

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

**CSU BAKERSFIELD AUXILIARY FOR
SPONSORED PROGRAMS ADMINISTRATION**

Employer identification number

32-0291662

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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 (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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 on 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 aren't 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 and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LYNNETTE ZELEZNY PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 394,261.	0.	0.	100,344.	20,290.	514,895.	0.	0.
(i) THOM DAVIS CFO/TREASURER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 249,853.	0.	0.	76,348.	27,693.	353,894.	0.	0.
(i) VERNON HARPER EXECUTIVE DIRECTOR/SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 234,114.	0.	0.	70,707.	25,016.	329,837.	0.	0.
(i) KATHLEEN MADDEN CHAIRMAN	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 186,144.	0.	0.	56,180.	18,770.	261,094.	0.	0.
(i) ISABEL SUMAYA DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 153,985.	0.	0.	30,800.	18,720.	203,505.	0.	0.
(i) ANTHONY RATHBURN DIRECTOR, FACULTY REPRESENTATIVE	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 128,584.	0.	0.	38,081.	20,087.	186,752.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION DOES NOT HAVE ANY PAID OFFICERS OR DIRECTORS. CALIFORNIA STATE UNIVERSITY, BAKERSFIELD A RELATED ORGANIZATION DOES COMPENSATE THE OFFICERS AND DIRECTORS AND HAS A FORMAL REVIEW POLICY.

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CSU BAKERSFIELD AUXILIARY FOR
SPONSORED PROGRAMS ADMINISTRATION

Employer identification number
32-0291662

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE ALSO PROVIDE POST-AWARD ASSISTANCE TO FACULTY, STAFF, AND THE CAMPUS
IN ADMINISTERING AWARDS BOTH FISCALLY AND PROGRAMMATICALLY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO OPERATIONALIZE AND EMBED CITIZEN SCIENCE WITHIN THE THREE RESIDENCY
PROGRAMS, WE HAVE MODIFIED SCIENCE AND MATH METHODS COURSEWORK AND
CLINICAL PRACTICE EXPERIENCES WITHIN EACH RESIDENCY PROGRAM TO INCLUDE
THE INTRODUCTORY COMPUTER SCIENCE SUPPLEMENTARY AUTHORIZATION, UC DAVIS
C-STEM CERTIFICATION, PROJECT LEAD THE WAY CERTIFICATION, AND CITIZEN
SCIENCE RESIDENCY SEMINAR. TO CREATE SPACE FOR INNOVATION OUTSIDE OF
THE TRADITIONAL MODES OF A TEACHER EDUCATION PROGRAM, WE ALSO LEAD
JOINT SUMMER PROFESSIONAL DEVELOPMENT EXPERIENCES IN WHICH RESIDENTS
AND MENTOR TEACHERS WORK COLLABORATIVELY TO LEAD CITIZEN-SCIENCE
INFORMED COMPUTER SCIENCE, DATA SCIENCE, AND ROBOTICS CAMPS FOR
ELEMENTARY, MIDDLE SCHOOL, AND HIGH SCHOOL GIRLS. THROUGH THESE
INITIATIVES OVER THE PAST THREE YEARS, WE HAVE SERVED 3 SCHOOL
DISTRICTS, 115 RESIDENTS, 189 RESIDENCY MENTOR TEACHERS, 192 K-12
CLASSROOMS, AND APPROXIMATELY 3,840 K-12 STUDENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MASTER OF SOCIAL WORK STUDENTS WHO ARE NOT ALREADY WORKING IN PUBLIC
CHILD WELFARE, MUST OBTAIN EMPLOYMENT IN PUBLIC CHILD WELFARE OR PAY
BACK THE MONEY RECEIVED. HISTORICAL PATTERNS INDICATE THAT MOST, IF NOT
ALL, OF THESE GRADUATES WILL FULFILL THEIR EMPLOYMENT OBLIGATIONS,
THEREBY IMPROVING THE QUALITY OF THE PUBLIC CHILD WELFARE WORKFORCE.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	CSU BAKERSFIELD AUXILIARY FOR SPONSORED PROGRAMS ADMINISTRATION	Employer identification number	32-0291662
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES INCLUDE COHORT ENROLLMENT AND BLOCK SCHEDULING IN MAJOR GATEWAY AND FIRST-YEAR SEMINAR COURSES; INTRUSIVE ADVISING; PEER MENTORING; SUPPLEMENTAL INSTRUCTION -- SI EMBEDDED IN GATEWAY STEM COURSES; MONTHLY WORKSHOPS; STUDY GROUPS; FREE TEXTBOOK RENTALS; FREE LAPTOP RENTALS; FREE ATTENDANCE TO A CONFERENCE FOR COHORT STUDENTS; RESEARCH STIPEND FOR PAST COHORT STUDENTS.

