). (Complete Part III.) 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 this exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 organization adescribed in organization organized securities and complete lines 1 te through 11th. a	5 X				iversity ow	ned or ope	erated by	a governm	ientai unit (described	IN		
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)(iv). (Complete Part II.) 8		•											
section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively 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. a	6 🖳	A federal, stat	e, or local governme	nt or governmental unit	described	in section	170(b)(1))(A)(v).					
A community trust described in section 170(b(t)(A)(A)(0). (Complete Part III.) 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 businesse taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11th. a	7				of its suppo	ort from a g	governme	ntal unit or	from the g	jenerai pui	olic descr	ibea ir	1
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 stable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organizated 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. a	·												
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See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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)(7) 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. a Type b Type II C Type III + Functionally integrated Type III + Other 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). If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (ii) A simily member of a person described in (i) above? (iv) Is the organization organization organization in co.l (iii) Is the organization organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in co.l (iv) Is the organization in the organization in the organization in the organization in the organization in the organiza		activities relat	ed to its exempt fund	ctions - subject to certa	in exceptio	ns, and (2)) no more	than 33 1/	/3% of its s	support fro	om gross	investr	ment -
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. a					ion 511 tax) from bus	inesses a	cquired by	the organ	ization aft	er June 3	u, 197	ъ.
An organization organizated 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. a						, . <u>-</u>		F004 147					
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. a	10	An organization	on organized and ope	erated exclusively to tes	st for public	safety. S	ee sectio	n 509(a)(4). 			£	
describes the type of supporting organization and complete lines 11e through 11th. a	11	An organization	on organized and ope	erated exclusively for th	e benefit o	t, to perfo	rm the fur	ictions of,	or to carry	out the pt	urposes o	one c	ΣΓ
a Type I b Type II c Type III - Functionally integrated d Type III - Other 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). If the organization received a written determination from the IRS that it is a Type II, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) A provide the following information about the supported organization (v) Did you notify the organization in col. (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization organization in col. (vi) organization in col. (vii) is demanded in the organization in col. (viii) organization in col. (viii) organization in col. (viii) amount of support vivial organization in col. (viii) amount of support vivial organization in col. (viii) organization in col. (viii) organization in col. (viii) amount of support vivial organization in col. (viii) organization in col. (viii) organization in col. (viii) organization in col. (viii) amount of support vivial organization in col. (viii) amount of support vivial organization in col. (viii) amount of support vivial organization in col. (viii) amount of support vivial organization in col. (viii) amount of support vivial organization in col. (viii) amount of support vivial organization in col. (viii) amount of support vivial organization in col. (viii) amount organization in col. (viii) amount organization in col. (viii) amount organization). See sec	tion 509(a)(3). Chec	k the box	tnat	
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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) A 36% controlled entity of a person described in (i) or (ii) above? (iii) A 1 and (iii) Film (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organizati in tool. (ii) organizati in the organization in col. (ii) organizati in the organization in col. (ii) organization in col. (ii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiii) organization in col. (iiiiiii) organization in col. (iiiiiii										- m	Tunn III . C	7+hor	
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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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization about the supported organization(s). (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions)) Yes No Yes No Yes No (vi) Is the organization in col. (i) organization in col. (i) organization in col. (i) organization in the U.S.? Ves No Yes No Yes No	e	By checking t	his box, I certify that	the organization is not	controlled	directly or	'indirectly	by one or	more also	uallieu pe	ersons our	er mai	11
supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Name of supported organization (iii) I per of organization in col. (ii) i proved organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in c		foundation m	anagers and other th	ian one or more publicly	/ supported	organiza	tions desi	oribed in si	ection 509	(a)(1) or se	CHOII 509	(a)(z).	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (i) Name of supported organization about the supported organization (some organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Sthe organization (v) Did you notify the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (ii) organization in col. (iii) organization in c	f								: 111				
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the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (ii) Name of supported organization (iii) 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 organization in col. (i) of your support? Yes No Yes No Yes No (vii) Is the organization in col. (i) organization in col. (i) of your support? Ves No Yes No	g	Since August	17, 2006, has the or	rganization accepted ar	ny giπ or co	ontribution	from any	or the lord	owing pers	i) bolow		Voc	No
(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions)) (y) Did you notify the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iv) organization in		(i) A persor	n who directly or indi	rectly controls, either al	one or toge	etner with	persons c	iescribed i	n (n) and (n	ii) Delow,	110(i)	163	140
(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) Personal described on lines 1-9 above or IRC section (see instructions)) (ii) Final described organization (iii) Type of organization in col. (iv) Is the organization in col. (iv) organ													
h Provide the following information about the supported organization (i) Name of supported organization organization (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions)) (iv) Is the organization in col. (ii) listed in your governing document? Yes No Yes No Yes No (vi) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii													
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above or IRC section (see instructions)) Yes No Yes No Yes No	h	Provide the fo	ollowing information	about the supported or	garnzation	S).							
above or IRC section (see instructions)) Yes No Yes No Yes No			(ii) EIN	organization			organizal	ion in col.	(vi) Is organizatio	the n in col.			f
(see instructions)) Yes No Yes No Yes No	νιί	Janization			governing	document?	(i) of you	r support?	U.S.	?		•	
			į		Yes	No	Yes	No	Yes	No	******************************		

