2022

990

PUBLIC

DISCLOSURE

			Retur	n of Org							ome	Тах		OMB No. 1545-0047
Fo	rm 9	90	Under section 5		-			-					ons)	2022
Dor	artment	of the Treasury	Do ne	ot enter socia	al security	y numb	ers on this f	form as	s it may b	be mad	e public			Open to Public
Inte	rnal Reve	enue Service		o to www.irs.	-							0.0.07		Inspection
	For th		ar year, or tax ye	ar beginning	JUL	⊥,	2022	and	ending					
В	Check if applicab		organization	ידאדד ידורות א		r m 17	סמעגם	מד הי	יד די		Employ	er identi	ficatio	on number
	Addre		FORNIA ST DATION	ATE UNI	LVERSI	. T.Y.,	DAVER	SLTE	עםי					
	chang Name	9								_	95-	26430	ายค	
	chang Initial		isiness as and street (or P.0) hoy if mail is i	not delivere	d to etre	at address)		Room/sui	to E -		ne numb		
	returr Final returr	9001	STOCKDAL			u to 300	or autross)		110011/301		•	-654-		79
	termi	n_	own, state or prov			or forei	on postal coo	de		G	Gross recei			28,931,854.
	Amer returr		RSFIELD,							H(a) Is this	a group		
	Appli tion	^{ca-} F Name ar	nd address of prin	ncipal officer:	HEATH	NIE	MEYER					oordinate		
_	pend	SAME	AS C ABOV	Έ						H(b	Are all su	ubordinates	include	d? Yes No
1	Tax-ex	empt status: 🗌		501(c) ((insert n		7(a)(1)	or 5	27	lf "No,	" attach	a list.	See instructions
	Webs		S://WWW.C									exempti		
		f organization:	X Corporation	Trust	Associa	ation	Other		L Ye	ar of for	mation:	1969	M Sta	ate of legal domicile: CA
P	art I	•							ם תחד	יםינו	י שמר		רדגי	EODNEN
ş	ן 1		e the organization										АЦ	LFORNIA
	2	Check this box		organization										
	3		ing members of th	•			•	•					1	29
Governance	5 4		ependent voting r										_	25
			of individuals emp										_	10
Activition 8	6		of volunteers (esti										_	0
-i+o] 7 a		l business revenu										a	0.
_	t b	Net unrelated I	business taxable i	income from I	Form 990-	T, Part	I, line 11		<u></u>	<u></u>		71	>	0.
											Prior Ye			Current Year
9	8	Contributions a	and grants (Part V	/III, line 1h)						11	-	,642	_	4,743,551.
Dound	9	•	ce revenue (Part V									<u>,104</u>	_	2,509,511.
20			ome (Part VIII, co									,316	_	-947,284.
	111		(Part VIII, column							12		<u>,182</u> ,880	_	<u>-154,677.</u> 6,151,101.
	12		 add lines 8 throu nilar amounts paid 									,000.		3,365,422.
	13		o or for members	,	(),	- 1)				1	, 52 -	<u>, 0000</u>	_	0.
	40	0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		· · · · · · · · · · · · · · · · · · ·	- CL - (D - L)	· · ·	mn (A) lines	F 4 0)			891	,649	_	1,134,692.
Evenene	2 16a	Professional fu	compensation, el Indraising fees (Pan ng expenses (Pan	art IX. column	(A), line 1	1e)		0 10)				0		0.
	b b	Total fundraisi	ng expenses (Par	t IX, column (I	D), line 25)	,	40	4,8	37.					
Ů	<u>17</u>		s (Part IX, columr							1	,800	,364.	•	2,283,118.
	18	Total expenses	s. Add lines 13-17	' (must equal l	Part IX, co	olumn (/	A), line 25)			10	,216	,013.		6,783,232.
	19	Revenue less e	expenses. Subtrac	ct line 18 from	n line 12	<u></u>					-	<u>,867</u>	_	-632,131.
s or	ICES								Ļ			rent Year	_	End of Year
Net Assets or	19 20 IEEE	Total assets (P							······ -			<u>,686</u>		<u>56,863,707.</u>
∋t <u>A</u> §	ਸ਼ੂ 21		(Part X, line 26)									<u>,628</u>		<u>1,227,690.</u>
			und balances. Su	ubtract line 21	from line	20				52	,/54	,058.	•	55,636,017.
	dor pop			avamined this -	roturn inclu	uding as	omponying	bodular	and state	monto a	and to the	haat of a	av kno	wladge and halief it is
			Declaration of prepa			-							IY KIIU	wledge and belief, it is
<u></u>	0,00110			מיסי נטמוטי נוומו	1 0111001 / 18	54504 0			non propai	or nao a		ougo.		

