# Form **990**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treaming Internal Revenue Service

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

		and ending JUL 1, 2010 and ending	JUN 30, 201	L1
_		1010 Chiefical year, of the year beginning	D Employer iden	tification number
Che opp	efe If	CALIFORNIA STATE UNIVERSITY BAKERSFIELD		
	ujdress Henge	FOUNDATION	-	
	dame ration	Doing Business As	<del>                                     </del>	
H	rether.	Number and street (or P.O. box if mall is not delivered to street address)  Room/sulf	E Telephone nun	nber
	Lacitalu- acmu	9001 STOCKDALE HIGHWAY	66.	1-664-2251
	TO BE		G Groex receipts \$	7,186,761.
	Amende	City or town, state or country, and ZiP+4 RAKERSFTELD. CA 93311	H(a) is this a grou	no return
	Applica Lim pending	BAKERSFIELD, CA 93311	for affiliates?	
	pending	I F NAME AND BUUIDS OF STATE O		s included? Yes No
		SAME AS C ABOVE	Life) in a tri arriver	th a list, (see instructions)
1 Te	Y-AVAI	mpt status: LK 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 5	H(c) Group exem	NI To the food amount of
1 30	abalta	WWW.CSUBFOUNDATION.ORG	H(c) Group exem	Ol as Chain of heat demission CA
U 17	- al	regardization: X Corporation Trust Association Other	ar of formation: 130	9 M State of legal domicile: CA
K FU	4 f l	Summan/		
PA	H	Summary  Briefly describe the organization's mission or most significant activities; PROVIDE STREET IN THE FILLING IT	UPPORT FOR	CALIFORNIA
9	1 E	Briefly describe the organization's mission or most significant activities.  STATE UNIVERSITY BAKERSFIELD IN FULFILLING IT	S MISSION.	
활	- 5	STATE UNIVERSITY BAREASTIBLE 1	we then 25% of its n	et assets.
ĔΙ	2 (	Check this box Hithe organization discontinued its operations or disposed of m	No transfer and an in-	38
꽃				4 35
ŏ				<b>5</b> 93
ఠ		such as whose of last bridge to be employed in calendar vest 2010 (Part V, Ime 28)	1-4-1 ( )-6	<u> </u>
윤		and the second continuing of necessary)		0
Activities & Governance				
8	/8	Net unrelated business taxable income from Form 990-T, line 34		70
-	<u> </u>	Net Unitaletted Dustriess taxable assetting		Current Year
		4 Sept. 4 1 80 M May 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2,595,48	
ᄬ	8	Contributions and grants (Part VIII, line 1h)	2,501,70	14. 3,732,931.
Revenue	9	Program service revenue (Part VIII, line 2g)	473,63	
Š	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		0.
Œ		out a manus (Cost VIII column /A), fines 5, 6d, 8c, 9c, 10c, 8nd 116)	5,570,82	7,180,835.
	400	Table model in the Start of the	916,9	
_	40	County and shaller amounts paid (Part IX, column (A), lines 1-3)	314,12.	0. 0.
		manufacture of the samples (Part IX, column (A), 1996 4)	388.2	76. 987,517.
	45	Saturbas other compensation, employee benefits (Part IX, column (A), lines 5-10/	73,43	
Expenses	10	- unit material developing face (Part IX, Column (A), UIC 119)	13,4	31.
Ē	108	Total fundraising expenses (Part IX, column (D), line 25)		72. 6,303,420.
8	l p	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,534,6	
ш	17	Other expenses (Part IA, Column Ly, Mics 11 to 11 only (A), Ene 25)	6,913,3	49. 7,837,275.
	18	Total expenses. Add fines 13-17 (must equal Part IX, column (A), line 25)	-1,342,5	26656,440.
	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current	Year End of Year
els or			32,368,5	33. 35.900,125.
쇯틆	20	Total assets (Part X, line 16)	3,739,9	21 4,222,545.
28	21	Total tabilities (Part X. Ine 26)	28,628,6	
Net Ass	22	Net assets or fund balances. Subtract line 21 from line 20	20,02010	
P	art	Signature Block	According and to the best	et of my knowledge and behal, it is
		A state entrance localitation accomplished Street and All All	Iffiliality's and to are se-	a continue and a cont
trav	COTES	alties of perjury, I declara that I have examined this return, including accompanying of which pre- ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre-	Salet Use Sul Kutharend	64
UU	, Luite	Ta		
		Signature of officer	Date	
Sig	Jn	MICHAEL NEAL, VICE PRESIDENT BAS		
He	ro	MICHAEL NEAD, VICH I KEBIDIAN		
		Type or print name and little	Date	PIN PIN
-		Print/Type preparer's name Preparer's signature	11	ell-tempioyec
Pa	1d	AVANCE OF THE TON CPA	Firm's I	
	opacer	DANTELLS PHILLIPS VAUGHAN & BOCK	FRI() 5.5	-115.7
		Elmis address 300 NEW STINE ROAD		no. 661-834-7411
U3	a Only	BAKERSFIELD, CA 93309	Phone	
-		the transparer shown above? (see instructions)	40 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	X Yes No
M	ay the	IRS discuss this return with the preparer shown above? (see instructions)		Form 990 (2010)

# CALIFORNIA STATE UNIVERSITY BAKERSFIELD Page 2 FOUNDATION Form 990 (2010) Part III | Statement of Program Service Accomplishments Check If Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO PROVIDE ESSENTIAL SERVICES TO CALIFORNIA STATE UNIVERSITY BAKERSFIELD STUDENTS, FACULTY AND STAFF. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: )(Expenses 7,837,275 including grants of 546,338.)(Revenue \$ 3,732,931.) CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION PROVIDES ESSENTIAL SERVICES TO THE STUDENTS, FACULTY, AND STAFF OF CALIFORNIA STATE UNIVERSITY BAKERSFIELD THAT CANNOT BE PROVIDED THROUGH STATE PROCEDURES. THESE SERVICES INCLUDE SCHOLARSHIPS AND PROGRAM SUPPORT OF THE UNIVERSITY THERE ARE APPROXIMATELY 7,800 STUDENTS. (Code: \_\_\_\_\_\_) (Expenses \$\_\_\_\_\_\_including grants of \$\_\_\_\_\_\_) (Revenue \$\_\_\_\_\_\_) ) (Expenses \$ including grants of \$ ) [Revenue \$ (Code: \_\_\_ 4d Other program services. (Describe in Schedule O.) ) (Revenue \$ including grants of \$ (Ехрапаев \$ 7,837,275. 40 Total program service expenses Form 990 (2010) 03 2002 12-21-10

Form 990 (2010)

Part	IV Checklist of Required Schedules	T	Yes	No
		-	765	MO
1 1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
1	f "Yes," complete Schedule A	2	X	
2	a the organization required to complete Schedule B, Schedule of Contributors?	-	$\exists$	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1	3	_	X
4	Section 501(e)(9) organizations. Did the organization angage in lobbying activities, or have a section 501(n) election in election in election 501(n) election in elec	4		X
=	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
	billiar amounts as defined in Revenue Procedure series in the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
6	Did the organization maintain any donor advised funds of any saltes funds or accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
-	The distribution to bold a conservation easement, including easements to preserve open space,	. 1		x
	the complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, "compare	8		X
_	old the appelled model an amount to Part X line 21; serve as a custodian for amounts not listed in Part X; or provide			**
	and the properties which transportant, cradit repair, or debt negotiation services? if "Yes," complete scrieture Di Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		х
	table a consistent Pathashida P. David V	70		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete screeness,	11a	x	
İb	Did the organization report an amount for Investments - other securities in Part X, line 12 that is 5% or more of its total	11b	x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	Did the organization report an amount for investments - program related in Part X, line 167 if *Yes, * complete Schedule D, Part VIII	11c		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	an status ( amadala Cabathila II Port IX	110		X
	Part X, line 16? If "Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	X	
d				ll
1	The state of the transport of the control of the state of	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax years in res, compared	120	X	
	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?  Was the organization included in consolidated, independent audited financial statements for the tax year?			
Ь	Was the organization included in consolidation, while particular theorem and if the organization enswered "No" to line 12s, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	<u> </u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	The state of the s	14a		X
148	the base property revenues of expenses of more than \$10,000 from grantmaking, full classing, outsidest,			
D		14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schadule F, Parts II and IV	15		x
16	Side the remark to Part IV column (A), line 3, more than \$5,000 of aggregate grants or assistance to are vivoled	16		x
	located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundralising services on Part IX,		П	Τ
17		17	⊬	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of the	18		x
	of and 8a? If "Yes," complete Screenie G, Part II  Did the organization report more than \$15,000 of gross theome from gaming activities on Part Vill, line 9a? If "Yes,"			1
19	Old the organization report more than \$15,000 bi gloss about a fact and a second transfer or the complete Schedule G, Part III	19	1	X
	- Long Burk W Wee * complete Schedule は	200		X
208	Old the organization operate one or more hospitals / if 165, compared to the return? Note. Some Form 890 filers that If "Yea" to line 20s, did the organization attach its audited financial statements to this return? Note. Some Form 890 filers that			1
b	operate one or more hospitals must attach audited financial statements (see instructions)			
	Obergie mis or infrie most man distriction	Form	990	(2010

