



CAL. STATE EAST BAY EDUCATIONAL FOUNDATION

Form 990 (2019)

94-6128893 Page 2

TO ACCEPT AND MANAGE RESTRICTED AND UNRESTRICTED GIFTS BENEFITTING CALIFORNIA STATE UNIVERSITY EAST BAY. ADDITIONALLY, THE TRUSTEES

MENT, PERSONAL ADVANCEMENT PROGRAM.

SUPPORT THE UNIVERSITY THROUGH ADVOCACY, DEVELOP CONTRIBUTIONS AND COUNSEL TO THE UNIVERSITY'S A

If "Yes," describe these new services on Schedule O.

Did the organization accept, conduct, or make significant changes in how it conducts any program services?

Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services

Services, as measured by expenses. as to others, the total expenses and

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations revenue, if any, for each program service reported.

ing grants of \$ 2,073,014.) (Revenue \$ 201,582.)

4a (Code:) (Expenses \$ 2,073,014.)

IVES GIFTS FOR SCHOLARSHIPS AND

THE EDUCATIONAL FOUNDATION RECE

DISTRIBUTION TO STUDENTS. THE UNIVERSITY AND NOT THE EDUCATIONAL

DI

FOUNDATION SELECTS THE RECIPIENTS. THE FOUNDATION ALSO RECEIVES

FO

RESTRICTED CONTRIBUTIONS EARMARKED FOR SPECIFIC COLLEGES AND

DEPARTMENTS OF THE UNIVERSITY. THE FOUNDATION WILL MAKE GRANTS TO THESE DEPARTMENTS

HONORS. THE FOUNDATION PASSES THESE FUNDS TO THE RECIPIENT DEPARTMENTS

AS UNIVERSITY SUPPORT.

) (Revenue \$)

4b (Code:) (Expenses \$) Including grants of \$

service expenses 2,073,014.

4e Total program s

Part IV Checklist of Required Schedules

Yes		No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	Did the organization engage in political campaign activities on behalf of or in opposition to candidates for public office?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	Did the organization maintain any honoraria funds or any similar funds or accounts for which donors have the right to designate the recipient of the honorarium?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	Did the organization receive or hold assets in a trust or other arrangement, including an irrevocable trust, for the purpose of circumventing the self-dealing rules of section 170(e)(2)(C)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	Did the organization receive or hold assets in a trust or other arrangement, including an irrevocable trust, for the purpose of circumventing the excess business holdings rules of section 170(e)(2)(D)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	Did the organization receive or hold assets in a trust or other arrangement, including an irrevocable trust, for the purpose of circumventing the jeopardy investments rules of section 170(e)(2)(E)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9	Did the organization report the amounts listed in Part III, line 21, for escrow or custodial account liability, serve as a custodian for such amounts, or provide credit counseling, debt management, credit repair, or debt negotiation services?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part I.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11	Did the organization receive or hold assets in a trust or other arrangement, including an irrevocable trust, for the purpose of circumventing the rules of section 170(e)(2)(F) as applicable?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	Did the organization receive or hold assets in a trust or other arrangement, including an irrevocable trust, for the purpose of circumventing the rules of section 170(e)(2)(G) as applicable?

Part IV Checklist of Required Schedules

and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

23 X

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 Schedule K. If "No," go to line 25a

24a X

24a-b

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period during the year to defease? Did the organization maintain an escrow account other than a refunding escrow at any time during the year?

24b 24c

Did the organization have an excess benefit transaction with a disqualified person in a prior year, and if so, report any amount on Part X, line 5 or 22, for receivables from or payables to any current director, trustee, key employee, creator or founder, substantial contributor, or 35% family member of any of these persons? If "Yes," complete Schedule L, Part II

25a X

b Is the organization aware that it engaged in a transaction with a disqualified person that the organization has not reported on this return?

Did the organization provide significant non-cash assistance to any current director, officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) through or through a family member of any of these persons? If "Yes," complete Schedule L, Part III

26 X

26 Did the organization have a controlled entity or family member of any of these persons?

Did the organization enter into a business transaction with one of the following parties (see Schedule L, Part IV) during thresholds, conditions, and exceptions: director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV

27 28a X 28b X

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) during thresholds, conditions, and exceptions: a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? b A family member of any of these persons?

