



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

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 Yes No

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

Program services, as measured by expenses.

4 Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(29) organizations are required to report the amount of grants and revenue, if any, for each program service reported.

Contributions to others, net of total expenses and

revenue, if any, for each program service reported.

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

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

RECEIVES GIFTS FOR SCHOLARSHIPS AND

THE EDUCATIONAL FOUNDATION RE

RESTRICTED CONTRIBUTIONS EARMARKED FOR SPECIFIC COLLEGES AND

FOUNDATION PASSES THESE FUNDS TO THE RECIPIENT DEPARTMENTS

DONORS THE

UNIVERSITY SUPPORT.

AS UNIVER

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$

program service expenses 2,073,014.

Part IV Checklist of Required Schedules

Yes No

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

Yes No

2 Does the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for

3 Did the organization

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

Yes No

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?

Yes No

10 Did the organization, directly or through a related organization, hold assets in donor-restricted funds or in quasi-endowments? If "Yes," complete Schedule D, Part V

as applicable.

and former officers, directors, trustees, key employees, and highest compensated employees. If "Yes," complete

Schedule L.

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the

24a Schedule K. If "No," go to line 25a.

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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person

26 Did the organization report any amount on Part X, line 5 or 22, for receipt of a substantial contributor, or 35%

26

27 Did the organization provide a grant or award to any individual who is a substantial contributor or employee

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)

a A current or former officer, director, trustee, key employee, creator or founder, or

"Yes," complete Schedule L, Part IV

b A family member of any individual described in line 28a2. If "Yes," complete Schedule L, Part IV

28a

28b

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

29a "Yes," complete Schedule L, Part IV.

29b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

If "Yes," complete Schedule M.

30

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

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

31

32 Did the organization

33 Did the organization own 100% of an entity that was not a corporation, partnership, or trust at the end of the year?

34

35 Did the organization have

35

Part VI Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

1. Did the calendar year end on or within the year covered by this return?

2c

2a. If at least one is reported on line 2a, did the organization file all required federal information returns?

Y

3. Did the organization have an interest in, or a signature or other authority over, a

4a. At any time during the calendar year,

country

5. If "Yes," enter the name of the foreign country.

6. Was the organization a party to a prohibited tax shelter transaction during the tax year?

See instructions for filing requirements for Form 990 from 1/17, report of foreign

7. Did the organization have an annual gross receipt that is normally greater than \$500,000, or more than \$100,000 if the organization is a

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

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

5a		X
5b		X

6a. Did the organization have annual gross receipts that are normally greater than \$500,000, or more than \$100,000 if the organization is a

Y

CAL STATE EAST BAY EDUCATIONAL

FORMATION

Part VI Governance, Management, and Dis

Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to the formation process, or changes on Schedule A. See instructions.

X

Check if Schedule C contains a response or note to anything in this Part VI.

21 Yes No

If there are material differences in voting rights among members of the governing body, or if the governing

body delegates voting authority to an executive committee or similar committee, explain on Schedule C.

or key employee have a family relationship or a business relationship with any other

2 Did any officer, director, trustee,

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision

the prior Form 990 was filed?

4 X

4 Did the organization make any significant changes to its governing documents since

5 X

5 Did the organization have members or stockholders?

governing body?

7a X

more members of the governing

governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

b Are any g

8a X

a The governing body?