	FOUNDATION FOUNDATION		P	age 4
חוום:	990 (2010) FOUNDATION  I V Checklist of Required Schedules (continued)			
Pan	TIA Cueckiist of usadolled collection from the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	21		x
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	-		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part M.	22	X	
	Section A. line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		-	
		23	X	<del>                                     </del>
	the strength on outstanding principal amount of more than \$100,000 as of the			
248	Did the organization have a tax-exempt cond assessment an occasional and complete last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	A COLUMN TO ME SALES AND	248	-	<u> </u>
	to the state of the expension of the exp	24b	-	-
	Did the organization releases by proceeds by tax-complete than a refunding escrew at any time during the year to defease			1
		240	_	-
all	to the sea on the behalf of legister for hands outstanding at any time during the year?	24d	Ш	
a	Did the organization act as an on behalf the organization engage in an excess benefit transaction with a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			97
	A COLUMN TO A CONTROL OF THE CONTROL	258		X
	to a second to an average banefit transaction with a discussified person in a prior year, and			
D	Is the organization sware that it engaged at all documents that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	x
		25b	-	1-
00	to the state of the display in the sea of th			x
26	The state of the second of the appropriate of the Wall of the Continue Continue of the second of the	26	-	10
or.	to all a second as all her estaled and an efficient of the color, the color, the color, the color of the colo			1
27	Did the organization provide a grant or other assistance to a person related to such an individual? If "Yes," complete contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			x
	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27	-	1-
28	Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	133		10/
				x
_	The state of the s	288	_	$+\frac{\Lambda}{X}$
		28b	+-	+
6	* * * Allerday Allerday to the total of the principles (CD to the total of the	2Bc		l x
_		29	-	X
29	. A A A A A A A A A A A A A A A A A A A	-		1
30	Did the comprisation random contributions of art, historical treasures, or other statum assets, or specific	30		X
	and the time? If "Yes," complete Schedulo M	-	+	1
31	the the extendention liquidate terminate, or dissolve and cease operations?	31		X
		-	$\top$	
32	If "Yes," complete Schedule N. Part 1  Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets?!! "Yes," complete	32		X
	Schodule N, Part II			
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule 11, 1 act			
34	Was the organization related to any tax-exempt or taxable entity?  If 'Yes,' complete Schedule R, Paris II, III, IV, and V, line 1	34	X	
	A CALLED THE RESIDENCE OF THE PROPERTY OF THE	35		X
35				
ξ		>		
	section 512(b)(13)? If "Yes," complete Schedule H, Part V, and 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		1
36		38	1	X
	the second state of the periodice through an entry that is flot a relation organization.			
37		37		X
	The same that Caharina Canal provide axolanguals in Scharing of full fact with the canal of the			,
38	Note, All Form 990 filers are required to complete Schedule O	38		
_	NOIS, AS FORD BED THEIR SET INCHES TO SET INCHES	For	בא ווו	0 (2010)

Form 990 (2010) FOUNDATION

Par	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
	1 1 72	-	Yos	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W 2G included in line 1a. Enter O if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
2a	False the number of amployage recorded on Form W.S. Transmittel of Wade and Tax Statements.			
	liked for the calendar year ending with or within the year covered by this return  2a 93			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Dirt the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
h	tr "Yes " has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	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:			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
54	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь		5b		Х
c	If "Yee" to line 5a or 5b, did the organization file Form 8886 T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	say contributions that were not tax deductible?	6a		Х
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		-
7	Oxegoinations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?	7a		X
b	If "Yors" did the consultation notify the donor of the value of the goods or services provided?	7b_		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			١.,
	to (Je Form 8282?	7c		X
d	If "Yes" indicate the number of Forms 8282 filed during the year 7d		1	l
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal banelit contract?	70		-
- 6	Did the constraints, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	_	
ė.	If the experience received a contribution of qualified intellectual property, did the organization tile from down as required?	7g	_	├
h	If the expanisation received a contribution of cars, boats, pirplanes, or other vehicles, did the organization life a form 1095-07	7h		-
8	Speciation crospitations maintaining donor advised lunds and section 508(a)(3) supporting organizations. Uto the supporting			x
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			- V
	Did the organization make any taxable distributions under section 49667	9a	-	X
Ь	and the state of the state to a donor donor strictor, or related person?	95		A
10	and the contentant inter			
	Initiation fees and capital contributions included on Part VIII, line 12			1
ь Б	2 - 10b   10	Į.		
11	Section 501(cV12) organizations. Enter:	ľ		
B	Gross income from members or shareholders		1	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against		1	1
-	110	-	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in the of Form 1041?	12a	-	
h	if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	+-
10	le the organization licensed to issue qualified health plans in more than one state?	13a	-	+
	Note: See the instructions for additional information the organization must report on Schedule C.			
j.	Enter the amount of reserves the organization is required to maintain by the states in which the			
Q	organization is licensed to issue qualified health plans			
c	Faler the amount of reserves on hand	-	-	+x
44-	not the amendment of careful any navments for indoor terring services during the tax year?	14a	-	+^
li ve	If "Yes," has it filed a Form 720 to report those payments? If "No," provide an explanation in Schedule O	14b	, po/	(2010
_		ruit	1336	1 12010

FOUNDATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No in Enter the number of voting members of the governing body at the end of the tax year 16 b Enter the number of voting members included in line 1s, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X International Carageouser acceptantly that officer amongs a small bet expetted officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustess, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7a poversing body? X 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X b Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's malling address? If "Yes," provide the names and addresses in Schedule O .... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Does the organization have local chapters, branches, or affiliates? b. If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 110 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 126 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe In Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the procese for determining compensation of the following persons include a review and approval by Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule Q. (See Instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 160 taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection, Indicate how you make these available. Check all that apply. Another's website X Upon request X Own website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL NEAL - 661-654-2287 9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA Form 990 (2010)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)					lu\	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related lorganizations In Schedule O)	week (describe hours for related organizations in Schedule			from the organization (W-2/1099-MISC)	(rom related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
OR. MELVIN ATKINSON	2.50	X						0.	0.	0.
MR. GAURDIE BANISTER, JR. DIRECTOR	2.50	x						0.	0.	0.
MRS. SHERYL BARBICH DIRECTOR	2.50	x						0.	0.	0.
MR. ROGERS BRANDON DIRECTOR	2.50	x		L		L		0.	0.	0.
MR, GREG BYNON DIRECTOR	2.50	X	L		L	L		0.	0.	0.
MR. MORGAN CLAYTON VICE CHAIR	2.50	x		X	L	L		0.	0.	0
MR. THOMAS DENATALE DIRECTOR	2.50	X		L		_	L	0.	0.	0.
MR. BRENT DEZEMBER DIRECTOR	2.50	x	L.	L	L	$\downarrow$	L	0.	0.	0.
MS. MELISSA FORTUNE DIRECTOR	2.50	X	L			L	L	0.	0.	0
MR. BRUCE FREEMAN DIRECTOR	2.50	x		L	1	$\downarrow$	L	0.	0.	0
MRS. JUDY FRITCE LIFE MEMBER	2.50	X		L	1	L		0	. 0.	0
MRS. MIKIB HAY DIRECTOR	2.50	x		L	1	1	L	0	. 0.	0
MR. BRUCE JOHNSON DIRECTOR	2.50	х		L		$\perp$		0	. 0.	. 0
MR. GEOFFREY B. KING CHAIR	2.50	x		X	_		_	0	. 0.	. 0
DR. PATRICK LEUNG DIRECTOR	2.50	X		1	1	1	1	0	. 0.	. 0
DR. JOSEPH C. NACILVAINE DIRECTOR	2.50	X	_		1	1	_	0	. 0.	. 0
MR. ANGELO MAZZEI DIRECTOR	2.50	X						0	0	Form 990 (201