Did the organization receive more than \$25,000 in non-cash contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

29 X

29 Did the organization receive more than \$25,000 in non-cash contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N

30 32

30

Did the organization have a controlled entity within the meaning of section 514(b)(4)?

34 X

Part VI Statements Regarding Other IRS Filings and Tax Compliance

Yes No

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements for the calendar year ending with or without the year covered by this return

2b Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements for the calendar year ending with or without the year covered by this return

3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule D

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a X

b If "Yes," enter the name of the foreign country

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a X

See instructions

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b X

5b Did any taxable

6a Did the organization have annual gross receipts that are normally greater than \$500,000, reported to the organization's

6a X

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Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

X

Check if Schedule O contains a response to line 8a, 8b, or 10b below.

1 Yes No

If there are material differences in voting rights among members of the governing body, or if the governing body delegated voting authority to an executive committee or similar committee, explain on Schedule O.

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other person who also holds a position of responsibility in the organization?

3 Did the organization delegate control over management duties to any person or persons other than the governing body?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4

X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization have any members or stockholders who were not members of the governing body?

6

X

6 Did the organization have any members or stockholders who were not members of the governing body?

7a Did the organization have members, stockholders, or other persons who have the power to elect, appoint, or remove members of the governing body?

7a

X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?

8a

X

a The governing body?

b Any committee with authority to act on behalf of the governing body?

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74-012405100723

Form 990 (2015)

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

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

Check if Schedule O contains a response or note to any line in this Part VII

employees, and highest compensated employees. Report compensation for the calendar year ending with or within the organization's tax year. 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 former officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and independent contractors (D), (E), and (F) if no compensation was paid. Enter -0- in column (4) if no compensation was paid. List all of the organization's former officers, directors, trustees, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation (Box b of Form W-2 and/or Box 7 of Form 1099-MISC) from the organization and any related organizations. List all of the organization's former directors or trustees who received more than \$10,000 of reportable compensation from the organization and any related organizations.

(1) Name	(2) Average hours per week	(3) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(4) Reportable compensation from the organization	(5) Reportable compensation from related organizations	(6) Estimated amount of other compensation	(7) Total reportable compensation	(8) Other compensation	(9) Total compensation	(10) Name and title
(1) [REDACTED]	0.	CHAIR	0.	0.	0.	0.		0.	[REDACTED]
(2) [REDACTED]	0.	VICE CHAIR	0.	0.	2.00	0.		0.	[REDACTED]
(3) JAMES KLESCEWSKI	0.	SECRETARY	0.	0.	2.00	0.		0.	[REDACTED]
(4) [REDACTED]	0.	PRESIDENT & CSU EAST BAY VP	2.00	0.	0.	2.00		2.00	[REDACTED]
(5) DEBBIE CHAW	0.	TREASURER & CSU EAST BAY VP/CFO	0.	0.	0.	0.		0.	[REDACTED]
(6) JACK ACOSTA	0.		2.00	0.	0.	2.00		2.00	[REDACTED]
(7) RUTH BLSY	0.	TRUSTEE	0.	0.	2.00	0.		2.00	[REDACTED]
(8) RICHARD CARSON	0.	TRUSTEE	0.	0.	2.00	0.		2.00	[REDACTED]
(9) RANDALL DAVIS	0.	TRUSTEE	0.	0.	2.00	0.		2.00	[REDACTED]
(10) EVELYN DELSAVER	0.		2.00	0.	0.	2.00		2.00	[REDACTED]
(11) TESSIE GUILLERMO	0.		0.	0.	2.00	0.		2.00	[REDACTED]
(12) JAMES HANNAN	0.	TRUSTEE	0.	0.	2.00	0.		2.00	[REDACTED]
(13) [REDACTED]	0.	TRUSTEE	0.	0.	2.00	0.		2.00	[REDACTED]

(continued)

Part VII Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title per week (list any hours for	(B) Average hours (check all that apply)	(C) Position from the organization (W-2/1099-MISC)	(D) Reportable compensation from related organizations (W-2/1099-MISC)	(E) Reportable compensation from other compensation from the organization	(F) Estimated amount of and related organizations
(28) (FOLLOWS STATEMENT) TRUSTEE	2.00	X	0.	0.	0.
(29) JAMES SONGEY TRUSTEE	2.00	X	0.	0.	0.
(30) GARY WALLACE TRUSTEE	2.00	X	0.	0.	0.