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011 HILLS FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16147057.	13196740.	13879277.	15447214.	17178182 .	75848470.
2	Tax revenues levied for the organ-						1
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	16147057.	13196740.	13879277.	15447214.	17178182.	75848470.
	The portion of total contributions						
Ĭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						75848470.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	16147057.	13196740.	13879277.	15447214.	17178182.	75848470.
8	Gross income from interest,						
•	dividends, payments received on						1
	securities loans, rents, royalties				1		
	and income from similar sources	331,172.	375,755.	342,059	. 383,148.	404,776	. 1836910.
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	,		ľ			
11							77685380.
12		etc. (see instruct	ions)			12 1	5,657,319.
	First five years. If the Form 990 is for			ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	organization, check this box and sto						>
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
14	Public support percentage for 2011	(line 6, column (f)	divided by line 11,	column (f))		14	97.64 %
15						15	97.59 %
16	a 33 1/3% support test - 2011. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this t	oox and
	stop here. The organization qualifies	s as a publicly sup	ported organizatio	n			<u>X</u>
1	b 33 1/3% support test - 2010. If the	organization did n	ot check a box or	line 13 or 16a, an	nd line 15 is 33 1/3	% or more, check	this box
	and stop here. The organization qua	alifies as a publicly	supported organi	zation			▶∐
17	a 10% -facts-and-circumstances te	st - 2011. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 109	% or more,
	and if the organization meets the "fa						
	meets the "facts-and-circumstances	" test. The organiz	ation qualifies as	a publicly support	ed organization		▶∐
	b 10% -facts-and-circumstances te						
	more, and if the organization meets						
	organization meets the "facts-and-ci						
18	Private foundation. If the organizat	ion did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ▶
					Sal	adule A (Form 90	90 or 990-FZ\ 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		·			r	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	ı					
	membership fees received. (Do not	1					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	I					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
_							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						****1
-	ction B. Total Support	110007	#1,0000	(-) 0000	(d) 2010	(e) 2011	(f) Total
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(u) 2010	(6) 2011	(i) Total
-	Amounts from line 6						
70	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
1	b Unrelated business taxable income						1
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for						
	check this box and stop here						P
Se	ection C. Computation of Pub						
15							%
16						. 16	%
Se	ection D. Computation of Inve						
17							%
18							%
19	a 33 1/3% support tests - 2011. If th						
	more than 33 1/3%, check this box						
	b 33 1/3% support tests - 2010. If th	e organization dic	not check a box	on line 14 or line 1	9a, and line 16 is	more than 33 1/3	%, and
	line 18 is not more than 33 1/3%, ch	neck this box and	stop here. The or	ganization qualifie	es as a publicly sup	oported organiza	tion
20	Private foundation. If the organizat						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

2011
Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS FOUNDATION

Employer identification number 95–2543028

Par	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		W
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par		anization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		historically important land area
	Protection of natural habitat	·	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the for	m of a conservation easement on the last
_	day of the tax year.		
	aay o, mo taryom.	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		1 . 1
3	Number of conservation easements modified, transferred, rele		
Ŭ	vear >	, , , , , , , , , , , , , , , , , , , ,	-
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri		of
Ŭ	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	s during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements duri	ing the year 🕨 \$
8	Does each conservation easement reported on line 2(d) abov		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expe	nse statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
tion to the same	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue sta	tement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		🕨 \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	D. J. L. L. Francisco Dark VIII. Band		> \$
	Assets included in Form 990, Part X		L
			•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{132051}_{01\text{-}23\text{-}12}$

Schedule D (Form 990) 2011

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ 95-2543028 Page 2 HILLS FOUNDATION Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition а Scholarly research Other b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included J Yes __ No on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year e Distributions during the year 1e 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part XIV. | Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 5,833,911, 7,029,331 5,900,447. 5,399,397 1a Beginning of year balance 340,999. 53,305 46,325 1,088,088 **b** Contributions -668,430 130,923. 1,082,559 659,692 c Net investment earnings, gains, and losses Grants or scholarships 127,961 107,083 Other expenditures for facilities and programs Administrative expenses 7,213,559. 5,399,397 5,900,447. 7,029,331. End of year balance g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: Х (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

(a) Cost or other

basis (investment)

Schedule D (Form 990) 2011

(d) Book value

528,630.