Part VII Section A. Officers, Directors, Tre	stees. Key Er	nplo	iyee	6, B	nd l	Hìgh	est	Compensated Employ	ees (continued)		
(A)	(B)	(C)				(D)	(E)	(F)	1		
Name and title	Averago	Position (check all that apply)						Reportable	Reportable	Estimated amount of	
	hours per week	(c)	1ech	( all	that	app	iy)	compensation	compensation from related	amour	
	(describe	è						the	organizations	compen	
	hours for					3		organization	(W-2/1099 MISC)	from	the
	related	į,	E			E L		(W-2/1099-MISC)		organiz	
	organizations	1	74.0		Ě	F02				and re	
	in Schedule O)	Propredesti Pursine or densitor	Indiagonal Value	B	Keyampayer	Persongmes and personal	1			organiza	ations
DR. HORACE MITCHELL		_						0.	343,530.	3	048.
SECRETARY/UNIVERSITY PRESI	2.50	X	_	X	-	├-		0.	343,330;	3,	0401
HR. STEPHEN MUCHINYI	2 50	x						0.	0.		0.
DIRECTOR	2.50	A		-		-		0.		_	
MR, VINCE ROJAS	2.50	X						0.	0.		0.
DIRECTOR  MR. BER F. STINSON	2:30	1			-	-					
DIRECTOR	2.50	X				1_		0.	0.		0.
HR. JON VAN BORNING											
DIRECTOR	2.50	X						0.	0.		0.
MR. E.L. "EKSET" VARNER			Π		Τ				_		0
DIRECTOR	2.50	X	<u> </u>		_	<u> </u>	-	0.	0.		0.
MS, LISA WONG	2.50	x						0.	0.		0.
DIRECTOR  NR. MILTON YOUNGER	2130	-	$\vdash$	+		+					
DIRECTOR	2.50	x						0.	0.		0.
DR. ROBERT PROVENCIO		Π	Т	T	П	Π			01 004		0
DIRECTOR	2.50	X	<u></u>	<u>L.</u>				0.	91,094. 434,624.		0.
1b Sub-total							357,914.		0.		
c Total from continuation sheets to Part V	III, Section A				***			0.	792,538.	3.	048.
d Total (add lines 1b and 1c)				a dia	. b. a.		-				
2 Total number of individuals (including but	not limited to t	Pose	<b>3</b> 1:51	100 E		PRI W	ang i	BEENARD HIGER RITH STO	a'dda ar rabarrasa		0
compensation from the organization		_								Ye	Ma Na
3 Did the organization list any former officer	r, director or In	uste	e, ke	ey e	mple	oyae	, or	highest compensated e	mployee on		
III. 4-2 If "Ves " complete Schedule J for	such Individua	Į.								3	X
4 For any individual listed on line 1s, is the s	rum of reportal	ola c	ma	pens	satio	n ar	id of	ther compensation from	the organization	4 2	,
and minted amonizations greater than \$15	50.0007 <i>lf</i> "Yes	, " CI	0/71/0	le le	Sci	1600	10.4	tor such fudimonal		4 2	-
5 Diet and nerson listed on line 1a receive or	accrue compo	<u> ภารส</u>	Lion	fror	n en	ıy un	rela	ited organization of Indi	udrial for services	5	l x
rendered to the organization? If "Yes," co	mplete Schedu	ile J	for :	SUCI	) pe	חסניו				0	
Section B. Independent Contractors  1 Complete this table for your five highest of				lent	000	dened	lom	that received more than	100.000 of compen	sation from	m
MONE	ошбалинган к	snoh	PERTIE	10111	WW1 I	19144	.010				
the organization. NONE			-					(B)		(C)	
Name and busines	s address							Description of	services	Compens	10011
				_							
					_						
					14.41		Ne-A-	ad about the consisted	more than		
2 Total number of independent contractors	(including but	not	ונרינון	red (	io in	0.20	43T6	M STOAD MIN LECEIACO			
\$100,000 in compensation from the organ	IN A CON	रुगुरा	NI	TAT	TI	-	SF	HEETS		Form 99	(2010)
SEE AWL ATT' DECITE	DIA II COL		and to	,	_						

orm 990 (2010) FOUNDAT	ION						1		(nantinuad)		
Part VII Section A. Officers, Directors, 1	Trustees, Key En	ployees, and Highest (C)						Compensated Employ (D)	(F)		
(A) Name and litte	Average			ilso <sup>c</sup>	ion	1		Reportable	Reportable compensation	Estimated amount of	
	hours par waak	individual tradition or director	institute of tracks		May Brit Hayes	Highest completated traplayer	Farmer (A)	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
R. WARREN G, CARTER	0.50							0.	0.	0.	
JPE MEMBER	2.50	X		-+	-	<u> </u>	_				
RS. JOAN DEZEMBER	2.50	x						0.	0.	0.	
ITE MEMBER	2.30	-		$\forall$	_	-					
G. ED HÖPPLE LIPE MEMBER	2.50	X						0.	0.	0.	
R. ROBERT W. RARPE									_		
LIFE MERCHER	2.50	X				_	L	0.	0.	0.	
MR, DAVID R, MARTIN		ĺ.,						0.	0.	l o.	
LIFE MEMBER	2.50	X	<u> </u>		<u> </u>	⊢	┡	0.			
MR. GEORGE MARTIN	0.50	1						0.	0.	0.	
LIFE MEMBER	2.50	X	-	-	H	-	-	- 0.			
DR. ROBERT C. MARCHALL	2.50	x						0.	0.	0.	
LIPE MENDER	2,50	1	1		-	1	$\vdash$				
MR. JERRY STANNERS	2.50	x						0.	0.	0.	
LIFE NEWBER MR. GENE VOILAND		† <u> </u>		1							
LIFE MEMBER	2.50	X						0.	0.	0.	
MRE, SHERYL CHALUPA		Т	T						0.	0.	
DIRECTOR	2.50	X	1_	<u> </u>		↓_	1_	0			
MR. DAVID HERNANDEZ		1	1					0.	. 0.	0	
DIRECTOR	2.50	X	-	-	-	4-	+	<del> </del>		·	
MR. JOHN NILON	0.50							0.	. 0.	. 0	
DIRECTOR	2.50	X	+	+	۲	+-	+	<del>                                     </del>			
MS. BEVERLY BYL	2.50	1		x				0	188,173.	. 0	
CSUB POUNDATION-EXEC. DIRE	2.50	+	-	+**	+	1	1				
MR, HICHAEL NEAL EX-OFFICIO MEMBER	2.50			X				0	169,741	. 0	
RA-OFFICIO MARDIA		+				-	-				
		+		+	+	-	+				
		+	+	+	+	1	+				
		_								-	
									357,914	1	

Form 990 (2010) FOUNDATION

Par	ŧ VIII						(5)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from lax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncent contributions included in lines 1s-11 \$	2896914.				
SE		Total Add lines 1a-1	▶	2896914.			
Program Service Revenue	2 a b c d	ATHLETICS OTHER PROGRAM REVENUE CHILDREN'S CENTER	Business Code 611710 611710 611710	1660241. 1385113. 687,577.	1660241. 1385113. 687,577.		
P.	f	All other program service revenue		3732931.			
	3 4 5	Total. Add lines 2a:21 Investment income (including dividends, interother similar amounts) Income from investment of tax exempt bond (Royalties)	▶	556,916.			556,916.
	6 a	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	5,926.				
	d			-5,926			-5,926.
Other Revenue	8.4	Gross income from fundraising events (not including \$					
	0	Net income or (loss) from fundraising events Gross income from gaming activities. See		-			
	l l	Part IV, line 19	b				
	10 4	Gross sales of inventory, less returns and allowances	8 b				
	-	Miscellaneous Revenue	Business Code				
	11 a						
		Total. Add lines 11a-11d		7180835	3732931	. 0	. 550,990
0370	12	Total revenue, See instructions.		1 1100000			Form 990 (2010

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

Do n	All other organizations must complete include amounts reported on lines 6b, lib, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, time 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	546,338.	546,338.		
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors.				
	trustees, and key employees				-
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)	640 400	642,102.		
7	Other salanes and wages	642,102.	042,102.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	345,415.	345,415.		
9	Other employee benefits	2421412.	343,420		
10	Payroll taxes				
11	Fees for services (non-employees):				
0	Management				
þ	Legal	50,000.	50,000.		
G .	Accounting	35,55		-	
d	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management lees				
T -					
9	Other Advertising and promotion	7,450.	7,450.		
12 13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,063.	7,063.		
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
18	Conferences, conventions, and meetings				<del> </del>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .				
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 241. If line 241 amount exceeds 10% of time 25, column (A)				
	amount, list Ine 241 expenses on Schedule O.) ATHLETICS	3,054,169.	3,054,169.		
ė	CHILDREN'S CENTER	858,754.	858,754.		
b	ENDOMMENT	574.301.	574,301.		
C	CAMBILE PROCRAM	540,847.	540,847.		
d	CDANING AND CONTRACTS	502,522.	502,522.		
9		708,314.	708,314.		
f oc	(otal functional expenses, Add lines 1 through 24f	7,837,275.	7,837,275.		. 0
25	Joint costs. Check here				
26	98-2 (ASC 958-729). Complete this line only if the organization reported in column (B) point costs from a combined educational campaign and fundraising solucitation				Form <b>990</b> (201

