

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990 Under Section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Do not enter social security numbers on this form as they are not required.

B Check if: **10** Name of organization

D Employer identification number

12 Charitable 13 Other

74-0120093

City or town, county, province, country, and ZIP or foreign postal code

10 607 108

SAME AS C ABOVE

H(h) Are all subsidiaries included? Yes No

Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 If "No" attach a list (see instructions)

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **MANAGES RESTRICTED AND**

4 Number of independent voting members of the governing body (Part VIII, line 4b) **25**

5 Total number of volunteers (estimate if necessary) **171**

6 Total unrelated business taxable income from Form 990-B, if any **00.**

	Prior year	Current year	Prior Year	Current Year
7 Total revenue (Part VIII, column (A), line 1)	4,001,000	2,722,366	4,001,000	2,722,366

8 Program service revenue (Part VIII, line 2a)	163,712	167,153	163,712	167,153
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9 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,296,368.	239,722.	1,296,368.	239,722.
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10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	0.	0.
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11 Total revenue (Add lines 7 through 10) (Part VIII, column (A), line 1)	4,001,000	2,722,366	4,001,000	2,722,366
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14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	0.	0.
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15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5(a))	0	0	0	0
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16 Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25)	1,303,537.	2,223,733.	1,303,537.	2,223,733.
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19 Revenue less expenses. Subtract line 18 from line 12	3,095,643.	496,570.	3,095,643.	496,570.
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	Beginning of Current Year	End of Year
20 Total assets (Part X, line 26)	19,760,330.	19,677,376.

21 Total liabilities (Part X, line 27)	710,792.	654,518.
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22 Net assets or fund balances. Subtract line 21 from line 20	19,049,538.	19,022,858.
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Signature of officer

Date

CAL STATE EAST BAY EDUCATIONAL
FOUNDATION

Form 990 (2015)

94-6128893 Page 2

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission:

ADMINISTRATIVE AND MANAGERIAL SUPPORT AND COURSE RELATED GIFT TO BENEFITING

CALIFORNIA STATE UNIVERSITY EAST BAY ADMINISTRATION OF COLLEGE

STUDENT WITH INTEREST THROUGH ADVOCACY DEVELOPMENT PERSONAL

CONTRIBUTIONS AND COUNSEL TO THE UNIVERSITY'S ADVANCEMENT PROGRAM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe the change on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 504 (c)(4) and 504 (c)(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

1	2	3
1,277,003	1,277,003	167,153

THE EDUCATIONAL ASSISTANCE SOCIETY SELECTS THE RECIPIENTS FOR FINANCIAL ASSISTANCE AND TRANSFERS THEM TO THE UNIVERSITY FOR DISTRIBUTION TO STUDENTS. THE UNIVERSITY AND NOT THE EDUCATIONAL FOUNDATION SELECTS THE RECIPIENTS.

SPECIFIC SCHOOLS AND DEPARTMENTS OF THE UNIVERSITY. IN KEEPING WITH THE WISHES OF THE DONORS, THE FOUNDATION PASSED THESE FUNDS TO THE RECIPIENT DEPARTMENTS AS UNIVERSITY SUPPORT.

523,611

REDUCTION IN PERMANENT ENDOWMENT DURING THE YEAR DUE TO WITHDRAWAL OF FUNDS ASSIGNED UNDER THE SELF-ADMINISTERED FUND

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

CAL STATE EAST BAY EDUCATIONAL

FOUNDATION

Form 990 (2015)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

	Yes	No
20a		X

b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b		
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21 Did the organization report more than \$5,000 of assets or other liabilities to any domestic organization?

21		
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Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

22

22		
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23 Did the organization have any Schedule I, Part I, Section 513(c) entities during the year?

23		
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Schedule I

23		X
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24a Did the organization have any tax-exempt bonds during the year? If "Yes," complete Schedule I, Part II

24a		
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b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24b		
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24c Did the organization maintain a reserve account for the purpose of paying principal or interest on tax-exempt bonds during the year?