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

Key Employees, Highest Compensated

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. List all of the organization's former officers, directors, trustees, key employees, and highest compensated employees who received more than \$10,000 of reportable compensation from the organization and any related organizations. List all of the organization's former officers, directors, trustees who received, in any capacity, more than \$10,000 of reportable compensation from the organization and any related organizations. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Individual's name (last, first, middle initial)	Organization's tax year	Compensation from the organization	Compensation from related organizations	Amount of other compensation	Hours per week	Officer, director, trustee, key employee, or highest compensated employee
(1) [REDACTED]		0.	0.	0.		CHAIR
(2) [REDACTED]		2.00	0.	0.		VICE CHAIR
(3) JAMES KLESCIEWSKI		0.	0.	0.		SECRETARY
(4) [REDACTED]		0.	0.	0.		PRESIDENT OF CSU EAST BAY VP
(5) DEBBIE CHAW		0.	0.	0.	2.00	TREASURER & CSU EAST BAY VP/CFO
(6) JACK ACOSTA		0.	0.	0.	2.00	
(7) RUTH BLEY		2.00	0.	0.		TRUSTEE
(8) RICHARD CARSON		2.00	0.	0.		TRUSTEE
(9) RANDALL DAVIS		2.00	0.	0.		TRUSTEE
(10) EVELYN DELSAVER		0.	0.	0.	2.00	
ESSIE GUILLERMO		2.00	0.	0.		
(11) [REDACTED]		0.	0.	0.		
(12) JAMES HANNAN		0.	0.	0.		TRUSTEE
[REDACTED]		0.	0.	0.		TRUSTEE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)	(C)	(D)	(E)	(F)
Name	Amount	Position	Is the individual a director, officer, trustee, or key employee?	Is the individual a highest compensated employee?	Is the individual a trustee of a trust or a fiduciary of an estate, trust, or other entity?
ALUMNI TRUSTEE (19) KUMAR MALAVALLI	2.00	X			
(20) NATSY MAYTON	2.00				
TRUSTEE & CSU EAST BAY PRESIDENT		X			
TRUSTEE (24) CHRISTIE MANNING	2.00				
TRUSTEE					
Total (add lines 16 and 17)					

Yes No

COMPENSATION FROM THE ORGANIZATION

Did the organization list any other director, officer, trustee, or key employee on this schedule who received more than \$5,000 of compensation from the organization? If "Yes," complete Schedule J for such person.

Did any person listed on line 16 receive or accrue compensation from any individual listed on line 16, in the capacity of an independent contractor, and related organizations greater than \$5,000? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors in the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)	(D)
Name and business address	None	Description of services	Compensation

(continued)

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

(A) Name and title	(B) Average from related organizations	(C) Position other organization	(D) Reportable	(E) Reportable	(F) Estimated
TRUSTEE	2.00	X		0.	0.
(29) JAMES SONGEY	2.00				
TRUSTEE		X		0.	0.
(30) GARY WALLACE					
TRUSTEE		X		0.	0.

CAL STATE EAST BAY EDUCATIONAL
FOUNDATION

Form 990 (2019)

94-6128893 Page 9

Part VIII Statement of Revenue

Amount		Amount		Amount		Amount	
(b) Related or exempt	(c) Unrelated	(d) Revenue excluded	(A) Total revenue	(b) Related or exempt	(c) Unrelated	(d) Revenue excluded	(A) Total revenue
1a Federated campaigns							
1b Membership dues							
1c Fundraising events							
1d Related organizations							
1e Government grants/contributions							
1f Other contributions							
1g Noncash contributions included in lines 1a-1f							
		1f		2,408,553.			
		1g		\$ 134,083.			
				2,408,553.			

CAL STATE EAST BAY EDUCATIONAL
FOUNDATION

Form 990 (2010)

94-6128893 Page 10

Part IX Statement of Functional Expenses

CAL STATE EAST BAY EDUCATIONAL
FOUNDATION

01 6120002 11

Part III Balance Sheet

Assets	Liabilities	Net Assets
1. 160,054,351	222,828	160,054,351
2. 490,563	476,948	13,615
3. 617,027	255,477	361,550

trustee, key employee, creator or founder, substantial contributor, or 35%

entity or family member of any of these persons

OTHER

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 must complete this part.)

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

- 1 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 described in section 170(b)(1)(A)(iv).

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 agriculture (see instructions). Enter the name, city, and state of the

university:

organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income. See section 509(a)(2). (Complete Part III.)