	Balance Sheet	(A) Beginning of year		(B) End of year
		730,434.	_	1,045,778.
11	Cash - non-interest-bearing		1	2,422,961.
2	Savings and temporary cash investments	2,474,195.	2	1,405,072.
3	Pledges and grants receivable, net	136,844.	3	117,057.
4	Accounts receivable, net	T20'044'	4	111,001
5	Receivables from current and former officers, directors, trustees, key			
~	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Recovables from other disqualified persons (as defined under section			
"	4958(I)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	77,718
7	Notes and loans receivable, not	111,717.	7	11,110
8	Inventorios for sale or use		_8	
9	Prepaid expenses and deferred charges		8	
	threat buildings and equipment cost or other			
100	Logic Complete Part VI of Schedule D 10a 1 11, U40, U31			D COS ETC
Ψ.	Less: accumulated depreciation 10b 3,426,455.	7,820,410.	10c	7,621,576
I.	Investments - publicly traded securities		11	
11	Investments - publicly traded seasonals	19,350,660.	12	23,209,963
12	Investments program related. See Part IV, Ine 11		13	
13			14	
14	intangible assets Other assets. See Part IV, line 11		15	
15	Total assets, Add lines 1 through 15 (must equal line 34)	32,368,533.	16	35,900,125
16	Accounts payable and accrued expenses	370,525.	17	793,857
17			18	880 106
18	Grants payable	931,562.	19	789,188
19	Deferred revenue		20	
20	Tax exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21	and the state of t			
22	Payables to current and romar bilicers, discretes, markets and highest compensated employees, and disqualified persons. Complete Part II			
			22	
21 22	of Schedule L Secured mortgages and notes payable to unrelated third parties		23	<u></u> _
23	and the second transport of the second third parties		24	
24	Unsecured notes and loans payable to uniterate in the parties.	2,437,834	25	2,639,500
25	Other liabilities. Complete Part X of Schedule D	3,739,921.	26	4,222,545
26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here		1	
	Organizations that follow SPAS 117, theck here			
	lines 27 through 29, and lines 33 and 34.	10,990,986	27	9,199,653
27		4,243,201	28	8,307,103
28		13,394,425		14,170,824
29	Permanently restricted net assets			
:	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.		30	
30	Capital stock or trust principal, or current funds		31	
31	Paid in or capital surplus, or land, building, or equipment fund		32	
27 28 28 29 30 31 32 31		28,628,612	. 33	31,677,58
Z 33	Total net assets or fund balances	32,368,533	. 34	35,900,12
34	Total liabilities and net assets/fund balances	1 20,000,000		Form 990 (20

Form	990 (2019) FOUNDATION	_	, K	Pa	ge 12			
Par	t XI Reconciliation of Net Assets				ভ			
	Check if Schedule O contains a response to any question in this Part XI				X			
		. 1	7,18	3 U S	35			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,83					
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,4				
3	Revenue less expenses, Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,6	05.4				
5	Other changes in net assets or fund balances (exptain in Schedule O)	5	31,6					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31,0	11,3	001			
Par	t XIII Financial Statements and Reporting				X			
	Check if Schedule O contains a response to any question in this Part XII			Yes	7			
				144	-			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<b>→</b>	-				
	If the crosnization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Mala the oldsurgition a full success program of the success of the	hall \$ \$ 0.00 to \$ 1.00	-	$\rightarrow$	X			
b	Were the organization's financial statements audited by an independent accountant?		746	-	-			
C	If "Yes" to line 2s or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie Brout,	20	l x				
	review, or compilation of its financial statements and selection of an independent accountant?	adula Ö			<del>                                     </del>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	el as s	100	100				
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	KI OII 4	40		1			
	separate basis, consolidated basis, or both:		4					
	X Separate basis Consolidated basis Both consolidated and separate basis	inala Arreit						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the \$	Willia worn	34	.	l x			
	Act and OMB Circular A-1337	and second		+	+			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	JIEGO BOUIL	31	,				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				(2010)			

### **SCHEDULE A**

Department of the Treasury internal Reverse Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate Instructions. CALIFORNIA STATE UNIVERSITY BAKERSFIELD

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of	the organizatio		NIA STATE UN	IVERS	TY BA	KERSI	LELD	Em	pioyer ic	ientification number
		FOUNDAT	ty Status (Ali organiza	store mus	Loomoletr	this part	See instr	uctions.		
Part I								## C + + + + + + + + + + + + + + + + + +		
	nzation is not a	private foundation t	pecause it is: (For lines 1 s, or association of churc	Inrough 1 thes descri	1, cneck o bed in sec	nsy one or tion 170()	ix.) bN1NAKi).			
1			о(b)(1)(A)(II). (Altach Sch		DDW (11 000		-36 -3636-3-			
2	A school desc	nped in section 17	al service organization d	lanenhari ir	section :	170/68/18/	AMINA.			
3	A hospital or a	cooperative nospii	pperated in conjunction t	with a hose	ital doscri	hed in sec	tion 170	ьк1)(A)(Пі)	. Enter th	e hospital's name,
4			Sheraran in conjunction a	1101 2 21007	// - / · · ·		•	7, 7, 7,		
_ 17671	city, and state	n annual for the l	benefit of a college or un	iversity ox	ned or ap	erated by	a governn	nental unit	describe	d in
5 X		)(1)(A)(iv). (Comple					-			
6 🗔	A foringed stat	a or local occupion	ent or governmental util	described	ın sectior	170(b)(1)	(A)(v).			
7 🗔	An annualization	n that comally reci	eives a substantial part (	of its suppo	ort from a g	overnme	ntal unit o	r from the g	q lanonaç	ublic described in
,		)(1)(A)(vi). (Comple								
6 🗀	A enountiinfly	mist descaped in \$	ection 170(b)(1)(A)(vi). (	Complete l	Part II.)					
. 🗔	An amongother	a that normally rec-	elves: /11 more than 33 1	/3% of its	support in	om contrit	putions, m	embership	fees, an	d gross receipts from
	a activition paled	ad to its exempt for	actions - subject to certa	in exception	ns, and (2	no more	than 33 1	/3% of its:	support i	tom Gross mivestinent
	income and u	nrelated business U	exable income (less sect	ion 511 tax	d from bus	inesses a	equired by	y the organ	uzation a	fter June 30, 1975.
	See section 5	io9/al/2), (Complete	Part III)							
10	An accomplantic	o occanizad and or	narated exclusively to les	st for publi	c safety. S	ee soctio	n 509(a)(4	).		
11 🔲	An arganization	o hos beginness of	ili sol visvizulozo beterec	e baneld c	st, to perfo	ım the lun	ictions of,	or to carry	out the p	purposes or one or
	more aublicht	supported organiza	ations described in section	on 509(a)(1	} or sectio	n 509(a)(2	). Sec soc	tion 509(a	)(3). Che	CK Ino Dox mai
	describes the	type of supporting	organization and comple	ete fines 11	e through	i 110.	ancated.		d 🗔	Type III - Other
	a Type I	<b>b</b> ∟	Type II 9	: Турі	III - Func	HOUSERA SELE	egrateu	more dien	n baddeu	
a [	By checking t	his box, I certify tha	it the organization is not	controlled	directly of	indirecuy	oy one or	nilore uisy action 500	(a)(1) or 9	section 509(a)(2).
	foundation ma	anagers and other t	han one or more publicly	y supporte	ongeniza	nons desc	II At Tube	- 111	(6)(1) 01 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1			tten determination from t	mo IKS tos	ititis e iyi	рет, тура	ii, or Type	9 (11)		
	eupporting or	ganization, check ti	his box		معنا بطعاب	from nov	of the folk	numa DOES	005?	
9	Since August	17, 2006, has the c	organization accepted ar firectly controls, either al	iy giii ui ci	other with	nersons d	lescribed i	in (ii) and (ii	n) below.	Yas No
	(i) A persor	who directly or inc	rectly controls, entrer a	Out or rod	gii at witti	parac		, ,	•	11g(i)
	the gave	ming body of the s	upported organization? n described in (i) above?	•						11g(ii)
	(ii) A lamily	colonider of a perso	person described in (i)	or (ii) abovi	37					11g(lii)
L	Devide the 6	Mowara information	about the supported or	ganizationi	(s).					
h	LIGAIGA (LIG I	MONTING HISTORICA								
		(II) EIN	(iii) Type of	(Iv) Is the o	rganization		nobly the	(VI) IS	the nuncel	(vii) Amount of
	e of supported canigation	(n) en	organization (described on lines 1-9	n col. (I) le	stad in your		ion in col.	organizálio (I) organiz	d in the	support
Ų1	Abrintario		above or IRC section	Boveruma	document?	(i) of your	Support	` TU,S,		
			(see Instructions))	Yes	No	Yos	No	Yes	No	
				1				i		
			<u> </u>					-		
					-			<del>                                     </del>		
				-	-	-		<del>                                     </del>		
			ļ	+		-				
				+						
Total		445aa A4 NI.445	e en the instructions	for				Schodul	e A (Fori	m 990 or 990-EZ) 2010