553,953.

4,401.

(b) Cost or other

basis (other)

769,643.

418,073.

404,187.

72,020.

Description of property

1a Land

b Buildings

c Leasehold improvements

d Equipment

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

(c) Accumulated

depreciation

241,013.

413,672.

383,265.

72,020.

HTI	T.C	FO	TINIT	י ע ר	PТ	ON
n 1 1	பப	- ru	OTAT	JA.	ᄔᅩ	OTA

Part VII Investments - Other Securities. Sec	e Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII Investments - Program Related. S	ee Form 990, Part X, lin	ne 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1)		•	WWW.
(2)			
(3)			>
(5)			
(6)	,		
(7)			Mary Compositive - Imparations
(8)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	e 15.		
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)	▶	
Part X Other Liabilities. See Form 990, Part >			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) AGENCY FUNDS HELD IN TRU	ST	861,776.	
(3) OTHER LIABILITIES		11,002.	
(4) POSTEMPLOYMENT BENEFITS		2,091,596.	
(5)			
(6)		-	
(7)			
(8)			
(9)			
(10)			
(11)	ino 25)	2.964.374.	
Total. (Column (b) must equal Form 990, Part X, col (B) li Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 1. Fin 48 (ASC 740).	e to the organization's financial	statements that reports the organization's liability for uncertain	n tax positions under

	CALIFORNIA STATE UNIVERSITY	, DOMING	UEZ	0.5	254	2020	
Sche	dule D (Form 990) 2011 HILLS FOUNDATION					3028	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A			stateme	nts	000	674
1	Total revenue (Form 990, Part VIII, column (A), line 12)					<u>,982,</u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)					<u>, 425 , </u>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1					<u>,557,</u>	
4	Net unrealized gains (losses) on investments					-559 ,	266.
5	Donated services and use of facilities						
6	Investment expenses						
7	Prior period adjustments		7				
8	Other (Describe in Part XIV.)						0.6.6
9	Total adjustments (net). Add lines 4 through 8		9			-559 ,	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	<u> </u>		998,	371.
Par	Reconciliation of Revenue per Audited Financial Statemen	ts With Re	venue p	er Ketu	irn	611	026
1	Total revenue, gains, and other support per audited financial statements			1	19	,611,	030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		~ r			
а	Net unrealized gains on investments		559,2	00.			
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c	<u> </u>	2-			
d	Other (Describe in Part XIV.)	<u> </u>	<u>688,1</u>	****		100	050
е	Add lines 2a through 2d						859.
3	Subtract line 2e from line 1			3	19	,482,	1//•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1	F00 4	0.7			
b	Other (Describe in Part XIV.)	4b 1,	500,4			EOO	407
C	Add lines 4a and 4b					,500,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	14 <i>E</i> .L. F.		5		,982,	0/4.
Pa	T XIII Reconciliation of Expenses per Audited Financial Stateme				turn 10	612	661
1	Total expenses and losses per audited financial statements			1	10	,612,	,004.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1					
а		2a					
	Prior year adjustments	2b					
	Other losses	2c	840,3	221			
	Other (Describe in Part XIV.)			****		910	,321.
е	Add lines 2a through 2d				e 17	7,772	
3.					3 I'/	,112	, 545.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1	652,6	603			
b	Other (Describe in Part XIV.)				_ 1	L,652	693
С	Add lines 4a and 4b					9,425	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				3 1 1 -	,,425	,030.
	rt XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines to and	1. Bort IV	lines 1b s	nd 2h: B	art V line	1. Part
Con	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	, illes la allu : loto this part to	r, raitiv, rovide	anv additi	onal info	rmation	7,1 011
X, lir	ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl RT V, LINE 4: ENDOWMENT ASSETS HAVE BEEN RE	CSTR TCTF	D BY	DONO!	RS TO) BE	
PA	KI V, LINE 4: ENDOWMENT ADDETO HAVE DEEN KE	BIRTOIL					
TAT 71	INTAINED BY THE FOUNDATION IN PERPETUITY. F	NDOWMEN	T EA	RNING	S MAY	Y BE	USED
TITE	THILLIAND DI THE LOCKDHILLON IN THE PROPERTY I						
то	FURTHER THE FOUNDATION'S MISSION.	•					
10	L Villatenth still t Votibula and D sales are	***************************************					