24c		
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25a Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

25a		
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25b Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

25b		
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25c Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

25c		X
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Schedule L, Part I

25b		X
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26a Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26a		
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26b Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26b		
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26c Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26c		
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26d Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26d		
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26e Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26e		
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26f Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26f		
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26g Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26g		
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26h Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26h		
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26i Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26i		
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26j Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26j		
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26k Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26k		
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26l Did the organization have any disqualified persons during the year? If "Yes," complete Schedule L, Part I

26l		
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Schedule N, Part II

32		X
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33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

33		X
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24. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

34		X
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Part V, line 1

34		X
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35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity?

35a		
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35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity?

35b		
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35c If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity?

35c		
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35d If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity?

35d		
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35e If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity?

35e		
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35f If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity?

35f		
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CAL STATE EAST BAY EDUCATIONAL

FOUNDATION

1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable

1a | 0 | Yes | No

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1b | 0 | Yes | No

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

2 If "Yes," did the organization file Form 990-T for this year? If "No," do not file. See instructions for details.

3 Did the organization have a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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

4 Did any taxable party notify the organization that it was or is a party to a promoted tax shelter transaction?

a If "Yes" to line 5a or 5b, did the organization file Form 9996-T?

6a Did the organization receive or receive loan or proceeds that are from a country that is a tax haven or tax shelter?

6b Did the organization receive or receive contributions that are from a country that is a tax haven or tax shelter?

7 Organizations that may receive deductible contributions under section 170(c)

a Did the organization spend a significant amount of funds on a contribution and on the care and services provided to the needy?

b If "Yes," did the organization certify the donor of the value of the goods, services, or facilities provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required

to file Form 8282?

d If the organization received a contribution of qualified intellectual property, did the organization file Form 9999 as required?

8 Did the organization receive or receive contributions, gifts, or services, or other benefits, and the organization did the amount received

9 Sponsoring organizations maintaining donor advised funds

a Did the organization make any taxable distributions under section 4089?

b Did the sponsored organization make a distribution to a donor, donor advised, or related person?

10 Gross income from other sources (Do not net amounts due or paid to other sources against

11 Section 1403(a)(1) Unamortized costs that are included in the amortization period of Form 1041.

a If "Yes," enter the amount of tax exempt interest received or accrued during the year

13a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

Part VII Governance, Management, and Insurance For each "Yes" response to lines 2 through 7, check the "Yes" box and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body of the organization. If there are material differences in voting rights among members of the governing body, or if the governing body has a non-voting member, an executive committee, or similar committee, explain in Schedule O.

b. Enter the number of voting members included in line 1a. above, who are independent of officers, directors, or trustees, or key employees to a management company or other person?

a. The governing body? 8a | X |

9. If there are any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's principal office, or if there are any individuals listed in Schedule O, describe the circumstances in Schedule O.

Section B. Policies (This Section B requests information about policies not covered by the Internal Revenue Code.)

10. Did the organization have a written conflict of interest policy? 10 | Yes | No | X |

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before the end of the year? 11a | Yes | No | X |

12a. Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a | X |

in Schedule O how this was done 12c | X |

14. Did the organization have a written document retention and destruction policy? 14 | X |

15. Did the organization have a written policy regarding the retention and destruction of records? 15 | X |

16. Did the organization have a written policy regarding the retention and destruction of records? 16 | X |

17. Did the organization have a written policy regarding the retention and destruction of records? 17 | X |

18. Did the organization have a written policy regarding the retention and destruction of records? 18 | X |

19. Did the organization have a written policy regarding the retention and destruction of records? 19 | X |

Section C. Disclosure

20. List the states with which a copy of this Form 990 is required to be filed. 20 | X |

CAL STATE EAST BAY EDUCATIONAL
FOUNDATION

Part VIII Statement of Revenue

Check if Schedule C contains a response or note to any line in this Part VIII

			revenue	revenue	512 - 514
Contributions, Gifts or Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,315,491.		
	g Membership contributions included in lines 1a-f		20,616.		
Total. Add lines 1a-1f					

Program Service Revenue	2 a OTHER OPERATING REVENUE		Business Code			
			900099	167,153.	167,153.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
a Total. Add lines 2a-2f			167,153.			