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any item in this Part VIII

(b) Related or exempt	(c) Unrelated	(d) Revenue excluded <small>from tax under</small>	(A) Total revenue																
<p>1a Federated campaigns</p> <table border="1"> <tr> <td>1a</td> <td>1b</td> <td>1c</td> <td>1d</td> </tr> <tr> <td></td> <td>Membership dues</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Fundraising events</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Related organizations</td> <td></td> <td></td> </tr> </table>				1a	1b	1c	1d		Membership dues				Fundraising events				Related organizations		
1a	1b	1c	1d																
	Membership dues																		
	Fundraising events																		
	Related organizations																		
<p>1f Government grants/contributions</p>																			
<p>1g Noncash contributions included in lines 1a-1f</p>																			
<p>1h Total. Add lines 1a-1f</p>																			

Contributions and Other

Similar amounts not included above

1f \$ 2,408,553.

1g \$ 134,083.

2,408,553.

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Part IX Statement of Functional Expenses

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Part III Balance Sheet

Assets	Liabilities	Net Assets
1,160,954,351	222,828	938,125,523
480,563	476,948	3,615
617,387	255,477	361,910

Trustee, key employee, creator or founder, substantial contributor, or 35% family member or trust persons

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Assets (must equal Part IX, column (A), line 25)	2	4,523,687.	2	Total expenses (must equal line 1)
2	Expenses. Subtract line 2 from line 1	3	-607,708.	3	Revenue less expenses
3	Revenues. Subtract line 2 from line 1	4	20,234,086.	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
4	Assets at beginning of year (must equal Part X, line 32, column (A))	5	-286,136.	5	Net unrealized gains (losses) on investments
5	Net unrealized gains (losses) on investments	6		6	Donated services and use of facilities
6	Donated services and use of facilities	7		7	Investment expenses
7	Investment expenses	8		8	Revenue less expenses

2010

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

ons must complete this part.) See instructions.

Part I Reason for Public Charity Status (All organizations)

The organization is not a private foundation. If it is, check one of the following:

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

city and state:

organization operated for the benefit of a government or governmental unit or operated by a governmental unit (see instructions).

section 170(b)(1)(A)(iv). (Complete Part 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 or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)

or university or a non-profit college or agricultural (see instructions). Enter the name, city, and state of the

university:

ization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from

s related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment

produced by a business taxable in some less section 511 tax from businesses acquired by the organization after June 30, 1975.

See section 509(a)(2). (Complete Part III.)

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box

and complete lines 12a, 12b, and 12c. lines 12a through 12d that describes the type of supporting organization

its supported organization(s), by having

ised or controlled in connection with its supported organization(s), by having

control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

egrated, or type III non-functionally integrated supporting organization.

supported organization(s).

Provide the following information about the

Described in Section 506(a)(2)

Part III Support Schedule for Organizations

Organization raised to qualify under Part III, if the organization was to

(Complete only if you checked the box on line 10 of Part I or if the organ...

Section A. Public Support

Table with columns for (a) 2018, (c) 2019, (f) Total, (b) 2016, (d) 2017, (e) 2019, (a) 2018. Rows include: 1. Membership fees received; 2. Tuition and fees received; 3. Gifts from individuals; 4. Tax revenues levied for the organization; 5. The value of services or facilities furnished by a governmental unit; 6. Total, Add lines 1 through 5; 7a. Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b. 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.

Section B. Total Support

Table with columns for (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9. Applicable base; 10a. Gross income from interest; 10b. Gross income from dividends, from businesses acquired after June 30, 1975; 11. Net income from unrelated business; 12. Other income; 13. Total support; 14. First five years.

Section C. Computation of Public Support Percentage

Table with columns for (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with columns for (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Row 17: Investment income percentage from 2019 Schedule A, Part III, line 15. Row 19a: 33 1/3% support tests - 2019. Row 20: Private foundation - If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and state here, the organization qualifies as a public charity.