PART X, LINE 2: THE FOUNDATION IS ORGANIZED UNDER NONPROFIT PUBLIC

BENEFIT LAWS OF CALIFORNIA AND IS RECOGNIZED AS AN EXEMPT ORGANIZATION FOR

BOTH FEDERAL AND CALIFORNIA PURPOSES UNDER SECTION 501(C)(3) AND 23701(D),

RESPECTIVELY.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 CALIFORNIA STATE UNIVERSITY, DOMINGUEZ 95-2543028 Page 5
Part XIV Supplemental Information (continued)
THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO
WHETHER THOSE TAX POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY
TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX
POSITIONS EVALUATED ARE RELATED TO THE FOUNDATION'S CONTINUED
QUALIFICATION AS A TAX-EXEMPT FOUNDATION AND WHETHER THERE IS UNRELATED
BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. MANAGEMENT
HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT
(>50%) OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE,
NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED.
THE FOUNDATION FILES INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL
JURISDICTIONS AND THE STATE OF CALIFORNIA. THE STATUTE OF LIMITATIONS FOR
FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS
RESPECTIVELY.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT EXPENSE-SPECIAL EVENT
COSTS OF GOODS SOLD
RENTAL PROPERTY EXPENSE
INVESTMENT MANAGEMENT FEES NETTED WITH INVESTMENT INCOME ON
BOOKS
PART XII, LINE 4B - OTHER ADJUSTMENTS:
UNIVERSITY SUPPORT
PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2011

COSTS OF GOODS SOLD

DIRECT EXPENSE-SPECIAL EVENT

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ

Employer identification number 95-2543028

	OUNDALION				- 47 F 000 F7	filere er+
required to complete this par						filers are not
1 Indicate whether the organization rais		g activ	ities.	Check all that apply.		
A 4 21 12 22 42	e Solicitat	ion of i	non-go	overnment grants		
				nment grants		
c Phone solicitations	g Special	iuiiuia	isii iy t	SVEITIS		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	stees or	г.
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal f	undraising services?	Yes	No
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is to I	эе
compensated at least \$5,000 by the						
Compensated at loads to job oby and	1.3	Т			-	
		(iii)	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	fundr have co	ustody	from activity	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)		or con	trol of utions?	110111 activity	listed in col. (i)	organization
		<u> </u>				
		Yes	No			
	İ					
			<u> </u>			
		İ				
		-				
			 			
			ļ			
			1			
		_	1			
Total			<u></u>		<u> </u>	<u> </u>
3 List all states in which the organizat	tion is registered or licensed to solici	t contri	butio	ns or has been notifi	ed it is exempt from	registration
or licensing.						
						-
					- Committee of the Comm	
	A Maria Mari					
LIIA Deserveris Reduction Act Notice	a see the Instructions for Form 99	0 or 9	90-EZ		Schedule G (F	orm 990 or 990-EZ) 201°

132081 01-23-12

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

	of fundraising event contributions and gre	oss income on Form 990	·EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TORO GOLF	PRESIDENTIAL		(add col. (a) through
		TOURNAMENT	SCHOLARSHIP	1	col. (c))
		(event type)	(event type)	(total number)	coi. (c))
	·		101 405	44 725	207 220
1	Gross receipts	71,189.	191,405.	44,735.	307,329.
2	Less: Charitable contributions	58,511.	188,885.	38,815.	286,211.
3	Gross income (line 1 minus line 2)	12,678.	2,520.	5,920.	21,118.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment	10 = 10	10 105	10 602	43,360.
9					43,300.
10					(43,360)
11		nn (d), and line 10			-22,242.
ırt I		answered "Yes" to Forn	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.				
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4					
5					
Ť			% Yes %	Yes %	
6	Volunteer labor	No No	No No	No No	
7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)		>	(
8	Net gaming income summary. Combine line	1, column d, and line 7		>	
_		retes semina activition:			
a Is	the organization licensed to operate gaming "No," explain:	activities in each of these	e states?		Yes No
L) 11					
U 11					
- a W	ere any of the organization's gaming licenses				Yes No
- a W	-				Yes No
	2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 8 9	1 Gross receipts	TORO GOLF TOURNAMENT (event type) 1 Gross receipts	TORO GOLF TOURNAMENT (event type) 1 Gross receipts	TORO GOLF PRESIDENTIAL SCHOLARSHIP 1 (event type) (total number) 1 (event type) (total number) 1 (event type) (total number) 1 (event type) (total number) 1 (event type) (total number) 1 (event type) (total number) 1 (an included in the properties of the