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 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization.

and complete lines 12a, 12b, and 12c.

its supported organization(s) is/are:

supporting organization supervised 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.

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

Functionally integrated, or type II non-functionally integrated supporting organization.

following information about the supported organization(s).

Provide the f

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

(d) 2018	(e) 2019	(f) Total	(g) 2015	(h) 2016	(i) 2017	(j) 2018	(k) 2019	(l) Total
1. Membership fees received								
2. Amounts received from the sale of								
3. Amounts received from the sale of								
4. Tax revenues levied for the organ...								
5. The value of services or facilities furnished by a governmental unit to the organization without charge								
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

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9. Applicable base						
10a. Gross income from interest						
10b. Net income from interest						
11. Net income from other sources						
12. Total support. Add lines 9, 10a, 10b, and 11						

Public Support Percentage

Section C Computation of Public Support Percentage

13. Public support percentage for 2019. Line 6, column (f), divided by line 12, column (f)	16. Public support percentage for 2019. Line 6, column (f), divided by line 12, column (f)
--	--

Investment Income Percentage

Section D. Computation of Investment Income Percentage

14. Investment income percentage for 2019. Line 10b, column (f), divided by line 12, column (f)	17. Investment income percentage for 2019. Line 10b, column (f), divided by line 12, column (f)
---	---

more than 1 1/2% check this box and sign here; the organization qualifies as a publicly supported organization

Section A. All Supporting Organizations

organization's supported organizations listed by name in the organization's governing documents. If the organization has more than one supported organization, list each one in a separate row. If the organization has more than one supported organization, explain the designation, if historic and continuing relationship, explain.

1 Are all of the organizations described in the governing documents? If not, explain the class or purpose, describe the relationship, and explain why the organization is not a supporting organization.

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer questions 3b through 3d.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," explain in Part VI what actions the organization put in place to ensure such are.

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 tax year? ... 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

Section C. Type II Supporting Organizations

Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, a written notice of its governing documents in accordance with the instructions provided?

2. Were any of the organization's officers, directors, or trustees at any time during the tax year an officer, director, or trustee of a supported organization?

3. Did the organization have a written policy regarding the distribution of its income or assets at all times during the tax year?

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

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

2. Activities that directly furthered their exempt purposes.

those supported organizations and explain how these activities directly furthered their exempt purposes.

2a. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b. Did the activities described in (a) constitute activities that are for the exempt purposes of the supported organizations and are not substantially similar to the exempt activities of the supported organizations but for the organization's involvement.

2b. Provide details of the activities of each supported organization.

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

CAL STATE EAST BAY EDUCATIONAL FOUNDATION

01-6109002

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

Section A - Adjusted Net Income

(A) Prior Year

(optional)

1	
2	
3	

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

5 Depreciation and depletion

5

6 Portion of operating expenses paid or incurred for production or

collection of governmental or federal proceeds, construction, or other

7 Other expenses (see instructions)

7

8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4)

8

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year (optional)

1 Adjusted net worth (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

1a

b Average monthly cash balances

1b

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

1c

Disputes claimed for blockage (gather and list all blockage factors (explain in detail in Part VI):

2 Acquisition indebtedness applicable to non-exempt-use assets

2

3 Subtract line 2 from line 1d

3

4 Cash deemed held for exempt use (Enter 1.1/2% of line 3, not greater amount see instructions).

4

5 Multiply line 4 by 0.35

7 Recoveries of prior-year distributions

7

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

8

5 Income tax imposed in prior year

5

6 American Samoa tax credit (see instructions)

6

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

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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
1				
2				
3				
4				
5				
6				
7				
8				
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11				
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50				

Schedule B

(Form 990, 990-EZ, or 990-BE)

Schedule of Contributors

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

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Name of the organization

CAL. STATE BAPT. EDUCATIONAL

Employer identification

Filers of:

Sections:

water number) organization

Form 990 or 990-EZ

501(c)(3) (er

exempt charitable trust not treated as a private foundation

4947(a)(1) none

anization

527 political org

Foundation

501(c)(2) 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 a General Rule and a Special Rule.

