

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9001 STOCKDALE HIGHWAY City or town, state or country, and ZIP + 4 BAKERSFIELD, CA 93311 F Name and address of principal officer: MICHAEL NEAL SAME AS C ABOVE	D Employer identification number 95-2643086 E Telephone number 661-664-2251 G Gross receipts \$ 5,429,299. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ _____
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CSUBFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____		L Year of formation: 1969
M State of legal domicile: CA		

Part I Summary			
		1 Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORT FOR CALIFORNIA STATE UNIVERSITY BAKERSFIELD IN FULFILLING ITS MISSION.	
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 36
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 33
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 44
	6	Total number of volunteers (estimate if necessary)	6 39
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue		
8		Contributions and grants (Part VIII, line 1h)	2,896,914. 2,173,994.
9		Program service revenue (Part VIII, line 2g)	3,732,931. 2,809,778.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	550,990. 444,527.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,180,835. 5,428,299.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	546,338. 145,455.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	987,517. 619,941.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 202,256.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,303,420. 5,932,053.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,837,275. 6,697,449.
	19	Revenue less expenses. Subtract line 18 from line 12	-656,440. -1,269,150.
Net Assets or Fund Balances			Beginning of Current Year End of Year
	20	Total assets (Part X, line 16)	35,900,125. 29,583,535.
	21	Total liabilities (Part X, line 26)	4,222,545. 3,063,237.
	22	Net assets or fund balances. Subtract line 21 from line 20	31,677,580. 26,520,298.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer		Date		
	▶ MICHAEL NEAL, VICE PRESIDENT BAS				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	NANCY C. BELTON, CPA				P01234207
	Firm's name ▶ DANIELLS PHILLIPS VAUGHAN & BOCK	Firm's EIN ▶ 95-2972229			
	Firm's address ▶ 300 NEW STINE ROAD BAKERSFIELD, CA 93309	Phone no. 661-834-7411			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**TO PROVIDE ESSENTIAL SERVICES TO CALIFORNIA STATE UNIVERSITY
BAKERSFIELD STUDENTS, FACULTY AND STAFF.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,888,139. including grants of \$ 145,455.) (Revenue \$ 2,809,778.)
**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.**

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ **5,888,139.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 38		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 44		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," 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 any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	36		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	33		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13			X
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** 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 93311

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. MORGAN CLAYTON CHAIRMAN OF THE BOARD	2.50	X		X			0.	0.	0.	
(2) MR. THOMAS DENATALE VICE CHAIRMAN OF THE BOARD	2.50	X					0.	0.	0.	
(3) DR. HORACE MITCHELL SECRETARY/UNIVERSITY PRESIDENT	2.50	X		X			0.	349,557.	3,048.	
(4) MR. GAURDIE BANISTER, JR. DIRECTOR	2.50	X					0.	0.	0.	
(5) MRS. SHERYL BARBICH DIRECTOR	2.50	X					0.	0.	0.	
(6) MR. ROGERS BRANDON DIRECTOR	2.50	X					0.	0.	0.	
(7) MR. GREG BYNUM DIRECTOR	2.50	X					0.	0.	0.	
(8) MRS. SHERYL CHALUPA DIRECTOR	2.50	X					0.	0.	0.	
(9) MR. BRENT DEZEMBER DIRECTOR	2.50	X					0.	0.	0.	
(10) MS. MELISSA FORTUNE DIRECTOR	2.50	X					0.	0.	0.	
(11) MR. BRUCE FREEMAN DIRECTOR	2.50	X					0.	0.	0.	
(12) MS. LAUREN GOODSI DIRECTOR	2.50	X					0.	0.	0.	
(13) MRS. MIKIE HAY DIRECTOR	2.50	X					0.	0.	0.	
(14) MR. DAVID HERNANDEZ DIRECTOR	2.50	X					0.	0.	0.	
(15) MR. BRUCE JOHNSON DIRECTOR	2.50	X					0.	0.	0.	
(16) DR. JACQUELINE KEGLEY DIRECTOR	2.50	X					0.	108,917.	0.	
(17) MR. GEOFFREY B. KING DIRECTOR	2.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. JOSEPH C. MACILVAINE DIRECTOR	2.50	X						0.	0.	0.
(19) MR. ANGELO MAZZEI DIRECTOR	2.50	X						0.	0.	0.
(20) MR. JOHN NILON DIRECTOR	2.50	X						0.	0.	0.
(21) MR. VINCE ROJAS DIRECTOR	2.50	X						0.	0.	0.
(22) MR. JON VAN BOENING DIRECTOR	2.50	X						0.	0.	0.
(23) MR. E.L. "SKEET" VARNER DIRECTOR	2.50	X						0.	0.	0.
(24) MS. LISA WONG DIRECTOR	2.50	X						0.	0.	0.
(25) MR. MILTON YOUNGER DIRECTOR	2.50	X						0.	0.	0.
(26) MR. MELVIN ATKINSON LIFE MEMBER	2.50	X						0.	0.	0.
1b Sub-total								0.	458,474.	3,048.
c Total from continuation sheets to Part VII, Section A								0.	388,764.	792.
d Total (add lines 1b and 1c)								0.	847,238.	3,840.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