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ

Does the organization operate gaming activities with nonmembers?	chedule G (Form 990 or 990-EZ) 2011 HILLS FOUNDATION	95–25	43028	Page 3
Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No Indicate the percentage of gaming activity operated in: a The organization's facility An outside facility The name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No Indiana Address A	1 Does the organization operate gaming activities with nonmembers?		Yes	No
to administer charitable gaming? Yes No Indicate the percentage of garning activity operated in: a The organization's facility 13a 3 13b 5 13b	2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for	rmed _		
Indicate the percentage of gaming activity operated in: a The organization's facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			Yes	No
a The organization's facility 13a 9 b An outside facility 13b 9 can to traite the name and address of the person who prepares the organization's gaming/special events books and records: Name				
b An outside facility	a The organization's facility		I3a	<u>%</u>
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	b An outside facility		13b	%
Address a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization \$\infty\$ and the amount of gaming revenue retained by the third party \$\infty\$ and the amount of gaming revenue retained by the third party \$\infty\$ and the amount of gaming revenue retained by the third party: If "Yes," enter name and address of the third party: Name	4 Enter the name and address of the person who prepares the organization's gaming/special events books ar	nd records:		
Address a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,			
a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Name			
a Does the organization have a contract with a third party from whom the organization receives gaming revenue?				
b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$	Address			************
of gaming revenue retained by the third party ▶ \$	5a Does the organization have a contract with a third party from whom the organization receives gaming reven	ıue?[Yes	☐ No
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the amount		
Address ►				
Address Gaming manager information: Name Gaming manager compensation \$ Caming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Benter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III.	c If "Yes," enter name and address of the third party:			
Address Gaming manager information: Name Gaming manager compensation \$ Caming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Benter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III.				
Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	Name			
Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	Address			
Gaming manager compensation \$ Description of services provided Director/officer				
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part W Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	6 Gaming manager information:			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part W Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,				
Director/officer	Name			
Director/officer	Gaming manager compensation \$			
Director/officer				
Director/officer	Description of services provided			
7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\begin{arrange} \text{Supplemental Information.} Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	Description of convious promase :			
7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\begin{arrange} \text{Supplemental Information.} Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,				
7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\begin{arrange} \text{Supplemental Information.} Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\begin{arrange}\$\$\$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\begin{arrange}\$\$\$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,				
retain the state gaming license?	17 Mandatory distributions:			
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	a is the organization required under state law to make charitable distributions from the garning proceeds to		Yes	☐ No
organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	retain the state gaming license?	or spent in the		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,		or spent in the		
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	organization's own exempt activities during the tax year > \phi	e 2b, columns (iii)	and (v), an	d Part III,
	lines 9 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any add	ditional information	see instru	uctions).
	mics of our roof roof reference that are the			

SCHEDULE 1 (Form 990) Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

207	Open to Public

OMB No. 1545-0047	

2

X Yes

95-2543028

Inspection

Employer identification number Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. UNIVERSITY, DOMINGUEZ CALIFORNIA STATE General Information on Grants and Assistance HILLS FOUNDATION Name of the organization Internal Revenue Service Part

oriteria used to award the grants or assistance?

	for monit	oring the use of grant	of orant finds in the United States.	d States.			
2 Describe in Part IV tile oldgalizations proceedings for morning in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Grants and Other Assistance to Governments and Organizations in the United States.	Governments and	I Organizations in the	e United States.	complete if the orga	inization answered "Y	es" to Form 990, Part	IV, line 21, for any
	&F OOO Chack this	hox if no one recipien	nt received more th	lan \$5,000. Part II	can be duplicated if a	idditional space is nee	dedpeb
1 (a) Name and address of organization or government or go	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSU DOMINGUEZ HILLS 1000 E, VICTORIA ST			.007,009	1,500,497.FMV	ЛЖЗ	BOOKS, EVENT TICKETS, COMPUTER PRODUCTS,	NONCASH-FOR THE UNIVERSITY TO PROVIDE SERVICES TO STUDENTS; CASH-FOR THE UNIVERSITY
THE CASE OF THE CA							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th	he line 1 table				A A
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	ted in the line 1 table					Schedule I (Form 990) (2011)

(H) DESCRIPTIONS 26 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMNS (G) AND