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, soo the instructions for

Schedule A (Form 990 or 990-EZ) 2010 FOUNDATION

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization faits to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support												
Culer	idar year (or tiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total						
1	Gifts, grants, contributions, and			1									
	membership fees received. (Do not												
	include any "unusual grants.")	8,214,043.	3,539,012,	2,694,973.	3,292,109,	3,177,015.	20,917,152.						
2	Tax revenues levied for the organ-			]									
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3	8,214,043,	3,539,012.	2,594,973.	3,292,109,	3,177,015.	20,917,152.						
	The portion of total contributions					1							
_	by each person (other than &												
	governmental unit or publicly				ľ								
	supported organization) included												
	on line 1 that exceeds 2% of the		1		1								
	amount shown on line 11,												
	column (f)												
6	Public support. Subtract the 5 hum line 4						20,917,152,						
Sec	tion B. Total Support												
	ndar year (or tiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(a) 2010	(f) Total						
	Amounts from line 4	8,214,043.	3,539,012.	2,694,973,	3,292,109.	3,177,015.	20,917,152,						
	Grass Income from interest.												
-						:							
	dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business  639,682. 697,964. 531,980. 473,634. 550,990. 2,894,250.												
		639,682.	697,964.	531,980.	473,634.	550,990.	2,894,250.						
9													
~	activities, whether or not the	]											
	business is regularly carried on												
10													
100						ļ							
	10 Other income. Do not include gain or loss from the sale of capital												
44	or loss from the sale of capital assets (Explain in Part IV.) 23,811,402.												
40	Cross receipts from related activities	etc. (see instructi	ions)		1 11		,405,153.						
15	First five years, If the Form 990 is fo	r the organization	a first, second, this	rd, fourth, or lifth ti	ax year as a sectio	n 501(c)(3)							
	and the how and sto	n here											
Se	ction C. Computation of Pub	ic Support Pe	rcentage				AB AC						
14	Public support percentage for 2010	(kna 6, column (f) d	livided by line 11.	column (f))		14	97.85 % 91.84 %						
4.60	Bublic support percentage from 200	9 Schedule A. Parl	l II, Iine 14			15							
166	33 1/3% support test - 2010.If the	organization did no	it check the box o	n line 13, and line '	14 is 33 1/3% or n	nore, check this bo	x and						
		on a sublick curr	odesinemo behoc	n.			يعين س						
	33 1/3% support test - 2009. If the	organization did no	nt check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check ()	nis box						
	and stone been. The consequention full	difies as a publiciv :	supported program	MIGO			_						
17	Land Araba and altermationed to	st - 2010.If the ara	anization did not (	check a box on line	13, 16a, or 16b, i	end line 14 is 10%	or more,						
	and if the organization meets the "fa	cts and-circumstar	nces* test, check t	his box and stop I	nere. Explain in Pa	art IV how the orga	ntzation						
	The state of the same and plant with 180000	* test The organiza	ation qualifies us s	publicly supporte	d organization		-						
1	and to be and already stances to	et = 2009.If the ord	unization did not o	check a box on line	13,168,16b.or	17a, and line 15 is	10% or						
	area and d the omenization meets	the "lacts-and-circu	umstances* test, c	heck this box and	stop nere, Explai	El ha L-Rif in tions my	<b>6</b>						
		rcumstances* lest.	. The organization	QUAIMES AS 8 PUD	icià enbboured ai â	partization							
40	Private foundation. If the organizati	on did not check a	box on line 13, 10	68, 16b, 17a, or 17	b. check this pox	Had see meanicus	ils						
10					Sch	edule A (Form 99	0 or 990-EZ) 2010						

Parl	III   Support Schedule for O	rganizations	Described in	Section 509(a)	)(2)		
-	(Complete only if you checked t	the box on line B	of Part I or if the o	t bellat noitazinsgn	lo qualify under Pa	art (I. If the organica	tion fails to
	qualify under the tests listed be	low please com	olete Part II.)				
Sect	ion A. Public Support	==.1=					
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	[d] 2009	(e) 2010	(f) Total
	Sifts, grants, contributions, and					1	
	nembership fees received. (Do not				ļ		
	nclude any "unusual grants.")						
	cross receipts from admissions,						
1	nerchandise sold or services per-		]	ļ	1		
f	ormed, or facilities furnished in						
ž.	any activity that is related to the		1			<u> </u>	
	organization's tax-exempt purpose Gross receipts from activities that						
	Re light an mulaisted frade or pris-						
	ness under section 513						
	fax revenues levied for the organ-						
	zation's benefit and either paid to			1		1	
	or expended on its behalf			,		l	
	The value of services or facilities						
	lumished by a governmental unit to				1		
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts industed on times 2 and 3 received						
D /	Amounts industed on lines a sect a received			ļ			
i	extend the greatur of \$5,000 or 1% of the				1		<u> </u>
	emount on line 13 for this year						
	Add lines 7a and 7b				North Print		
8 1	Public support Support Support						
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	idar year (or fiscal year beginning in)	[8] £000	19/2001				
	Amounts from line 8						
	dividends, payments received on						1
	securities loans rents, royalties						l
	and income from similar sources			<del> </del>			
	Unrelated business taxable incoma (less section 511 taxes) from businesses			1	1		
	acquired after June 30, 1975			1		<u> </u>	<u></u>
C	Add lines 10a and 10b  Net income from unrelated business						
11	activities not included in line 10b.						1
	whether or not the business is						
	regularly carried on			+			
	Other income. Do not include gain or loss from the sale of capital				]	_	·
	assets (Explain in Part IV.)						
13	Total support (Addenes 9, 10c. 11, and 12) First five years, if the Form 990 is fo		In first encount th	led fourth or lifth	inx year as a sec	lion 501(c)(3) organi	Ization,
14	First five years. If the Form 990 is to	t frie otBanisario	I S INSA SOCOCIOT NO	IB m <sup>2</sup> I mat in 18 de aven.	1411-2-4		<b>&gt;</b>
_	check this box and stop here	lie Support P	ercentage				
Sec	don C. Computation of Publ	ile Support i	distribution 19	column (f))		15	96
15	Public support percentage for 2010 (	jina 8, column (i)	CHAICIBO DA MIS 14	Section (M. ********	ergodes about their bleed	16	%
18	Public support percantage from 2005	Schedule A, Pa	rt III, line 15	(h			
Sec	tion D. Computation of Inve	stment incor	ne Percentag	Ere 12 notema M	1	17	96
17	Investment income percentage for 2	010 (Bha 10c, coi	must (i) assigned by	ing is coenii (i)	******** x   1 + 1	18	%
18	Investment income percentage from	2009 Schedule A	Part III, Ime 17	and the state of t	no 45 in man this	. 33 1/396, and line	17 is not
199	Investment income percentage from 33 1/3% support tests - 2010. If the	s organization did	not check the bo	x on the 14, and W		i vo more, and and Valida	▶□
	and the second s	distant base 11	ha Amaratration du		A OCIDINATION AIRM	Residence of the same of the s	***
la la	more than 33 1/3%, check this box to 33 1/3% support tests - 2009. If the	s organization did	not check a box	on line 14 Of line 1:	e de a vripida (v 18.) e de a vripida (v 18.)	poorted emanizatio	n
		ark this box and	stop here. The or	<u>Danization quenna</u>	is as a honing and	bbotton or Bronders	<b>&gt;</b>
20	Private foundation. If the organization	on did not chack	a box on line 14, 1	ISA, OF TSD. CHECK	this box and see	chedule A (Form 9	
					2	wite a final line of	