Section A. All Supporting Organizations

organization's supported organizations listed by name in the organization's governing

1 Are all of the organ

Part VI. If the answer to question 1 is "no," explain in Part VI what entities are the organization put in place to ensure such use.

documents? If not, explain the class or purpose, describ

the designation, if historic and continuity relationship, explain.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "yes," answer

3a

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "yes," answer (b) and (c) below.

3b

organization made the determination.

3b

3b

3b

4a Was any supported organization not organized in the United States ("foreign supported organization")? If

3a

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?

11b

1. Did the directors, trustees, or members of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? *Describe in Part VI how the supported organization(s) actually operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,*

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that generated, supervised, or controlled the supporting organization?

Describe in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

2

Section C. Type II Supporting Organizations

Section

Describe in Part VI how control was exercised by the organization or trustees of each of the organization's supported organization(s). If "No," describe in Part VI the persons that controlled or operated the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No

1. Did the organization provide to each of its supported organizations, by the last day of the first month of the year, a written notice describing the type and amount of support provided during the prior tax year?

2. Were any of the organization's directors, trustees, or members of any of the supported organizations also directors, trustees, or members of any of the supported organizations?

3. By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the year?

Section E. Type III Functionally Interrelated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

The organization satisfied the Activities Test. Complete line 2 below.

The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

2a

b. Did the activities described in (a) constitute activities that are for the exempt purposes of the supported organizations?

activities but for the organization's involvement.

4. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organization?

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other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(A) Prior Year

(optional)

Section A - Adjusted Net Income

1	Net short-term capital gain	1
2	Recoveries of prior-year distributions	2
3	Other gross income (see instructions)	3

5. Depreciation and amortization

Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of gross income (see instructions)

7	Other expenses (see instructions)
8	Adjusted Net income (subtract line 5 from line 4)

(A) Prior Year

(B) Current Year (optional)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

a Average monthly value of securities

b Average monthly cash balances

c Fair market value of other non-exempt-use assets

2	Acquisition indebtedness applicable to non-exempt-use assets
3	Subtract line 2 from line 1d
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).
5	Net value of non-exempt-use assets (subtract line 4 from line 3)

factors (explain in detail in Part VI):

2 Acquisition indebtedness applicable to non-exempt-use assets

3 Subtract line 2 from line 1d

4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

6 Multiply line 5 by 0.35

7 Recoveries of prior-year distributions

8 Minimum Asset Amount (add line 7 to line 6)

7 Recoveries

8 Minimum Asset Amount

Current Year

Prior Year

Adjusted net income for purposes of Section A (line 8, Column A) of Form 990-E for the current year

2 Enter 85% of line 1.

5 Income tax imposed in prior year

6 Distributable amount (subtract line 5 from line 4, unless subject to alternative minimum tax reduction (see instructions))

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(c)(2) Supporting Organizations

Current Year		Section D - Distributions
1	Amounts paid to supported organizations to accomplish exempt purposes	1. Amounts paid to supported organizations
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6		
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive	
9		(provide details in Part VI, See instructions)
10	Line 8 amount divided by line 9 amount	

Section F - Distributions Allocated (see instructions)	Excess Distributions	Underdistributions	Distributions
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Schedule B
(Form 990, 990-EZ,
or 990-BF)

Schedule of Contributors

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

Name of the organization

CAT. STATE BASH. BAY. EDUCATIONAL

Employer identification

Filers of:

Sections:

Form 990 or 990-EZ

501(c)(3) (e)

4947(a)(1) none

527 political org

501(c)(29) trust

501(c)(3) taxable private foundation

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

Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for General Rule and a Special Rule. 501(c)(7), (8), or (10) organizations must also check box(es) for General Rule and a Special Rule.

General Rule

described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that met the 50% rule support test or the regularity test under section 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from

For an organization described in section 509(a)(1) and

or (b) from 990-EZ, line 1. Complete Parts I and II.

organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

For an organization described in section 509(a)(1) and

year, contributions exclusively for religious, charitable, or scientific purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

from any one contributor, during the year, contributions exclusively for religious, charitable, or scientific purposes, but no such contributions totaled more than \$1,900. If this box is checked, enter here the total contributions received.

year, contributions exclusively for religious, charitable, or scientific purposes. If this box is checked, enter here the total contributions received.

organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF).