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS FOUNDATION

Page 2

95-2543028

Schedule | (Form 990) (2011) H.L.L.S. F.OUNDAT. LON

Schedule | (Form 990) (2011) H.L.L.S. F.OUNDAT. LON

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

					10 Decision of non-nach accidance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(I) Describing to the control of the
			o		
GRANTS AND SCHOLARSHIPS	661	2,517,533.			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	vide the information	on required in Part I,	line 2, and any othe	r additional information.	
ACH	PRINC	INVESTIGA	ATOR/GRANT C	IPAL INVESTIGATOR/GRANT COORDINATOR	
ING TH	USE OF	GRANT FONDS TO			
EXPENSES ARE IN ACCORDANCE WITH G	GRANT AGKE	AGREEMENTS.			
PART II, LINE 1, COLUMNS (G) AND	(H):				
NAME OF ORGANIZATION OR GOVERNMENT:	CSU	DOMINGUEZ H	HILLS		
(G) DESCRIPTION OF NON-CASH ASSIS	ASSISTANCE: BC	BOOKS, EVEN	EVENT TICKETS,	COMPUTER	

Schedule I (Form 990) (2011)

S E

(H) PURPOSE OF GRANT OR ASSISTANCE: NONCASH-FOR THE UNIVERSITY

132102 01-27-12

PRODUCTS, ATHLETIC GEAR, ART WORK AND CAR.

Schedule I (Form 990) 2011

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ

HILLS FOUNDATION

Employer identification number 95-2543028

ra	Questions Regarding Compensation			
***************************************	The state of the s	'	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
b	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
0	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
2	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	Trustees, and the OEO/Executive Director, regarding the terms offended in line 14.			
	the filling experientian used to establish the compensation of the organization's			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
**	organization or a related organization:			
	n i a compart or change of control payment?	4a		X
a	- vivil in the second from a supplemental pangualified retirement plan?	4b		X
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement.			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	the state of the s			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		*************************************	X
a	The organization?	5a		X
Ŀ	Any related organization?	5b		A
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			4
	The organization?	6a	ļ	X
	h Any related organization?	6b		X
•	If "Yes" to line 6a or 6b, describe in Part III.			
	which is a second with a second did the organization provide any non-fixed payments			
7	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
	to the second part VIII and a contract that was subject to the		T	
8	Were any amounts reported in Form 990, Part VII, paid of accrete pursuant to a contract that was subject to the	8		X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		1	1
9		9		
	Regulations section 53 4958-6(c)?	1 3	1	

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

Schedule J (Form 990) 2011

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ

95-2543028

HILLS FOUNDATION

Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	reported as deferred in prior Form 990
			0	0.	0	0	
MITTER CARCIA	(ii) 294.996.		12,00	52,661.	18,799.	378,456.	
1 FILLDNED GRACIES		0.	0	0.	0	- 1	
2 MARY ANN RODRIGUEZ	(ii) 182,046.			32,524.	27,801.	242,371.	0
7				0 0	0.000	0 2	
3 GREG SAKS	172,			30,835.	26,330.	~ c	
		A CONTRACTOR OF THE PARTY OF TH	0	31 932	27.809.	238.413.	0.0
4 MITCHELL MAKI	178,67			•	0.0		0
	180.006.	0 0		32,150.	16,652.	228,808.	0.
5 DOE DORNEGO							
9	(ii)						
	3 6						
	(ii)						
c	8.6					3111111	
8	(m)						
c							
n n							
Ç							
1	(ii)						
	0						
12	(11)						
	6						
13	(ii)						
	6						
14	(1)						
	6						
15	(E)					THE PARTY OF THE P	
	8						
16						Schedu	Schedule J (Form 990) 2011

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS FOUNDATION

Employer identification number 95-2543028

Parl	Types of Property		·				***************************************	
		(a)	(b)	(c) Noncash contributio	. .	(d) Method of det	erminina	
		Check if applicable	Number of contributions or	amounts reported o		cash contribut		ts
		арріючью	items contributed	Form 990, Part VIII, line	∍1g			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property						M	
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures			***************************************				
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			700 00	- gogm	OD CET	T TNIC I	DDTC
25	Other (BOOKS AND MAT)	X		720,08		OR SEL		
26	Other (EQUIPMENT AND)	X		454,88		OR SEL		
27	Other (SPORTING TICK)	X		279,18		OR SEL		
28	Other (PHOTOGRAPHY S)	X		31,69	5. CUST	OK SEL	TING I	PRIC
29	Number of Forms 8283 received by the organ	nization duri	ng the tax year for	contributions				
	for which the organization completed Form 8	283, Part IV	, Donee Acknowle	dgement 29				s No
	1			e et met et terre d	00 16 -1 14	at bald for	res	, NO
30a	During the year, did the organization receive	by contribut	tion any property r	eported in Part I, lines I	-26 that it mus	a nota for		
	at least three years from the date of the initia						30a	Х
	the entire holding period?						300	
b	If "Yes," describe the arrangement in Part II.			u of any non-standard a	ontributions?		31	X
31	Does the organization have a gift acceptance	e policy that	requires the revie	worany non-standard	nanah		31	+=-
32a	Does the organization hire or use third partie						32a	Х
	contributions?						<u> </u>	
	If "Yes," describe in Part II. If the organization did not report an amount	in column /o) for a type of pro-	perty for which column (a) is checked			
33		in column (c	, ioi a type oi piop	only for without column (a, io orioonou,			
	describe in Part II.					Sabadula M		V (0044)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whe the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information.	ether th.
PART I, OTHER TYPES OF PROPERTY:	V
MISCELLANEOUS	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 2	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 14652.	
(D) METHOD OF DETERMINING REVENUE: COST OR SELLING PRICE	
\cdot	
132142 01-23-12 Schedule M (Form 99	0) (20