3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7,892,578.				
	b Less: cost or other basis and sales expenses				
	7,974,832.				
c Gain or (loss)					
d Net gain or (loss)			-82,254.		-82,254.

8 c Gross income from fundraising events (net of expenses)					
	including \$	of			
	contributions reported on line 1c. See				

c Net income or (loss) from fundraising events	b Less: direct expenses	b			
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				

Miscellaneous Revenue		Business Code			
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			2,722,366.	167,153.	0.

CAL STATE EAST BAY EDUCATIONAL

FOUNDATION

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).

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

	expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations			
2 Grants and other assistance to domestic individuals. See Part IV, line 22			
3 Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16			
4 Benefits paid to or for members, trustees, and key employees			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
7 Other salaries and wages			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			
9 Other employee benefits			
10 Payroll taxes			
11 Fees for services (non-employees):			
a Management			
b Legal			
c Lobbying			
d Lobbying			
e Investment management fees	47,000.	47,000.	
column (A) amount, list line 11g expenses on Sch O.	147,496.	147,496.	
12 Advertising and promotion			
13 Office expenses	1,000.	1,000.	
14 Information technology			
15 Royalties			
16 Occupancy			
17 Travel	1,000.	1,000.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials			
19 Conferences, conventions, and meetings	1,254.	1,254.	
20 Interest			
21 Depreciation, depletion, and amortization			
above. If list miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 20, column (A) amount, list line 24e expenses on Schedule O.			
MEMBERSHIP DUES	1,100.	1,100.	
c			
d			
e All other expenses	2,225,700.	1,900,614.	425,182.

CAL STATE EAST BAY EDUCATIONAL

Form 990 (2015)

FOUNDATION

94-6128895 Page 11

Part X Balance Sheet

Check if Schedule C contains a response or note to any line in this Part X

		(A)	(B)	Beginning of year	End of year
1	Cash - non-interest-bearing		14,410.	170,270.	142,000.
2	Savings and temporary cash investments		672,286.	286,235.	
3	Pledges and grants receivable, net		2,337,100.	2,038,201.	
4	Accounts receivable, net		191,598.	184,983.	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				
6	Loans and other 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)(29) voluntary employees' beneficiary organizations. Complete Part III of Schedule L				
8	Inventories for sale or use				
10a	Land, buildings, and equipment, less accumulated depreciation and amortization. Complete Part VI of Schedule D	10a	112,000.		
10b	Less: accumulated depreciation	10b	112,000.	0.	0.
11	Investments - publicly traded securities		15,875,249.	15,198,167.	
12	Investments - other securities. See Part IV, line 11		611,819.	517,201.	
13	Investments - program-related. See Part IV, line 11				
14	Intangible assets				
15	Other assets. See Part IV, line 11				
16	Total assets. Add lines 1 through 15 (must equal line 34)		19,760,330.	19,677,376.	
17	Accounts payable and accrued expenses		1,629.	1,629.	
18	Grants payable				
19	Deferred revenue				
20	Deferred contribution liability. Complete Part VII of Schedule D				
21	Liability for federal income tax on investment income. Complete Part VIII of Schedule D				
22	Liability for federal income tax on unrelated business income. Complete Part IX of Schedule D				
23	Liability for federal income tax on other income. Complete Part X of Schedule D				
24	Unsecured notes and loans payable to unrelated third parties				
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 22-23). Complete Part XI of Schedule D				
26	Total liabilities. Add lines 17 through 25		1,629.	1,629.	
27	Unrestricted net assets				
28	Temporarily restricted net assets				
29	Permanently restricted net assets				
30	Other net assets or fund balances. Complete lines 30 through 34				
33	Total net assets or fund balances		19,049,538.	19,022,858.	
34	Total liabilities and net assets/fund balances		19,760,330.	19,677,376.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains responses to any lines in this Part XI