032023 12-21-10

## **SCHEDULE D**

**Supplemental Financial Statements** 

(Form 990)
Department of the Treatury
Internal Revenue Service

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, tine 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Employer Identification c nber

Pari	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	m A P and a soul other annual section
		(a) Donor advised lunds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
A	Ammonate volum at and of Vear		
5	Did the organization inform all denors and denor advisors in v	writing that the assets hold in donor adv	ised funds
	are the constitution's property, subject to the organization's	exclusive legal control?	Yes L No
6	Did the amenization inform all grantees, donors, and donor as	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e conferring
	Impormissible orivate banefit?		Yes L No
Par	Conservation Easements. Complete if the org	anization answered 'Yes' to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
•	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an h	sistorically Important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Emeanation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	n of a conservation easement on the tast
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements	\$44044	2a
ь	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic stru	cture
	thread in the Netional Register		2d
3	Number of conservation easuments modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
_	war la		
4	Number of states where property subject to conservation ear	sement is located 🕨	•
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	N
_	violations, and enforcement of the conservation easements if	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ng the year - 3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(Q
	and anning 4706-VAVEVERS		Tes LINO
9	to Dord VIV describe how the organization reports conservet	ion easements in its revenue and exper	ist statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describ	es the organization's accounting for
Pa	t III   Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 6.	
18	If the organization elected, as permitted under SFAS 116 (At	SC 958), not to report in its revenue stat	lement and palance sneet works or un,
	historical treasures, or other similar assets held for public ex	hibition, education, of research in jurint	projuce of broad service, broads, at hear vivi
	the text of the lootnote to its financial statements that descr	ibes these items.	and the land and and of historial
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statem	and and palance street works of a tribitorion
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	bripite service! broxide rue tottowing surrontre
	relating to these items:		
	(f) Revenues included in Form 990, Part VIII, line 1	I hill was indeed interpret wherealth it is	
	(2) Assets included in From 990, Part X		
2	If the propriettion received or held works of art, historical in	easures, or other similar assets for finan	cial gain, provide
-	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	4 14941 - 44444 344	* *
la la	Assets included in Form 990, Part X	. =	b \$
_		9	

Scher	dule D (Form 990) 2010 FOUNDAT:	ION				Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther Similar Asse	ets (continued)
3	Using the organization's acquisition, accessing	on, and other records	s, check any of the	following that are	a significant use of its	collection items
	(check all that apply):					
В	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	e	Other			
c	Preservation for future generations					
4	Provide a description of the organization's co	allections and explain	how they further I	tre organization's d	exempt purpose in Pa	rt XIV.
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	isures, or other sin	nilar assets	
	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arran				to Form 990, Part IV.	line 9, or
	reported an amount on Form 990, Par					
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	ns or other assets	not included	
	on Form 990, Part X7					_ Yes
ь	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:			
						Amount
c	Beginning balance			4	10	
d	Additions during the year	4	14 2-44 1 1 4 101		1d	
e	Distributions during the year				1e	
ſ	Ending balance	•		**	1f	
2a	Did the organization include an amount on Fo	om 990, Part X, line	21?			Yes No
ь	If "Yes," explain the arrangement in Part XIV.					
Par	t V Endowment Funds. Complete I	f the organization an	swered "Yes" to Fo	om 990, Part IV, lir		
		(a) Current year	(b) Prior year	(a) Two years bac	k (d) Three years back	(e) Four years back
1a	Beginning of year balance					ļ <u>.</u>
b	Contributions					<u> </u>
C	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year	r end balance held a	s:			
а	Board designated or quasi-endowment		_96			
b	Permanent endowment	96				
G		96				
3а	Are there endowment funds not in the posse	ession of the organiz	glion that are held	and administered (	or the organization	
	by:					Yes No
	(i) unrelated organizations				4	3n(i)
	(ii) related organizations					3a(li)
h	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?		1 1 1 1	3b
4	Describe in Part XIV the intended uses of the	a organization's endo	wment lunds.			
Pai	rt VI Land, Buildings, and Equipn	ient. See Form 990	, Part X, tine 10.			
	Description of investment	(a) Cost or o	1		c) Accumulated	(d) Book value
		basis (Investr	nent) basis	(other)	depreciation	3 430
1a	Land			3,139.	660 054	3,139.
	Buildings				1,269,971.	3,043, <b>592.</b>
c	Leasehold improvements			39,335.	58,899.	1,080,436.
d	Equipment		5,5	91,994.	2,097,585.	3,494,409.
	Other			E=X ==     =		n 601 EB6
	Add lines to through to (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c).)		7,621,576.

	STATE UNIVERS	SITY BAKERSFI	ELD	
Schedule D (Form 990) 2010 FOUNDATION				Page 3
Part VII Investments - Other Securities. s	ee Form 990, Part X, line 1			
(a) Description of security or category (including name of security)	(b) Book value		) Method of valuation of end-of-year market	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) OTHER INVESTMENTS	23,209,963	COST		
(B)				
(C)				
(D)				
(E)				
(F)	ļ <del></del>			
(G)	<del>                                     </del>			
(H)				
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	23,209,963			
Part VIII Investments - Program Related.			<del>.</del>	
(a) Description of investment type	(b) Book value	(c	) Method of valuations and of year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	1			
Part IX Other Assets. See Form 990, Part X, In	B 15 ) Description			(b) Book value
	) Coscinpino			
(1)				
(2)				
(4)				
(5)				
(8)				
(7)				
(8)				
(9)				
(10)				<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) lie	ne 15.)	*****		·
Part X Other Liabilities. See Form 990, Part X	t, kne 25.	(b) Amount		
1. (a) Description of lubility		(a) Amount		
(1) Federal income taxes (2) DUE CALIFORNIA STATE UNI	VPPCTMV			
(3) BAKERSFIELD	4 TH/D # 7 T	124,145.		
LOCALIED DOCK DESCRIPTION	COGTIC	2,515,355.		
	COBID	2122212221		
(5)				
(6)				
(7)				
(8)				
(9)				

(1<u>0</u>)

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

2, 639, 500.

2, 639, 500.

2, 639, 500.

Schodulo D Form 990, Part X, col (B) line 25.)

Schodulo D Form 990, Part X, col (B) line 25.) Schedule D (Form 990) 2010

Scho	dule D (Form 990) 2010	FOUNDATION					P	age 4
Pai	t XI Reconciliation of	of Change in Net Assets from For	n 990 to Audite	d Financi	a State	ement	8	
1	Total revenue (Form 990, Pa		=		1		7,180,8	35.
2	Total expenses (Form 990, F				2		7,837,2	75.
		ar. Subtract line 2 from line 1	.		3		-656,4	40.
3		) on investments			4		3,705,4	
4		f facilities			5			
5					6			
6		PERSONAL PROPERTY OF THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROP			7			
7		erbynddd y leigerddaunondregerddodddigddd 1921 - 1921 centr hard			á			
В	Other (Describe in Part XIV.)	edidiniir (sirtifii)/ protesses belytesprell	5.1000000000				3,705,4	na.
9	Total adjustments (net). Add	l lines 4 through 8	5 K MAR TELEM AT 1 CORNERS		9		3,048,9	
10	Excess or (delicit) for the ye	ar per audited financial statements. Combine	lines 3 and 9	th Descent	10	3 - 4		004
Par		of Revenue per Audited Financial		tn Revent	ie ber i		10,886,2	42
1	Total revenue, gains, and of	her support per audited financial statements				1	10,000,2	43.
2		but not on Form 990, Part VIII, line 12:	1 1	2 505	400			
a	Net unrealized gains on inve	estments	2a	3,705	,408.	4		
ь	Donated services and use of	facilities	2b			1000		
c	Recoveries of prior year grad	nts	20					
d	Other (Describe in Part XIV.)		2d					
		**************************************			,,	28	3,705,4	
3		# AMAZINET   WEST   WEST   WAS   DAMAGE   WAS			20 ,00000107	3	7,180,8	35.
4		990, Part VIII, line 12, but not on line 1:						
*	Investment avances not in	cluded on Form 990, Part VIII, line 7b	4a			157		
- 13		ABSTRAMMA Annata vanue experence esta seguina constante agrante and a seguina agrante						
Ф		######################################				40	_	0.
c		and an Othic most count form 900 Part I had	121			5	7,180,8	35.
Dai	+ YUII Reconciliation	of Expenses per Audited Financia	Statements W	ith Expen	ses pe	r Retu	irn	
	Tatal avecases and legant	per audited financial statements				T + 1	7,837,2	75.
1		but not on Form 990, Part IX, line 25:	*** * ****** **** ******					
2		of facilities	_ 20					
8						100		
Ь		>0 ( \$60005500)   hquundi oun   100000   100000   100000   100000   100000   100000   100000   100000   1000000   1000000   1000000   1000000   100000000				250		
C		17 00 mm c c land c c land c c c c c c c c c c c c c c c c c c c	100.00.00.00.00.00.00.00.00.00.00.00.00.			1 1		
d	Other (Describe in Part XIV.)	\$0000000000000000000000000000000000000				28		0.
0		· was a second s				3	7,837,2	75.
3							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4	Amounts included on Form	990, Part IX, Ine 25, but not on line 1:	48					
-8		icluded on Form 990, Part VIII, line 7b						
þ		dempetational periods and principles of				40		0.
C	Add lines 4a and 4b						7,837,	275.
5	Total expanses. Add lines 3	and 4c, (This must equal Form 990, Part I, ii	ne 18.)			] 5	7,007,	2
Pa	rt XIV Supplemental I	ntormation		1 4 95	10 t P	el boroniak	Oh Davi V Books	Doct
Com	plete this part to provide the	descriptions required for Part II, lines 3, 5, a	nd 9; Part III, lines 1	a and 4; Pari	IV, Enes	10 200	20; Pan V, Bne 4;	Lent
X, ilin	e 2; Part XI, Ine 8; Part XII, III	nes 2d and 4b; and Part XIII, lines 2d and 4b	. Also complete this	part to prov	ide any a	dillona	i intomation.	
_								
_								
_						Caba	dula D./Form 991	11 20 10