IN THE COHORT YEAR FY 2020/21, 151 (90.6%) STUDENTS WERE RETAINED INTO THE SECOND SEMESTER, 133 STUDENTS (77.8%) RETAINED INTO THE SECOND YEAR, THE RETENTION RATE IS HIGHER THAN THE OVER NSME NON-COHORT FRESHMEN RATE AT ABOUT 72%.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER EDUCATIONAL ADVANCEMENT PROGRAMS INCLUDING:

CALIFORNIA STATE UNIVERSITY BAKERSFIELD - HIGH SCHOOL EQUIVALENCY PROGRAM (HEP): THE PURPOSES OF THE CSUB-HEP PROGRAM IS TO ASSIST MIGRANT AND SEASONAL FARM WORKERS AND THEIR DEPENDENTS IN DEVELOPING THEIR KNOWLEDGE AND SKILLS SO THAT THEY MAY SUCCESSFULLY EARN A GED AND PURSUE PROFESSIONAL AND ACADEMIC GOALS.

TO HELP MEET THESE GOALS, VARIOUS STRATEGIES WERE DESIGNED TO ENSURE THAT HEP PARTICIPANTS RECEIVED ADDITIONAL SUPPORTIVE SERVICES IN THE AREAS OF CAREER AND ACADEMIC COUNSELING, ACADEMIC ASSESSMENT AND PLACEMENT, HEALTH SERVICES, AND FINANCIAL ASSISTANCE.

EXAMPLES OF SUCH SUPPORT SERVICES INCLUDE EYE CARE, GED TEXT/SUPPLIES, GED EXAM, TRAVEL EXPENSES FOR OUR COMMUTER STUDENTS, CULTURAL/SOCIAL

Name of the organization CSU BAKERSFIELD AUXILIARY FOR SPONSORED PROGRAMS ADMINISTRATION	Employer identification number 32-0291662
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FIELD TRIPS, ETC. CSUB-HEP WILL CONTINUE TO SERVE 100 STUDENTS ANNUALLY DURING THE YEARS 2015-2020, WITH A GOAL TO SERVE 500 STUDENTS BY THE END OF THE GRANT IN 2020. MULTIPLE GED INSTRUCTION SITES ARE HELD IN FARMING COMMUNITIES THROUGHOUT KERN COUNTY SUCH AS WASCO AND SCHOOL LOCATIONS SUCH AS INDEPENDENCE HIGH SCHOOL, LAMONT MIDDLE SCHOOL, GOLDEN VALLEY HIGH SCHOOL LOCATED IN SOUTHERN KERN COUNTY, AND MIRA MONTE HIGH SCHOOL. AS PER THE GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA), OVER THE LAST FIVE YEARS (2015-2020), CSUB-HEP HAS MET ITS BENCHMARKS BY ACHIEVING AN ANNUAL 80.5% GRADUATION RATE AND BY PLACING 84.5% OF HEP GRADUATES INTO POSTSECONDARY EDUCATION, VOCATIONAL TRAINING, AND/OR GAIN IMPROVED EMPLOYMENT. ALTOGETHER, THE CSUB-HEP STAFF, DIRECTOR, ASSOCIATE DIRECTOR, COORDINATOR, RECRUITERS, INSTRUCTORS, AND TUTORS CONTINUE TO WORK HARD FOR EACH STUDENT TO SUCCESSFULLY COMPLETE THEIR GED AND PREPARE THEM FOR OTHER POSITIVE OUTCOMES IN THIS SOCIETY.

EXPENSES \$ 4,688,146. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE RETURN IS REVIEWED BY THE ACCOUNTING AND REPORTING MANAGEMENT THEN CIRCULATED TO THE CHAIRMAN AND TREASURER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW.

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

IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EVERY BOARD MEMBER SHALL COMPLETE AND SIGN A DISCLOSURE FORM ON AN ANNUAL BASIS AND UPDATE THAT FORM AS PROMPTLY AS POSSIBLE FOLLOWING KNOWLEDGE OF CONDITIONS THAT MAY CREATE A POSSIBLE CONFLICT OF INTEREST.

Name of the organization	CSU BAKERSFIELD AUXILIARY FOR SPONSORED PROGRAMS ADMINISTRATION	Employer identification number	32-0291662
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FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DOES NOT HAVE ANY PAID OFFICERS OR DIRECTORS. CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, A RELATED ORGANIZATION, DOES COMPENSATE THE OFFICERS AND DIRECTORS AND HAS A FORMAL COMPENSATION REVIEW POLICY.

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

THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE CURRENTLY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SERVICES FROM OTHER AGENCIES:

PROGRAM SERVICE EXPENSES	1,359,744.
MANAGEMENT AND GENERAL EXPENSES	738,750.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,098,494.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	14,253.
MANAGEMENT AND GENERAL EXPENSES	200.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,453.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,112,947.

		Yes	No
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?		
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	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses	X	
r	Other transfer of cash or property to related organization(s)		X
s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	O	2,912,244.COST		
(2)	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	P	2,223,224.COST		
(3)	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	Q	162,147.COST		
(4)					
(5)					
(6)					

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CSU BAKERSFIELD AUXILIARY FOR SPONSORED PROGRAMS ADMINISTRATION	Taxpayer identification number (TIN) 32-0291662
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 9001 STOCKDALE HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAKERSFIELD, CA 93311	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

QUEEN E. KING - CSUB AVP, FINANCIAL SERVICES & CONTROLLER

- The books are in the care of ▶ **9001 STOCKDALE HIGHWAY, - BAKERSFIELD, CA 93311**
Telephone No. ▶ **661-654-2251** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.