Caution: A

but it must be

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(See instructions) Use duplicate copies of Part I if additional space is needed.

Part I Contributors

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	No.
1				Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
2				Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	No.
3			\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	No.
4			\$ 145,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	No.
5			\$ 115,425.	Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	No.
6		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

EAST BAY EDUCATIONAL

94-6128893

CAL STATE EA
FOUNDATION

Part I Contrib

Instructions Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 60,250.	Person <input checked="" type="checkbox"/> Noncash <input type="checkbox"/>

(Complete Part II for

noncash contributions)

(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
			\$ 60,000. Noncash <input type="checkbox"/>

(c) Total contributions	(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4
\$ 52,400.	Person <input checked="" type="checkbox"/> Noncash <input type="checkbox"/>	9	

(Complete Part II to:

(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
Payroll <input type="checkbox"/>			

(Complete Part II for noncash contributions)

(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>			

Person
Payroll
Noncash

Name of organization

Employer identification number

FOUNDATION

94-6128893

FOUR

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) Date received	(c) No. from Part I	(b) Description of noncash property given	(d) FMV (or estimate) (See instructions.)
----------------------	------------------------------	----------------------------------------------	-------------------------------------------------

		116,425	11/12/19
--	--	---------	----------

(b)	(c) FMV (or estimate) (see instructions)	(d) (a) No.
-----	------------------------------------------------	-------------------

(a) No.	(b)	(c) FMV (or estimate)	(d)
	\$		

(c)	(a)
-----	-----

Name of organization

CAL STATE EAST BAY EDUCATIONAL
FOUNDATION

Employer identification number

94-6128893

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations

	(a) No.	(b) Name of organization	(c) Amount	(d) Description of property	(e) No.
(e) Transfer of gift					
Transferee		Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/efile for instructions and the latest information.

Go to www.irs.gov/efile for instructions and the latest information.

Employer identification number

CAI CHARIT RACI RAY EDUCATIONAL

FOUNDATION

94-6128893

- 1 Total number at end of year
- 2 Aggregate value of contributions to (during year)
- 3 Aggregate value of grants from (during year)

4 Aggregate value at end of year

5 Did the organization inform all donors and copy recipients in writing how the assets held in donor's name are the organization's property, subject to the organization's exclusive legal control?

are the organization's property, subject to the organization's exclusive legal control?

Yes No

for charitable purposes and not for the inalienable private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Conservation easements held by the organization (check all that apply).

1 Purpose(s) of conservation easement

Protection of natural habitat

day of the tax year.

2a Total number of conservation easements

2b Total acreage restricted by conservation easements

2c Number of conservation easements on certified historic structures included in the number of conservation easements included in (c) acquired after 7/25/06 and not on a historic structure

Number of conservation easements included in (c) acquired after 7/25/06 and not on a historic structure

year

Yes No violations, and enforcement of the conservation easements it holds?

Amount of expenses incurred in monitoring, inspecting, and enforcing the conservation easements during the year

\$

Does the organization satisfy the requirements of section 170(h)(4)(B)(i)?

Yes No

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?

Does the organization report conservation easements in its revenue and expense statement and include in a footnote to the organization's financial statements that describes the nature of the conservation easements?

9 In Part XIII, describe how the organization reports conservation easements on its balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.

Part III Organizations Maintaining Conditions of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service

\$

(ii) Assets included in Form 990, Part X

art, historical treasures, or other similar assets for financial gain, provide

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

\$

h Assets included in Form 990, Part X

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

Part III

check all that apply:

1. a. Public exhibition
b. Loan or exchange program
c. Other

collection items (check all that apply):
a. Public exhibition
b. Loan or exchange program
c. Preservation for future generations

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets?

Part IV Escrow and Custodial Arrangements Complete if the organization reported an amount on Form 990, Part X, line 21.

1. a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b. If "Yes," explain the arrangement in Part XIII and complete the following table:

	1c	1d	1e	1f
Ending balance				
Increases during the year				
Decreases during the year				
Ending balance				

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

her support per audited financial statements

1 1,377,186.

1 Total revenue gains and ot

186,136.