General Rule

Special Rules

an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that met the 30-day support test of the regulations under sections 509(a)(1) and 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 section

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

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

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

EZ that received from any one contributor during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,900. If this box

year, contributions exclusively

al contributions that were received during the year for an exclusively religious, charitable, etc., purpose. If this box is checked, enter here the total amount received.

Caution: An 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).

But it must answer Part A, line 2, of all forms 990 or 990-EZ that it files or its name appears on either of such forms (line 2, above).

Form 990, 990-EZ, or 990-BE

CAT. STATE EAST RAY EDUCATIONAL

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

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

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

(c)	(d)	(a)	(b)
\$ 145,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)	4	

(c)	(d)	(a)	(b)
\$ 115,425.	Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)	Person <input type="checkbox"/>	5

(c)	(d)	(a)	(b)
6	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)		100,000

Employer identification number

Name of organization

CAL STATE EAST BAY EDUCATIONAL FOUNDATION

94-6128893

Part I Contributors (see 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
		\$ 60,250.	Noncash <input type="checkbox"/>

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

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

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

(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
			\$ (Complete Part II for noncash contributions.)

(d)	(a)	(b)	(c)
		Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>	

Name of organization

Employer identification number

FOUNDATION

94-6128893

FOUR

Part I Noncash Property (see instructions). Use duplicate copies of Part I 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)	(b)
-----	-----	-----

Employer identification number

94-6128893

Name of organization

CAL STATE EAST BAY EDUCATIONAL
FOUNDATION

through (a) and the following line entry. For organizations

from any one contributor. Complete columns (a) thro

(a) No.

(a) Description of how gift is held

(a) Transfer of gift

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.

For instructions and the latest information.

Internal Revenue Service

Go to www.irs.gov

AMM PACM BAY EDUCATIONAL

Employer identification number

CAL CM

94-6128893

FOUNDATION

Number at end of year

1 Total number

2 Aggregate value of contributions during year

3 Aggregate value of grants from during year

4 Aggregate value at end of year

Did the organization inform all donors and grant providers in writing that the assets paid in grant advised funds

Yes No

for charitable purposes and for the benefit of the donor or for

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

a Total number of conservation easements

2a

b Total acreage restricted by conservation easements

2b

Historic structure

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

year

of the conservation easements it holds?

Yes No

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

\$

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

Yes

No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

Part III Organizations Maintaining Collections of Art, Historical Treasures, or

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

public service,

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

Part X (ii) Assets included in Form 990, Part X

2 If the organization received or held

\$

h Assets included in Form 990, Part X

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

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

collection items (check all that apply):

- a Public exhibition
- b Research
- c Preservation for future generations
- d Loan or exchange program
- e Other

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

- Yes
- No

on Form 990, Part X?

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

Beginning balance	1c	Beginning
during the year	1d	Additions
	1e	Distributions during the year
Ending balance	1f	

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.

1 377 186

gains (losses) on investments	2a	-286,136.	2	Amounts included on line 1 but not on Form 990, Part VII, line 12:
depreciation and use of facilities	2b		a	Net unrealized gains (losses) on investments
prior year grants	2c		b	Donated services
			c	Recoveries of prior year grants

3 Subtract line 2e from line 1

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

investment expenses	4a		a	Investment expenses
Other (Describe in Part XIII.)	4b		b	Other (Describe in Part XIII.)
			c	Add lines 4a and 4b
		252,657.		
		1,915,979		

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

1 Other expenses and losses

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

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

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

a Investment expenses not reported on Form 990

	4c	252,657.	c	Add lines 4a and 4b
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,523,687.