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS FOUNDATION

Employer identification number 95-2543028

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ASSIST CALIFORNIA STATE

UNIVERSITY, DOMINGUEZ HILLS IN VARIOUS ACTIVITIES INCLUDING: (1)

DEVELOPING AND ADMINISTERING RESEARCH AND EDUCATIONAL GRANTS AND

CONTRACTS; (2) CONDUCTING BOOKSTORE, FOOD SERVICE AND VENDING MACHINE

OPERATIONS ON THE CAMPUS; (3) ACCUMULATING AND MANAGING ENDOWMENT AND

STUDENT SCHOLARSHIP FUNDS; AND (4) ADMINISTERING VARIOUS

EDUCATIONAL—RELATED FUNCTIONS, SPECIAL PROGRAMS AND OTHER ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF THE ANNUAL INTERNAL REVENUE SERVICE (IRS) FORM 990, THE FOUNDATION DIRECTOR OF BUSINESS & FINANCE DISTRIBUTES THE FINAL DRAFT OF THE FORM TO EACH MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS.

COMMENTS OR CHANGES SUGGESTED BY SUCH BOARD MEMBER SHALL BE FOWARDED TO THE FOUNDATION'S DIRECTOR OF BUSINESS & FINANCE, WHO SHALL REVISE THE FORM IF NECESSARY AND THEREAFTER SUBMIT IT TO THE IRS FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION REQUIRES THAT ALL

MEMBERS OF THE BOARD OF DIRECTORS, AS WELL AS ALL CENTRAL OFFICE STAFF AND

CAMPUS DINING MANAGERS AND SUPERVISORS COMPLETE AND SIGN THE FOUNDATION'S

"CONFLICT OF INTEREST STATEMENT" ANNUALLY. A FILE IS MAINTAINED OF THE

SIGNED STATEMENTS RECEIVED AND FOLLOW UP LETTERS ARE SENT OUT UNTIL THE

SIGNED STATEMENTS ARE RECEIVED. ALSO, THE CHAIRMAN OF THE BOARD OF

DIRECTORS REMINDS MEMBERS TO COMPLETE AND RETURN THE STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15: AT THE TIME THE EXECUTIVE DIRECTOR

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

Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12 WAS HIRED, THE RECRUITMENT AND HIRING PROCESS WAS PERFORMED BY THE

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS'S HUMAN RESOURCES DEPARTMENT.

AN INDEPENDENT SEARCH COMMITTEE WAS ESTABLISHED WITH REPRESENTATIVES FROM

DIFFERENT DEPARTMENTS ON CAMPUS. THE COMMITTEE REVIEWED RESUMES AND DECIDED

WHICH CANDIDATES TO BRING ONTO CAMPUS FOR INTERVIEWS. THE COMMITTEE WOULD

MAKE RECOMMENDATIONS BUT THE FINAL DECISION WAS MADE BY THE VICE PRESIDENT,

ADMINISTRATION & FINANCE. THE RECRUITING AND HIRING PROCESS IS DOCUMENTED.

FUTURE COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE DIRECTOR AND THE

DIRECTOR, BUSINESS AND FINANCE MUST BE REVIEWED AND APPROVED BY THE BOARD

OF DIRECTORS OR AN AUTHORIZED COMMITTEE OF THE BOARD UNLESS THE

MODIFICATION OF COMPENSATION EXTENDS TO SUBTANTIALLY ALL EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S BYLAWS,

PROCEDURES, TAX RETURNS AND ANNUAL AUDITED FINANCIAL STATEMENTS ARE

AVAILABLE FOR REVIEW ON THE CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS'

WEBSITE AS WELL AS UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-559,266.