1	Total revenue (see Form 990, Part VIII, column (A), line 49)	1	2,722,366.
2	Revenue less expenses. Subtract line 2 from line 1.	2	490,570.
3	Net assets or fund balances at beginning of year (must equal Part V, line 23, column (A))	3	19,049,538.
4	Net unrealized gains/losses—investments	4	-523,250.
5	Duration services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other changes in net assets or fund balances (explain in Schedule O)	8	
9	Net assets or fund balances at end of year (must equal Part V, line 23)	9	18,016,618.

Part VIII Financial Statements and Reporting

Yes No

2a. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X

If "No," check which best indicates whether the financial statements for the year were compiled or reviewed by an independent accountant:

review, or compilation of its financial statements and selection of an independent accountant? 2c X

If "No," check whether the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3h

CAL STATE EAST BAY EDUCATIONAL FOUNDATION

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

Do not check this box unless the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.

Section A. Public Support

2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
3	The value of services or facilities furnished by a governmental unit or publicly supported organization included in the amount shown on line 11					
governmentally or publicly supported organization included in the amount shown on line 11						

Public Support. Subtract line 5 from line 4.

Calendar year (or fiscal year beginning in)	2014	2015	2016	2017	2018	Total
7	2,299,249.	3,022,640.	1,250,236.	3,440,920.	1,791,880.	11,804,925.
8	300,106.	110,311.	283,081.	169,688.	321,976.	1,634,395.
9						
10						
11						13,170,320.
12						638,341.

13. Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15

14. Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15

15. Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15

16. Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15

17. Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15

18. Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15

19. Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15

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

(Complete only if you checked the box on line 2 of Part I. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	2014	2013	2012	2011	2010	(A) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
7c						

Section B. Total Support

9						
10a						
10b						
10c						
11						
12						

14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

16						
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Section D. Computation of Investment Income Percentage

17						
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2015. If the organization did not check the box on line 14, and line 16 is more than 15%, and line 17 is not more than 22.1%, check this box and stop here. The organization qualifies as a publicly supported organization.

CAL STATE EAST BAY EDUCATIONAL

04-610000

Part IV Supporting Organizations

(Complete part I if you checked 11a or 11b of Part I. If you checked 11c of Part I, complete Sections A and B. If you checked 11d of Part I, complete Sections A and C. If you checked 11e of Part I, complete Sections A, D, and E. If you checked 11f of Part I, complete Sections A and D, and complete Part V.)

Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents?

organization was described in section 509(a)(1) or (2).

and (c) below.

Does the organization's board of directors, officers, or other governing body have the authority to discontinue the organization's support of any supported organization?

If any organization ceases to be a supported organization, does the organization have a plan for its assets?

purposes: if "yes," explain in Part V what controls the organization puts in place to ensure such use.

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

"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

Does it have control or supervision by or in connection with its supported organizations?

4b

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"

number of the supported organizations added, substituted, or removed, and the reasons for each such action.

was accomplished, such as by agreement to the support of a document.

b. Type I or Type II only. Was any added or substituted supported organization part of a class already

Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide any of the following to its supported organizations:

anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class

benefited by one or more of its supported organizations, or (iii) other supporting organizations that also

Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor?

6

8. Did the organization make a loan to a disqualified person (as defined in section 5131(a)(1)) or a disqualified person?

9. Did the organization make a loan to a disqualified person (as defined in section 5131(a)(1)) or a disqualified person?