Part VIII Supplemental Information

required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, Provide the descriptions re

LINE 4: PART V. L

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Line	Description	Amount	Code	Other Info
1	Other (see instructions)			
2	2019			
3	Other (see instructions)			
4	Other (see instructions)			
5	Other (see instructions)			
6	Other (see instructions)			
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See instructions on Form 990, Page

Amount of non-assistance

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Method of valuation

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NONCASH CONTRIBUTIONS

2019

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

Part I Types of Property

Check if:	Number of	Noncash contribution	Value of determination
			1 Art - Works of art
			2 Art - Historical treasures
			3 Art - Fractional interests
			4 Books and publications
			5 Clothing and household goods
			6 Cars and other vehicles
			8 Intellectual property
			10 Securities - Closely held stock
			11 Securities - Partnership, LLC, or
			12 Securities - Miscellaneous
			14 Qualified conservation contribution - Other
			16 Real estate - Commercial
			17 Real estate - Other
			18 Collectibles
			19 Food inventory
			20 Scientific specimens
			26 Other (MISCE)
			27 Other
			28 Other

X 1 138 FMV

X 6 2,442 FMV

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)

Supplemental information

Complete to provide information for

94-6128893

FOUNDATION

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

LINE BY LINE BY THE PRESIDENT AND

THE ORGANIZATION'S FORM 990 WAS REVIEWED

AND APPROVED THE DECISIONS AND THE

BOARD AND THEN SIGNED BY THE BOARD

PART OF THE FORM 990 THE ORGANIZATION

OFFICER APPROVED THE FINAL

A PDF OF THE FORM AND MAILED IT TO THE MEMBERS OF THE GOVERNING

CREATED

BODY BEFORE SUBMISSION OF THE FORM.

FORM 990 PART VI SECTION B LINE 12C;

INTEREST STATEMENTS ARE COLLECTED AND REVIEWED EACH

ANNUAL CONFLICT OF

AND CONTRACTED CONSULTANTS OF CAL STATE

YEAR. THE BOARD MEMBERS, OFFICER

AND APPROVED BY THE ORGANIZATION'S CONFLICT

STATEMENT POLICY WHICH COMPLIES WITH THE CONFLICT

POLICY WHICH COMPLIES WITH THE CONFLICT

OF INTEREST

IN THE COMPILATION OF POLICIES AND PROCEDURES FOR

REQUIREMENTS SET FOR

UNIVERSITY AUXILIARY ORGANIZATIONS (SECTION 6.1.1) AND THE

CALIFORNIA STATE UN

SECTIONS 99006 TO 99009

CALIFORNIA EDUCATION CODE (C

TRANSACTIONS IN WHICH BOARD MEMBERS AS A CONSIDERABLE INTEREST ARE

PROHIBITED UNLESS (A) THE CONFLICT IS DISCLOSED TO THE BOARD AND NOTED IN THE

REASONABLE TO THE

THE MINUTES, (B) THE TRANSACTION IS JUST AND F

HEREAFTER VOTES TO APPROVE THE

ORGANIZATION, AND (C) THE BOARD

TRANSACTION. THE INDIVIDUAL WITH THE CONFLICT MAY NOT ATTEMPT TO INFLUENCE

THE OTHER BOARD MEMBERS IN RELATION TO THE TRANSACTION AND DOES NOT

PARTICIPATE IN THE VOTE

RT VI, SECTION B, LINE 15:

FORM 990, PA

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

Name of the organization: **CONFERENCE BOARD**

Employer identification number: **31-0000000**

JOB LEVEL POSITIONS THE COMPARABILITY STUDY ACROSS THE COLLEGE

EMPLOYEES AT THE MEDIAN OF THE

PRESIDENT OF CSU EAST BAY SETS SALARIES FOR EM

FORM 990 - PART III, SECTION C, LINE 10

RENTS, THE PUBLIC, FOR INSERTION DURING FINANCIAL STATEMENTS ARE AVAILABLE

INFO.HTML.