SCHEDULE I (Form 990)		Grants and	Other Assistance	Grants and Other Assistance to Organizations,			2015 No 1145 0047	15-00-27
Department of the Triatery Internal Revenue Service	Complete	# th	** answered "Yas" to For	to Form 990, Par n 990.	t IV, line 21 or 22		Open to Public Inspection	oldic for the
Name of the organization CALLI	CALIFORNIA STATE U	UNIVERSITY B	BAKERSFIELD	0			Employer litentification number	number 1
Part I General Information on Grants and Assistance	Grants and Assistance						† 	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantces' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	records to substantiate the	s amount of the grants	or assistance, the	grantces" eligibility	/ for the grants or ass	falance, and the select	bn X Yes	<u>\$</u>
<ol> <li>Describe in Part With organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>	rtion's procedures for mont	laring the use of grant	funds in the United	d States.				
Part II Grants and Other Assis	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 980, Part IV, line 21, for any	d Organizations in the	United States, C	emplete if the orga	" barawara nolizzini	es to Form 990, Part	V, line 21, for any	
1 (a) Name and address of organization or government	me and address of organization (b) EIN (c) IRC section (d) Amount of valuation (book, ron-cash assistance assistance other)	(c) IRC section if applicable	(d) Amount of cash grant	(a) Amount of non-cash sasistance	(i) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	i i
2 Enter total number of section 501 (c)(3) and government organizations	501(c)(3) and government o	rgenizations		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			A	
3 Enter total number of other organizations	ganizations	Hone for Form 990					Schedula   (Form 990) (2010)	(0502) (060

Page 2

FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 22 Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2010) Part III | Grants and Othe

(f) Description of non-cash assistance (book, FMV, appraisal, other) THE FINANCIAL AID OFFICE MATCHES SPECIFIC SCHOLARSHIPS WITH Supplemental Information. Complete this part to provide the Information required in Part I, line 2, and any other additional information. REQUESTS THEN FUNDS ARE DISTRIBUTED WITHIN COMPLIANCE OF DONOR INTENT THE OFFICE OF (d) Amount of non-cash assistance ö O.L REQUESTS ARE TRANSFERRED 546,338 (c) Amount of cash grant (b) Number of recipients 2 LINE (a) Type of grant or assistance Ĥ PART FINANCIAL AID. SCHEDULE I, SCHOLARSHIPS Part IV

Schedule I (Form 890) (2010)

032102 01-13-11

### **SCHEDULE J** (Form 990)

# **Compensation Information**

For cortain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

Inspection Employer Identification number

OMB No. 1545-0047

Open to Public

Internal Revenua Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION

Pa	rt   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	1 1		
	Part VII. Section A. line 1s. Complete Part III to provide any relevant information regarding these items.			
	First-plass or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1 1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	113		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1 . 1		
	trustees, and the CEO/Executive Director, regarding the items checked in into 12?	2		-
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
3	CEO/Executive Director. Check all that apply.			
	Compensation committee			
	Lecterordent compensation consultant  Lecterordent compensation consultant			
	Form 990 of other organizations  [X] Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1s, with respect to the filing			
4	organization or a related organization:			
	Receive a severance payment or change of control payment from the organization or a related organization?	4a		X
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	_	X
-	Participate in or receive payment from, an equity based compensation arrangement?	4¢		X
L	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:		1	<sub>12</sub>
21	The organization?	6a	₩	X
	Any related organization?	5b_	-	1-
_	Wayyes to long 5g or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1s, did the organization pay or accrue any compensation			
_	contingent on the nat earnings of:		ľ	l x
а	The organization?	ලිස ලිසි	-	X
	Any related organization?	60	-	1 27
-	Waynest to from the ort the describe in Part III.			
7	for persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1 -		X
	and described to lines 5 and 62 if "Yes " describe in Part III	7	-	+
В	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	В		l x
	total contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	0	+-	1-1
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Populations section 53 4958-6(c)?	1 8	_	1

LHA For Paperwork Raduction Act Notice, see the instructions for Form 990.

Schedule J (Form 990) 2010

FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			(B) Breakdown of W	of W-2 and/or 1099-MISC compensation	C compensation	(c)	(D)	(E) Total of columns	(F) Compensation
	(A) Name		(i) Bese compensation	(ii) Borus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·W(a)	reported in prior Form 990 ar Form 990-EZ
				c	C	c	0	0	0
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91		1						Schedu	Schedule J (Form 990) 2010

### SCHEDULE M (Form 990)

# Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. 2010

Open to Public
Inspection

Department of the Treasury Internal Revenuer Service Name of the organization

Attach to Form 990.

CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION

Employer identification number

Par	Types of Property						Tells				
		(8)	(b)	(c) Noncash contrib	nulenn	Mathari o	(d) Ldetermini	าด			
		Check if applicable	Number of contributions or	amounts report	PG DE	noncash cont					
		abbicaoie	ilems contributed	Form 990, Part VIII	, line 1g						
	Art · Works of art										
	Art - Historical treasures										
_											
	Art - Fractional interests										
4	Books and publications										
	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property	X	2	50.	174.	SELLING P	RICE/	FIF	r D		
В	Securities - Publicly traded										
10	Securities - Closely held stock	<del></del>									
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous								_		
13	Qualified conservation contribution -			ļ							
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Roal estate - Commercial										
	Real estate - Other				<del></del>						
	18 Collectibles 19 Food inventory										
20	Drugs and medical supplies										
	Taxidemy				_						
21	-										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other			-							
26	Other (	-									
27	Other (		+								
28	Other )	1 11 11 11	- th- toursen (m)	a antributions							
29	Number of Forms 8283 received by the organ	nization duni	ng the tax year for	ÇQI ILIIDDINONS	29						
	for which the organization completed Form 8	283, Part IV	, Dones Acknowle	2gement	20			Yes	No		
					4 20 #	set it much hold for	,				
30a	During the year, did the organization receive	by contribut	ion any property r	eponed in man 1, 101	4 ta 4 a 4 a	and numbers for	·				
	at least three years from the date of the initia	di contributio	n, and which is no	t required to be use	en for exe	mbr borboses rot	30a		x		
	the antire holding period?			• •		4	300				
b	If "Yes," describe the arrangement in Part II.						9.4	x			
94	Docs the organization have a gift acceptance	e policy that	requires the review	w of any non-standa	ard contri	butions /	31	46	<u> </u>		
320	Does the organization hire or use third partie	s or related	organizations to so	plicit, process, or se	il noncasi	h		x			
4000	contributions?						32a	A.			
L	ut "Voe " describe in Part II.										
	If the organization did not report an amount i	in column (c	) for a type of prop	erty for which colur	กก (a) is 0	hecked,					
33											
	describe in Part II.  For Paperwork Reduction Act Notice, se	a the Instri	ections for Form 9	90.		Schedu	ılo M (Forn	990)	(2010)		
LHA	For Paperwork Reduction Act Rottee, se	AND DESCRIPTIONS									

chedule .	M (For	m 990	) (2010)	FOUND	ATIO	V							Page 2
Part II	Su	pple	mental	Informa	ation. C	omplete <b>this</b> p	part to <b>provi</b> c	ie the info	rmati	on required	by Part I, lin	es 30b, 32b, and 33,	
CHED	ULE	M,	LINE	32B:	THE	ORGANI	ZATION	USES	A	THIRD	PARTY	(BROKERAGE	
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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Servica

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Employer [deptH]setton number

FOUNDATION
FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION PROVIDES COPIES OF
THE RETURN TO THE FINANCE COMMITTEE FOR REVIEW. THE FINANCE COMMITTEE HAS
BEEN APPROVED BY THE BOARD TO PERFORM THIS FUNCTION ON THEIR BEHALF.
FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS THE BOARD
MEMBERS ARE ASKED TO SIGN A CONFLICT OF INTEREST DOCUMENT.
FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION FOLLOWS THE SAME
PROCEDURES AS CALIFORNIA STATE UNIVERSITY BAKERSFIELD WITH REGARDS TO
DETERMINING APPOINTMENT AND COMPENSATION OF EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE MADE AVAILABLE TO
THE PUBLIC VIA THE FOUNDATION'S WEB PAGE OR UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 3,705,408.
FORM 990, PART XII, LINE 2A & 2B
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37.