9a

10. Did a disqualified person (as defined in line 8a) have an ownership interest in, or derive any personal benefit

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9b

9c

11. Was the organization subject to the excess business holdings rules of section 5131(b) or 5131(c) or section

CAL STATE EAST BAY EDUCATIONAL FOUNDATION

91-6128803

has the organization received a gift or contribution from any of the following persons?

b A family member of a person described in (a) above?

11b		
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Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership 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 tax year? If "No," describe in Part VI how the supported organization(s) effectively controlled, supervised, or managed the organization's operations, including the power to appoint or elect the directors or trustees of the organization.

	Yes	No
1		

Yes No

were a majority of the organization's directors or trustees during the tax year past a majority of the directors or trustees of each of the organizations supported by the organization? If "No," describe in Part VI how control of the organization was exercised during the same period by the supported organizations.

Yes No

organization(s) or (i) serving on the governing body of a supported organization? If "NO," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

2

On the basis of the information described in 2, did the organization's supported organization(s) have a significant voice in the organization's investment policies and in directing the use of the organization's assets? If "Yes," describe in Part VI how the supported organization(s) exercised such voice. If "No," explain in Part VI why not.

3

Section C. Type III Functionally Integrated Supporting Organizations

a The organization's stated activities are: Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

the supported organization(s) to which the organization was reorganized? If "Yes," then in Part VI identify the supported organization(s) and explain how the reorganization was effected.

that those activities constituted substantially all of its activities.

4		
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CAL STATE EAST BAY EDUCATIONAL FOUNDATION

01-6128902

Part VII Types of non-functionally integrated organizations Supporting organizations

Check the type of organization that best describes the organization for the year 2015. See instructions. An

(B) Current Year

1 Net short-term capital gain

1

2 Recoveries of prior-year distributions

2

5 Depreciation and depletion

5

Other capital loss (see instructions)

6

(RUC) Current Year

2015 Year

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

h Average monthly cash balances

1h

d Total (add lines 3b and 3c)

4d

Factors (explain in detail in Part VII):

6 Acquisition indebtedness applicable to non-exempt use assets

6

3 Subtract line 2 from line 1d

3

see instructions)

4

7 Recoveries of prior-year distributions

7

5 Income tax imposed in prior year

5

Instructions.

Part V **Time for Non-Exempt Organizations to Report on Supplemental Contributions**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable	(iv)	(v)	(vi)
Section E - Distribution Allocations (see instructions)				2015	Amount for 2015
1 Distributable amount for 2015 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)					
b					
f Total of lines 3a through e					
Applied to underdistributions of prior years					
Applied to 2015 distributable amount					
Carryover from 2015 not applied (see instructions)					
line 7: \$					
Applied to underdistributions of prior years					
Applied to 2015 distributable amount					
any. Subtract lines 3c and 4a from line 2 if amount					
and 4b from line 1 (if amount greater than zero, see instructions).					
e Excess from 2015					

Schedule B

Schedule of Contributors

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

FOUNDATION

94-6128893

Organization type (check one):

Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust (not treated as a private foundation)

[] 527 political organization

Form 990-PF [] 501(c)(3) exempt private foundation

[] 4947(c)(4) nonexempt charitable trust treated as private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

[] For an organization that files Form 990, 990-EZ, or 990-PF that received contributions totaling more than \$5,000 during the year from any one contributor. Complete Part I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(2) that files Form 990 or 990-EZ that met the 99.1% support test of the regulations under sections 509(a)(1) and 170(b)(4)(A)(i) that checked Category A (Form 990 or 990-EZ, Part II, line 10, 10a, or 10b) and that received from any one contributor during the year contributions totaling more than \$1,000, exclusive of contributions for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(1) that files Form 990 or 990-EZ that received from any one contributor during the year total contributions of more than \$1,000, exclusive of contributions for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(1) that files Form 990 or 990-EZ that received from any one contributor during the year total contributions of more than \$5,000, exclusive of contributions for the prevention of cruelty to children or animals. Complete Parts I, II, and III. If the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions totaling \$5,000 or more during the year, do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions totaling \$5,000 or more during the year.