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THE SELECTION OF AN

INDEPENDENT ACCOUNTANT IS ALSO PERFORMED BY THE AUDIT COMMITTEE. SAME

PROCESS AS PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011 Open to Public

OMB No. 1545-0047

Employer identification number 95-2543028 Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) CALIFORNIA STATE UNIVERSITY, DOMINGUEZ ▲ Attach to Form 990. HILLS FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service Part

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

(g) Section 512(b)(13) controlled ટ × × entity? Yes Direct controlling N/A N/A status (if section Public charity 501(c)(3)) N ហ CINE INE **Exempt Code** SECTION 115 section 501(C)(3) Legal domicile (state or foreign country) CALIFORNIA CALIFORNIA PROVIDE EDUCATION SERVICES 성 TO THE STUDENTS OF THE Q SOCIAL RECREATIONAL, PROVIDE EDUCATIONAL, Primary activity STUDENT GOVERNANCE CAMPUS AND STUDENT ACTIVITIES UNIVERSITY 1000 - 95-2571895 1000 E. VICTORIA UNIVERSITY STUDENT UNION INC. - 33-051, CALIFORNIA STATE UNIVERSITY, DOMINGUEZ CSUDH, DONALD P. & KATHERINE B. LOKER Name, address, and EIN of related organization CSUDH, ASSOCIATED STUDENT INC. HILLS(CSUDH) - 93-1043787, 90747 1000 E. VICTORIA ST. CA 90747 G ST., CARSON, CARSON,

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

Schedule R (Form 990) 2011

×

A/A

LINE

501(C)(3)

CALIFORNIA

CULTURAL ENVIRONMENT TO

E. VICTORIA ST., CARSON, CA 90747

132161 01-23-12 LHA

SEE PART VII FOR CONTINUATIONS35

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS FOUNDATION

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

95-2543028

Percentage ownership 100% General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) $\widehat{\boldsymbol{\Xi}}$ Code V-UBI General or Pramount in box managing or 20 of Schedule Periner K-1 (Form 1065) Yes No Share of end-of-year assets Ð \equiv 845. Share of total income 53 £ Disproportionate allocations? Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> CORP Direct controlling entity Share of total income ፱ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) CA9 <u>©</u> ADMINISTERING CERTAIN EDUCATIONAL GRANTS Primary activity Direct controlling entity RESEARCH AND Ē (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 - 33-0659978 Name, address, and EIN of related organization DOMINGUEZ HILLS CORPORATION Name, address, and EIN of related organization. <u>a</u> 1000 E. VICTORIA ST CA 90747 132162 01-23-12 Part IV CARSON,

SEE PART VII FOR CONTINUATIONS

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Page 3

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Schedule R (Form 990) 2011

Yes × × × × Ξ ā 4 40 79 <u>4</u> 19 두 쏮 두 우 4 5 ÷ F Ξ **#** = a Receipt of (i) interest (ii) annuities (iii) royaltles or (iv) rent from a controlled entity Purchase of assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Sharing of paid employees with related organization(s) q Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Sale of assets to related organization(s) (d) Method of determining amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 116,174.ACTUAL COST 70,000.ACTUAL COST During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b)
Transaction
type (a-r) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Н Ь Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) CALIFORNIA STATE UNIVERSITY, DOMINGUEZ Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. KATHERINE B, LOKER Lease of facilities, equipment, or other assets to related organization(s) r Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s) (a) Name of other organization Exchange of assets with related organization(s) UNION రు (2) UNIVERSITY STUDENT CSUDH, DONALD P. (HILLS (CSUDH) o Ε 0 Ω ດ £ Q <u>@</u> Schedule R (Form 990) 2011

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132163 01-23-12

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(5)

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ

HILLS FOUNDATION

Schedule R (Form 990) 2011

Dart VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization; see instructions regarding exclusion to certain investment barries inpo-	structions regarding exclusion	SIGIL IOI COLLAIN IIIVE	estillent bartiersings.						-	
(a)	(q)		<u> </u>	(e) (e	£		Ξ	8	5	€ ,
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	e partners sec. 501(c)(3) oros.?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage fonate amount in box 20 managing ownership allocations? of Schooling K-1 partner?	General or managing partner?	Percentage ownership
•			under section 512-514) Y	oN se	income	assets	Yes No	(Form 1065)	Yes No	
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The second secon										
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The state of the s										
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A STATE OF THE STA										
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Schedule R (Form 990) 2011

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
CSUDH, DONALD P. & KATHERINE B. LOKER UNIVERSITY STUDENT
UNION INC.
PRIMARY ACTIVITY: PROVIDE EDUCATIONAL, SOCIAL RECREATIONAL, & CULTURAL
ENVIRONMENT TO STUDENTS
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:
NAME OF RELATED ORGANIZATION:
DOMINGUEZ HILLS CORPORATION
PRIMARY ACTIVITY: ADMINISTERING CERTAIN RESEARCH AND EDUCATIONAL GRANTS
AND CONTRACTS