**CALIFORNIA STATE UNIVERSITY BAKERSFIELD
FOUNDATION**

Form 990 (2011)

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2173994.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2173994.				
	Program Service Revenue	2 a OTHER PROGRAM REVENUE	Business Code 611710	1186221.	1186221.		
b ATHLETICS		611710	942,456.	942,456.			
c CHILDREN'S CENTER		611710	681,101.	681,101.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2809778.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		445,527.			445,527.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses			1,000.		
		c Gain or (loss)			-1,000.		
	d Net gain or (loss)		-1,000.			-1,000.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			5428299.	2809778.	0.	444,527.	

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Form **990** (2011)

**CALIFORNIA STATE UNIVERSITY BAKERSFIELD
FOUNDATION**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	145,455.	145,455.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	424,615.		281,437.	143,178.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	162,740.		114,650.	48,090.
10 Payroll taxes	32,586.		21,598.	10,988.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	50,000.		50,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	22,225.		22,225.	
13 Office expenses				
14 Information technology	13,395.		13,395.	
15 Royalties				
16 Occupancy				
17 Travel	5,006.		5,006.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,293.		2,293.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,662.		4,662.	
23 Insurance	25,375.		25,375.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ATHLETICS	2,713,296.	2,713,296.		
b CHILDREN'S CENTER	978,076.	978,076.		
c CAMPUS PROGRAM	858,656.	858,656.		
d GRANTS AND CONTRACTS	519,599.	519,599.		
e All other expenses SEE SCH O	739,470.	673,057.	66,413.	
25 Total functional expenses. Add lines 1 through 24e	6,697,449.	5,888,139.	607,054.	202,256.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**CALIFORNIA STATE UNIVERSITY BAKERSFIELD
FOUNDATION**

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	1,045,778.	1	347,254.		
	2 Savings and temporary cash investments	2,422,961.	2	1,117,402.		
	3 Pledges and grants receivable, net	1,405,072.	3	886,418.		
	4 Accounts receivable, net	117,057.	4	60,566.		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6		
	7 Notes and loans receivable, net	77,718.	7		0.	
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges			9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	7,415,666.				
	b Less: accumulated depreciation	3,576,084.				
		7,621,576.	10c		3,839,582.	
	11 Investments - publicly traded securities			11		
	12 Investments - other securities. See Part IV, line 11	23,209,963.	12		23,332,313.	
	13 Investments - program-related. See Part IV, line 11			13		
	14 Intangible assets			14		
15 Other assets. See Part IV, line 11			15			
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,900,125.	16		29,583,535.		
Liabilities	17 Accounts payable and accrued expenses	793,857.	17	346,059.		
	18 Grants payable			18		
	19 Deferred revenue	789,188.	19	481,319.		
	20 Tax-exempt bond liabilities			20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23 Secured mortgages and notes payable to unrelated third parties			23		
	24 Unsecured notes and loans payable to unrelated third parties			24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,639,500.	25		2,235,859.	
	26 Total liabilities. Add lines 17 through 25	4,222,545.	26		3,063,237.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	9,199,653.	27	7,516,525.		
	28 Temporarily restricted net assets	8,307,103.	28	4,625,764.		
	29 Permanently restricted net assets	14,170,824.	29	14,378,009.		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds			30		
	31 Paid-in or capital surplus, or land, building, or equipment fund			31		
	32 Retained earnings, endowment, accumulated income, or other funds			32		
	33 Total net assets or fund balances	31,677,580.	33		26,520,298.	
34 Total liabilities and net assets/fund balances	35,900,125.	34		29,583,535.		