See separate instructions.

2010 Open to Public Inspection

OMB No 1545-5047

Emnlover identification number

CALIFORNIA STATE UNIVERSITY BAKERSFIELD POUNDATION Department of the Treasury Internst Reviews Sandon
Name of the organization

identification of Disregarded Entities (Complete if the organization enswered "Yes" to Form 990, Part IV, Ene 33.) Parti

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	ntrolling
							!
							1
							ļ
Porti	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, Inte 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the argentzation an	iswared "Yes" to Form 990, Pa	nt IV, Ima 34 becaus	e it had one or mon	e related tax-exem	#

(8)	(a)	(c)	ত্ত	(0)	S	6)	20 t A 100
News address Man Fin	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contratted	
of related organization		foreign country)	section	status (if section	entity	erthy?	4
				501(c)(3))		Yes	Š
CALIFORNIA STATE UNIVERSITY BAKENSFIELD -							
77-6314545, 9001 STOCKDALB HIGHMAY,				12			ı
BAKERSFIELD, CA 93311	DMIVERSITY	CALIPORMIA	S01(C)(3)	(Y)(XI)	N/A		×
CALIPORALA STATE UNIVERSITY BAKERSFIRLD							
STUDIENT UNION - 77-0375841, SOUI STOCKOALE				170(B)(1)			
HIGHWAY BAKERFFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(c)(3)	(A) (II)	N/A		×
CALIFORNIA STATE UNIVERSITY BAKERSFIELD							
ASBOCIATED STUDENTS INC - 77-0293811, 9001				170(B)(1)			<u> </u>
STOCKDALS HIGHWAY, BAKERSFIELD, CA 91311	STUDBNT CAMPUS ACTIVITIES	CALIFORNIA	501(C)(3)	(A) (II)	N/A		4

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

Schedule R (Form 990) 2010

# Page 2

# Schedule R(Form 990) 2010 FOUNDATION

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

מולים וועמורים וופטיבת פס פי הפונים הוחול חום ושי אי	Series diversity	Francis .									
(a)	(q)	9		(0)		ω	(6)	Ê	2	5	8
Name, address, and BN of related organization	Primary activity		Direct controlling entity	Predominant income (rehiled, ulmelated, excluded from tax under sections 5 (2-514)	related, tax under 2-514)	Share of total income	Share of end-of-year assets	Disprepartion of a security of	Code V.UBI smount in box 20 of Schedule K-1 (Form 1065)	Yes No	General of Percentage numerory partners Yes No
								-			
					_						
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										_	
								_			
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related as a corporation or trust during the tax year.)	ganizations Taxable a	S & Corp	oration or Trust (Co	mplete if the	organizatik	in answered "Yes"	to Form 990, Pa	at IV, line 34	because it had or	ie or mor	e related
(8)			<b>(a)</b>		9	9	(6)	5	(6)		(3)
Name, address, and ElN	2		Primary activity		Lagar domiche	Direct controlling	Type of entity	<u>ਨ</u>	₽.		Percentage
of refined organization	S				touning	euluty	(C corp. S corr or frust)	, thoome			diusauwo
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12,21,10									Schedule	R (Forn	Schedule R (Form 890) 2010

032162 12-21-10

# Schedule R(Form 990) 2010 FOUNDATION

Page 3

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

Note. Complete line 1 if any entity is listed in Parte II. III. or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts (I-IV7)	is with one or more re	lated organizations listed	in Parts II-1V7			
a Receipt of (I) interest (II) amuitles (III) reyallies or (N) rent from a controlled entity	TABLE A A BANK PARTIES TO PERSON OF THE PERS	$0 \leqslant p \not = \emptyset \Leftrightarrow 0 \Leftrightarrow$	1 buddessesses to despend the see present sees of the sees of the	ē.		×
b Gift, grant, or capital contribution to other organization(s)	and the second s	多數 电多键 医电影 电电子电影 医电影 电声 医电流性病 医甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	化光光谱 化电离 计图片 电影电影 化氯化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	4		×
c Gift, grant, or capital contribution from other organization(s)			<ul> <li>・ () () () () () () () () () () () () ()</li></ul>	70		×
d Loans or ban cuarantees to or for other organization(s)				1d	×	
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				th.		×
Lease of facilities, equipment, or other assets to other		· · · · · · · · · · · · · · · · · · ·		;=		×
i Lease of facilities, equipment, or other assets from other organization(s)	6 9 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	d hand do not look by		11		×
k Performance of services or membership or fundralship solicitations for other organization(s)	tization(s)	bed the raw as not less through	***************************************	÷		×
Performance of services or membership or fundraising solicitations by other organization(s)	uzation(s)			=	U.	×
m Sharing of facilities, equipment, mailing lists, or other assets				Ę		×
n Sharing of paid employees				Ę		×
o Reimbursement paid to other organization for expenses	中央 医乳蛋白 医电压 医现在 医现在 医阴道 医皮肤	一一日日 一	. ०००००००० व्यान्त । १००१ १००० वर्षा १९०० वर्षा १९००००००००००००००००००००००००००००००००००००	10	×	
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		10	×	1
q. Other transfer of cash or property to other organization(s)				19		×
r Other transfer of cash or property from other organization(s)		*****		**		×
2 if the answer to any of the above is "Yee," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Mothod of datembring amount involved			
(1) CALIFORNIA STATE UNIVERSITY BAKERSFIELD	A	595,454.				
(2) CALIFORNIA STATE UNIVERSITY BAKERSFIELD	0	3,367,933.				
(3) EACH LESS THAN \$50,000.	ď	0.				
CSUB, ASSOCIATED STUDENTS, STUDENT UNION (4) INTERFUND A/R, A/P	0	0.				
(5)						
032163 12-21-10			Schedu	Schedule R (Form 990) 2010	990) 2	50 10

# CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION

Schedule R (Form 980) 2010 FOUNDATION

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

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

INSTINGS NOT A TRIBLED ORGANIZATION, SEE REBUILDING REPUBLICATION SAFETY OF THE PROPERTY OF TH	ALL MANAGEMENT ALL	(2)	(4)	(6)	9	(a)	3
	(a)		2			/61	
Name, address, and EIN	Primary activity	Legal domicite		Share of end-of- veer assets	Bornie	amount in box 20	
סו פעותג			Yes No			(Form 1065)	1,"
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						Schedule R (Form 990) 2010	m 990) 20

Schedule R (Form 990) 2010 FOUNDATION FO
Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
•

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

### \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS e-file Signature Authorization

for an Exempt Organization

For celendar year 2010, or fiscal year beginning JUL 1 .2010, and ending JUN 30 .an 11

2010

OMB No. 1545-1878

Department of the Treatmy Internal Revenue Service.

Ferm 8879-EO

Do not send to the IRS. Keep for your records.

See instructions.

CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION

Employer identification number

Name and title of officer

MICHAEL NEAL

VICE PRESIDENT BAS

Part | Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

10	Form 990 check here IX b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b .	7180835
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b .	
3а	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _	
5a	Form 8888 check here b Balance Due (Form 8868, Part I, line 3¢ or Part II, line 8¢)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any retund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within the being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also autonomy PIN on the return's disclosure consent screen.	this return that a copy of the return rithorize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010	electronically filed return, If I have

X Leuthorize DANIELLS PHILLIPS VAUGHAN & BOCK to enter my PIN

indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Date \*\*\*

### Part | | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77601893309

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed ratum for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature 

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 623031 11-27-10 Form 8879-EO (2010)

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