Check this box if the organization is covered by the General Rule or a Special Rule, but the General Rule does not apply because the organization certifies that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For more information on the Recovery Reduction Act, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization: **RAY FOUNDATION** Employer identification number: **94-610**
8893

Instructions: See instructions on page 1. Individual contributions are reported in box (b).
 Name, address, and ZIP code Total contributions Type of contribution No.

Name, address, and ZIP code	Total contributions	Type of contribution	No.	Person Payroll
<input checked="" type="checkbox"/>				

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

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

\$			
----	--	--	--

(a) No.	(b)	(c) FMV (or estimate)	(d)
Part I			

\$			
----	--	--	--

(a) No.	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

\$			
----	--	--	--

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

\$			
----	--	--	--

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

\$			
----	--	--	--

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

Name of organization: FOUNDATION
 Employer identification number: 94-6128893

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

(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is paid
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is paid
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is paid
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is paid
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D

Supplemental Financial Statements

OMB No. 1545-0047

2015

(Form 990)

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.

Open to Public

Name of the organization CAL STATE EAST BAY EDUCATIONAL

Employer identification number

FOUNDATION

94-6128893

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

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

for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes No

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

Purposes of conservation easements held by the organization for one or more of the following purposes apply:

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat

Preservation of a certified historic structure

Preservation of open space

Complete in a 2a through 2d if the organization holds a qualified conservation easement in the form of a conservation agreement on the last

day of the tax year.

Held at the End of the Tax Year

a Total number of conservation easements

2a

b Total acreage restricted by conservation easements

2b

d Number of conservation easements included in (a) acquired after 9/17/09 and not a historic structure

2d 1

listed in the National Register

e Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

f Number of states where property subject to conservation easement is located

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

\$

Does each conservation easement reported on line 2(a) above satisfy the requirements of section 170(e)(1)(B)(i)(v)?

Yes No

conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 9.

If the organization elects to be permitted under SEAC 116 (ASC 959), not to report its revenue statement and balance sheet works of art,

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

the text of the footnote to its financial statements that describes these items.

If the organization elects to be permitted under SEAC 116 (ASC 959), to report its revenue statement and balance sheet works of art, historical

treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts

relating to these items:

(i) revenue included on Form 990, Part VIII, line 1.

(ii) assets included in Form 990, Part V.

If the organization elects to be permitted under SEAC 116 (ASC 959), to report its revenue statement and balance sheet works of art, historical

treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts

relating to these items:

Part III Organization Maintains Collections of Art, Historical Treasures, or Other Similar Assets

3. 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):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4. Provide a description of the organization's collection and explain how they further the organization's exempt purpose in Part VIII.

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

Part IV Escrow and Custodial Arrangements

1. Is the organization an agent, trustee, custodian, or other fiduciary for information for owners, lessors, or other persons that included:

b. If "Yes," explain the arrangement in Part XIII and complete the following table:

Amount

d. Additions during the year

e. Distributions during the year

f. Ending balance

2. Did the organization include an amount on Form 990, Part V, line 04, for escrow or custodial account liability?

b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back

d. Grants or scholarships

449,190.

504,053.

135,004.

b. Permanent endowment \blacktriangleright 63.14 %

c. Temporarily restricted endowment \blacktriangleright 27.62 %

3. Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(ii) related organizations

Yes No

X

3a(ii)

X

b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b(i)

4. Describe in Part XIII the intended uses of the organization's endowment funds:

Part VI Land, Buildings, and Equipment

1. Complete if the organization answered "Yes" on Form 990, Part VI, line 14. See Form 990, Part V, line 10.

Description of property

(a) Cost basis

(b) Other basis

(c) Accumulated depreciation

(d) Book value

1a. Land

b. Buildings

d. Equipment

e. Other

112,000.