Form 990 (2011)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,428,299.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,697,449.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,269,150.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,677,580.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,888,132.
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	26,520,298.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION**

Employer identification number
95-2643086

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,539,012.	2,694,973.	3,292,109.	3,177,015.	2,749,139.	15,452,248.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,539,012.	2,694,973.	3,292,109.	3,177,015.	2,749,139.	15,452,248.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						15,452,248.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,539,012.	2,694,973.	3,292,109.	3,177,015.	2,749,139.	15,452,248.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	697,964.	531,980.	473,634.	550,990.	445,527.	2,700,095.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						18,152,343.
12 Gross receipts from related activities, etc. (see instructions)					12	14,357,118.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	85.13	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	87.85	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

CALIFORNIA STATE UNIVERSITY BAKERSFIELD
FOUNDATION

Employer identification number

95-2643086

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	Employer identification number 95-2643086
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONTRIBUTOR 1 AVAILABLE UPON REQUEST BAKERSFIELD, CA 93311	\$ 979,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CONTRIBUTOR 2 AVAILABLE UPON REQUEST BAKERSFIELD, CA 93311	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CONTRIBUTOR 3 AVAILABLE UPON REQUEST BAKERSFIELD, CA 93311	\$ 130,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CONTRIBUTOR 4 AVAILABLE UPON REQUEST BAKERSFIELD, CA 93311	\$ 44,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CONTRIBUTOR 5 AVAILABLE UPON REQUEST BAKERSFIELD, CA 93311	\$ 184,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CONTRIBUTOR 6 AVAILABLE UPON REQUEST BAKERSFIELD, CA 93311	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	Employer identification number 95-2643086
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	Employer identification number 95-2643086
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION

Employer identification number
95-2643086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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 during the year ▶ \$ _____

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,139.		3,139.
b Buildings		4,313,563.	1,334,859.	2,978,704.
c Leasehold improvements		1,064,291.	372,460.	691,831.
d Equipment		1,958,503.	1,868,765.	89,738.
e Other		76,170.		76,170.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,839,582.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER INVESTMENTS	23,332,313.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	23,332,313.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE CALIFORNIA STATE UNIVERSITY	
(3) BAKERSFIELD	98,186.
(4) ACCRUED POST RETIREMENT COSTS	2,137,673.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,235,859.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **CALIFORNIA STATE UNIVERSITY BAKERSFIELD
FOUNDATION**

**Employer identification number
95-2643086**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY BAKERSFIELD - 9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	77-0314545	501(C)(3)	145,455.	0.			DONOR SPECIFIC SCHOLARSHIPS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**CALIFORNIA STATE UNIVERSITY BAKERSFIELD
FOUNDATION**

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: REQUESTS ARE TRANSFERRED TO THE OFFICE OF
 FINANCIAL AID. THE FINANCIAL AID OFFICE MATCHES SPECIFIC SCHOLARSHIPS WITH
 REQUESTS THEN FUNDS ARE DISTRIBUTED WITHIN COMPLIANCE OF DONOR INTENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION**

Employer identification number
95-2643086

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b 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	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
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 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, 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 not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. HORACE MITCHELL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	349,557.	0.	0.	0.	3,048.	352,605.	0.
2 DR. SORAYA COLEY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	208,252.	0.	0.	0.	396.	208,648.	0.
3 MR. MICHAEL NEAL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	180,512.	0.	0.	0.	396.	180,908.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization	CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	Employer identification number	95-2643086
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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 IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

ALL OTHER EXPENSES:

PROGRAM SERVICE EXPENSES	411,627.
MANAGEMENT AND GENERAL EXPENSES	66,413.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	478,040.

ENDOWMENT:

PROGRAM SERVICE EXPENSES	261,430.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	261,430.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

2011
Open to Public
Inspection

Name of the organization **CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION** Employer identification number **95-2643086**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY BAKERSFIELD - 77-0314545, 9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	UNIVERSITY	CALIFORNIA	501(C)(3)	170(B)(1) (A)(II)	N/A		X
CSUB - STUDENT UNION - 77-0375841 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(C)(3)	170(B)(1) (A)(II)	N/A		X
CSUB - ASSOCIATED STUDENTS INC - 77-0293811 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	STUDENT CAMPUS ACTIVITIES	CALIFORNIA	501(C)(3)	170(B)(1) (A)(II)	N/A		X
CSUB - AUXILIARY FOR SPONSORED PROGRAMS ADMINISTRATION - 32-0291662, 9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(C)(3)	170(B)(1) (A)(II)	N/A		X

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

Schedule R (Form 990) 2011

**CALIFORNIA STATE UNIVERSITY BAKERSFIELD
FOUNDATION**

Part V Transactions With Related Organizations (Complete if 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 Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses	X	
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY BAKERSFIELD	C	123,763.	FMV
(2) CALIFORNIA STATE UNIVERSITY BAKERSFIELD	E	141,576.	BOOK
(3) CALIFORNIA STATE UNIVERSITY BAKERSFIELD	O	3,211,357.	BOOK
(4)			
(5)			
(6)			

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	Employer identification number 95-2643086
--	---

Name and title of officer
**MICHAEL NEAL
VICE PRESIDENT BAS**

Part I 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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>5428299</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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 2011 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 refund. 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

I authorize DANIELLS PHILLIPS VAUGHAN & BOCK to enter my PIN 03040
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) 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 ▶ _____ Date ▶ _____

Part III 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
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return 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 ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

2011

**California Exempt Organization
Annual Information Return**

199

Calendar Year 2011 or fiscal year beginning month **JULY** day **1** year **2011**, and ending month **JUNE** day **30** year **2012**.