2 Amounts included on line 1 but not on Form 990, Part VII, line 7c:

a	Net unrealized gains (losses) on investments	2a	-2
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	

e Add lines 2a through 2d

3 Subtract line 2e from line 1

3 1,663,322.

4 Amounts included on Form 990, Part VII, line 12, but not on line 1

a	Investment expenses not reported on Form 990, Part VII, line 7c	4a	
b	Other (Describe in Part XIII.)	4b	

4c 252,657.

c Add lines 4a and 4b

1,915,970

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,271,030

4 Amounts included on Form 990, Part IX, line 25, but not on line 1

a Investment expenses not reported on Form 990, Part IX, line 25

d 4b

4c 252,657.

c Add lines 4a and

5 2,523,687.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I

Part VIII Supplemental Information

w, line 4; Part X, line 2; Part Xi,

Provide the descriptions required for Part I, lines 3, 5, and 9; Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V

PART V. LINE 4:

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Line	Code	Description	Amount	Other Info	Form
1	0000	Other (see instructions)			
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32

Method of valuation: (1) FV, (2) appraised value, (3) other

Form 990

NONCASH CONTRIBUTIONS

2019

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

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions, (c) FMV, (d) Method of determining amount. Rows include Art, Books, Clothing, Cars, Intellectual property, Securities, Real estate, etc.

X | 1 | 138. FMV

X | 6 | 2,442. FMV

(GIFT CERTIFIC) X | 15 | 5,07 (MISCELLANEOUS)

Yes No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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.

SCHEDULE M LINE 30D.

2019

SCHEDULE O
(Form 990 or 990-EZ)

FORM 990, PART VI, SECTION B, LINE 11B:

BY THE PRESIDENT AND

THE ORGANIZATION'S FORM 990 WAS REVIEWED LINE BY LINE

BY THE PRESIDENT AND

THE BOARD AND THEN SIGNED BY THE PRESIDENT

FORM 990 THE ORGANIZATION

PREPARED AND APPROVED THE FINAL DRAFT OF THE

FORM AND MAILED IT TO THE MEMBERS OF THE GOVERNING

CREATED A PDF OF THE

SUBMISSION OF THE FORM.

BODY BEFORE SU

VI SECTION B LINE 12C;

FORM 990 PART

ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COLLECTED AND REVIEWED EACH

YEAR. THE BOARD MEMBERS, OFFICERS AND CONTRACTED CONSULTANTS OF CAL STATE

AND THE BOARD MEMBERS ARE REQUIRED BY THE ORGANIZATION'S CONFLICT

OF INTEREST POLICY WHICH COMPLIES WITH THE CONFLICT OF INTEREST

REQUIREMENTS SET FORTH IN THE COMPILATION OF POLICIES AND PROCEDURES FOR

THE

CALIFORNIA STATE UNIVERSITY AUXILIARY ORGANIZATIONS (SECTION 6.1.1) AND

CALIFORNIA EDUCATION CODE (SECTIONS 99006 TO 99008)

AND NOTED THE BOARD IS PROHIBITED UNDER (A) THE CONFLICT TO DISCLOSE TO THE BOARD

TRANSACTION IS JUST AND REASONABLE TO THE

THE MINUTES (B) THE TR

AND (C) THE BOARD HEREAFTER VOTES TO APPROVE THE

ORGANIZAT

TO INFLUENCE

TRANSACTION. THE INDIVIDUAL WITH THE CONFLICT MAY NOT ATTEMPT

DES NOT

THE OTHER BOARD MEMBERS IN RELATION TO THE TRANSACTION AND DO

IN THE VOTE

PARTICIPATE

FORM 990, PART VI, SECTION B, LINE 15:

RATE COMPARISONS ARE MADE TO OTHER CSU AUXILIARIES. CSU CONDUCTS A MARKET

CAU STATE EAST BAY EDUCATIONAL FOUNDATION

Employer identification number
94-6128893

Name of the organization

SETS SALARIES FOR EMPLOYEES AT THE MEDIAN OF THE

PRESIDENT OF CSU EAST BAY

FORM 990. PART VI. SECTION C. LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC FOR INSPECTION DURING

BUSINESS HOURS AT THE ORGANIZATION'S HEADQUARTERS AND ARE ALSO AVAILABLE

INFO.HTML.