112,000.

0.

Part VIII Investments - Other Securities

(1) Financial derivatives		
(2) Closed-end equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 14c. See Form 990, Part X, line 10.

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	AGENCY LIABILITIES	652,889.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total (Column (b)) must equal Form 990, Part X, col. (b), line 25. **652,889.**

CAL STATE EAST BAY EDUCATIONAL FOUNDATION

94-6128893 Page 4

Part VI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1,951,264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-523,250.
c	Recoveries of prior year grants	2c	
3	Subtract line 2 from line 1		1,428,014.
4	Investment expenses not included on Form 990, Part VIII, line (b)	4a	447,034.

Part VII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1,454,333.
2	Not year adjustments		
d	Other (Describe in Part VIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2 from line 1		1,454,333.
4	Investment expenses not included on Form 990, Part VIII, line (b)	4a	447,034.
b	Other (Describe in Part XIII)	4b	523,611.

Part XIII Supplemental Information

PART X, LINE 2:

THE EDUCATIONAL FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES

PROVISION, WHEN APPLICABLE. THERE ARE NO AMOUNTS ACCRUED IN THE FINANCIAL

REDUCTION OF PERMANENT ENDOWMENT DURING THE YEAR DUE TO WITHDRAWAL OF THE

Supplemental Information (continued)

TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSES

Multiple horizontal lines for supplemental information.

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part III, line 24 -- 00.
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2010

0045

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Part I General information on grants and assistance

Criteria used to award the grants or assistance?

Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governmental Organizations. Complete if the organization answered "Yes" on Form 990, Part III, line 24. See instructions.

Line	Organization name	Address	City	State	Zip	Amount		Type of assistance
						Grant	Other	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
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35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								

3. Enter total number of other organizations listed in the line 1 table

1.

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

Schedule I (Form 990) (2010)

recipients	cash grant	cash assistance	(book, FMV, appraisal, other)					

Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (iv), and any other additional information.

SCHEDULE O Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

Open to Public

Name of the organization CAL STATE EAST BAY EDUCATIONAL FOUNDATION Employer identification number 04-610000

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

THE ORGANIZATION'S FORM 990 IS REVIEWED LINE BY LINE BY THE PRESIDENT AND THE ORGANIZATION'S FORM 990 IS REVIEWED LINE BY LINE BY THE PRESIDENT AND TREASURER AND THEN SIGNED BY THE PRESIDENT. BEFORE THE PRESIDENT AND THE TREASURER HAVE APPROVED THE FINAL DRAFT OF THE FORM 990, THE ORGANIZATION

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COLLECTED AND REVIEWED EACH YEAR.

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

MARKET RATE COMPARISONS ARE MADE TO OTHER CSU AUXILIARIES. THE CSU CONDUCTS A COMPARABILITY STUDY ACCROSS THE CSU SYSTEM FOR LIKE POSITIONS. THE ORGANIZATION'S FORM 990 ARE AVAILABLE TO THE PUBLIC FOR INSPECTION DURING BUSINESS HOURS AT ORGANIZATION'S HEADQUARTERS. THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ONLINE AT WWW.CSUEBAY.EDU/GOVING/DOCUMENTS/IMPORTANT INFO.HTML

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 ARE AVAILABLE TO THE PUBLIC FOR INSPECTION DURING BUSINESS HOURS AT ORGANIZATION'S HEADQUARTERS

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Name of the organization: CAL STATE EAST BAY EDUCATIONAT. Employer identification number:

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC FOR INSPECTION DURING

BUSINESS HOURS AT ORGANIZATION'S HEADQUARTERS.

FORM 990 IS ALSO AVAILABLE ONLINE AT:

HTTP://WWW20.CSUEASTBAY.EDU/GVING/DOCUMENTS/IMPORTANT-INFO.HTML