Corporation/Organization name CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION		California corporation number 0562370
Address (suite, room, or PMB no.) 9001 STOCKDALE HIGHWAY		FEIN 95-2643086
City BAKERSFIELD	State CA	ZIP Code 93311

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	--

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,255,305.00	
	2 Gross dues and assessments from members and affiliates	2	00	
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,173,994.00	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	4	5,429,299.00	
	This line must be completed. If the result is less than \$25,000, see General Instruction B			
	5 Cost of goods sold	5	00	
	6 Cost or other basis, and sales expenses of assets sold	6	1,000.00	
	7 Total costs. Add line 5 and line 6	7	1,000.00	
8 Total gross income. Subtract line 7 from line 4	8	5,428,299.00		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	6,697,449.00	
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1269150.00	
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10.00	
	12 Total payments	12	00	
	13 Penalties and Interest. See General Instruction J	13	00	
	14 Use tax. See General Instruction K	14	00	
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title VICE PRESIDENT	Date	Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01234207
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA 93309	FEIN 95-2972229	Telephone 661-834-7411	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

CONTRIBUTOR 17	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	31,900.
CONTRIBUTOR 18	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	7,050.
CONTRIBUTOR 19	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	8,350.
CONTRIBUTOR 20	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	8,000.
CONTRIBUTOR 21	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	06/19/12	5,074.
CONTRIBUTOR 22	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	7,400.
CONTRIBUTOR 23	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	24,000.
CONTRIBUTOR 24	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	09/16/11	15,800.
CONTRIBUTOR 25	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	11,000.
CONTRIBUTOR 26	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	5,000.
CONTRIBUTOR 27	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	6,050.
CONTRIBUTOR 28	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	32,720.
CONTRIBUTOR 29	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	21,700.
CONTRIBUTOR 30	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	03/15/12	6,899.
CONTRIBUTOR 31	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	9,000.
CONTRIBUTOR 32	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	20,000.
CONTRIBUTOR 33	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	13,700.
CONTRIBUTOR 34	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	03/26/12	10,000.

CONTRIBUTOR 35	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	02/08/12	6,500.
CONTRIBUTOR 36	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	10,720.
CONTRIBUTOR 37	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	07/14/11	6,866.
CONTRIBUTOR 38	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	16,000.
CONTRIBUTOR 39	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	6,500.
CONTRIBUTOR 40	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	14,900.
CONTRIBUTOR 41	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	08/24/11	5,000.
CONTRIBUTOR 42	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	23,600.
CONTRIBUTOR 43	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	6,000.
CONTRIBUTOR 44	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	04/06/12	6,000.
CONTRIBUTOR 45	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	39,520.
CONTRIBUTOR 46	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	5,200.
CONTRIBUTOR 47	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	04/04/12	25,000.
CONTRIBUTOR 48	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	10/01/11	5,000.
CONTRIBUTOR 49	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	10,400.
CONTRIBUTOR 50	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	09/07/11	20,000.
CONTRIBUTOR 51	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	10/10/11	10,000.
CONTRIBUTOR 52	AVAILABLE UPON REQUEST BAKERSFIELD, CA, 93311	VARIOUS	5,300.

TOTAL INCLUDED ON LINE 3

2,098,300.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	VARIOUS	VARIOUS	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	47,231.	46,231.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6	47,231.	46,231.	0.	0.

FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
ATHLETICS	942,456.
CHILDREN'S CENTER	681,101.
OTHER PROGRAM REVENUE	1,186,221.
TOTAL TO FORM 199, PART II, LINE 7	2,809,778.

MR. GREG BYNUM 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MRS. SHERYL CHALUPA 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. BRENT DEZEMBER 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MS. MELISSA FORTUNE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. BRUCE FREEMAN 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MS. LAUREN GOODSI 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MRS. MIKIE HAY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. DAVID HERNANDEZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. BRUCE JOHNSON 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
DR. JACQUELINE KEGLEY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. GEOFFREY B. KING 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
DR. JOSEPH C. MACILVAINE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. ANGELO MAZZEI 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.

MR. JOHN NILON 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. VINCE ROJAS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. JON VAN BOENING 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. E.L."SKEET" VARNER 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MS. LISA WONG 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. MILTON YOUNGER 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. MELVIN ATKINSON 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MRS. JOAN DEZEMBER 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MRS. JUDY FRITCH 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. EDWARDS HOPPLE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. ROBERT W. KARPE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
DR. ROBERT C. MARSHALL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. DAVID R. MARTIN 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.

MR. GEORGE MARTIN 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. JERRY STANNERS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. BEN F. STINSON 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. GENE VOILAND 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
DR. SORAYA COLEY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO, INTERIM V.P. F 2.50	0.
DR. THOMAS WALLACE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO, V.P. FOR STUDE 2.50	0.
MR. MICHAEL NEAL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO, V.P. FOR BUS A 2.50	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	AMOUNT
ATHLETICS	2,713,296.
CHILDREN'S CENTER	978,076.
CAMPUS PROGRAM	858,656.
GRANTS AND CONTRACTS	519,599.
ALL OTHER EXPENSES	478,040.
ENDOWMENT	261,430.
OTHER EMPLOYEE BENEFITS	162,740.
ACCOUNTING FEES	50,000.
ADVERTISING AND PROMOTION	22,225.
INFORMATION TECHNOLOGY	13,395.
TRAVEL	5,006.
CONFERENCES AND CONVENTIONS	2,293.
INSURANCE	25,375.
TOTAL TO FORM 199, PART II, LINE 17	6,090,131.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	77,718.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	77,718.	0.

FORM 199	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER INVESTMENTS	23,209,963.	23,332,313.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	23,209,963.	23,332,313.

FORM 199	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,405,072.	886,418.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,405,072.	886,418.

FORM 199	OTHER LIABILITIES	STATEMENT	11
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE CALIFORNIA STATE UNIVERSITY BAKERSFIELD	124,145.	98,186.
ACCRUED POST RETIREMENT COSTS	2,515,355.	2,137,673.
DEFERRED REVENUE	789,188.	481,319.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,428,688.	2,717,178.

FORM 199	FUND BALANCES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	9,199,653.	7,516,525.
TEMPORARILY RESTRICTED ASSETS	8,307,103.	4,625,764.
PERMANENTLY RESTRICTED ASSETS	14,170,824.	14,378,009.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	31,677,580.	26,520,298.

Voucher at bottom of page.

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN
WITH THE PAYMENT VOUCHER.**

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2011 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Fiscal Year - See instructions.

Calendar Year - File and Pay by March 15, 2012.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2012, tax returns filed and payments mailed or submitted on April 17, 2012 will be considered timely.

ONLINE SERVICES:

Corporations and exempt organizations can make payments electronically at the Franchise Tax Board's (FTB's) website using Web Pay. After a one-time online registration, corporations and exempt organizations can make an immediate payment or schedule payments up to a year in advance. FTB does not charge for this service. For more information, go to ftb.ca.gov and search for **web pay**.

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2011

**Payment Voucher for Corps
and Exempt Orgs e-filed Returns**

CALIFORNIA FORM

3586 (e-file)

0562370 CALI 95-2643086 (661) 664-2251 11 FORM 3
TYB 07-01-11 TYE 06-30-12
FOUNDATION
CALIFORNIA STATE UNIVERSITY BA
9001 STOCKDALE HIGHWAY
BAKERSFIELD CA 93311

Total Payment Amt 10.

TAXABLE YEAR
2011

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	Identifying number 95-2643086
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	5,429,299	00
2 Total gross income (Form 199, line 8)	2	5,428,299	00
3 Total expenses and disbursements (Form 199, line 9)	3	6,697,449	00

Part II Settle Your Account Electronically for Taxable Year 2011

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (MM/DD/YYYY)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2011 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here		_____ Signature of Officer	_____ Date		VICE PRESIDENT BAS	_____ Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345B, 2011 Business e-file Handbook for Authorized e-file Providers, and in FTB Pub. 1345, 2011 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's- signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	DANIELLS PHILLIPS VAUGHAN & BOCK	FEIN 95-2972229		
		300 NEW STINE ROAD	ZIP Code 93309		
		BAKERSFIELD, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self- employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	DANIELLS PHILLIPS VAUGHAN & BOCK	FEIN 95-2972229	
		300 NEW STINE ROAD	ZIP Code 93309	
		BAKERSFIELD, CA		

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2012

Prepared for	California State University Bakersfield Foundation 9001 Stockdale Highway Bakersfield, CA 93311
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Mail tax return to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	November 15, 2012
Special Instructions	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p>