Sign	Signature of								
Here	HEATH	NIEMEYER,	INTERIM	EXECUTIVE DIREC	TOR				
	Type or prin	t name and title							
	Print/Type p	reparer's name		Preparer's signature	Date	Check	PTIN		
Paid									
Preparer	Firm's name	ALDRICH	CPAS AN	D ADVISORS, LLP		Firm's EIN			
Use Only	Dnly Firm's address 1903 WRIGHT PLACE, #180								
	CARLSBAD, CA 92008 Phone no. (760) 431-844								
May the IF	RS discuss t	his return with the p	preparer shown	above? See instructions			X Yes	No	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

_	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION 95-2643086 Page 2
	1 990 (2022) FOUNDATION 95-2643086 Page 2 rt III Statement of Program Service Accomplishments
I UI	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE FOUNDATION SUPPORTS CALIFORNIA STATE UNIVERSITY, BAKERSFIELD BY
	ADVOCATING ON BEHALF OF THE UNIVERSITY, FUNDRAISING FOR UNIVERSITY
	PROGRAMS AND ACTIVITIES, AND MANAGING THE FINANCES OF THE FOUNDATION
	AND THE UNIVERSITY ENDOWMENT.
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 X 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?
	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 are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,655,111. including grants of \$ 3,365,422.) (Revenue \$ 2,509,511.
4a	(Code:)(Expenses \$5,655,111. including grants of \$3,365,422.) (Revenue \$2,509,511. 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 9,200 STUDENTS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5,655,111.
	Form 990 (202)
232002	2 12-13-22

	CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
Form 990 (
Part IV	Checklist of Required Schedule	S		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u></u>	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	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? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			
		14b	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15		15		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u></u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
232003	12-13-22	Form	990	(2022)

3

FOUNDATION

Form 990 (2022)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	200		
C		28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	<u> </u>
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? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Obselvit Cabadula O sentaine a versance av note to any line in this Day V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	v	
1.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a32Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
232004	12-13-22		990 ((2022)
	4		`	 ,

12480330 163675 20067.000

95-2643086 Page	5
-----------------	---

Form	990 (2022) FOUNDATION		95-2643	086	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
					Yes	No			
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 10								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over	, а			x			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		<u>x</u>			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organizatio	n solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts							
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	to the payor?	7a	X	┝──			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required							
	to file Form 8282?	1 1		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		x			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as r	equired?	7g		┝──			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Fo	m 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>			
b				9b					
10	Section 501(c)(7) organizations. Enter:	1 1							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	I I							
	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							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
	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.			40					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	101							
-	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c		44-	_	x			
				14a		<u> </u>			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		├──			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4-		- v			
	excess parachute payment(s) during the year?			15		X			
40	If "Yes," see the instructions and file Form 4720, Schedule N.	···· ^				v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X			
<i></i>	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			<i></i>					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.			Γ	000	(0000)			
232005	12-13-22			Form	390	(2022)			

5

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29		103	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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, 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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion 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 on 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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	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			
200	exempt status with respect to such arrangements?	16b		
Sec				
		1- 3		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.	s only)	avalla	bie
18	X Own website Another's website X Upon request Other (explain on Schedule O)	1 finan		
18	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
17 18 19	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	d finan	cial	
18	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	d finan	cial	
18 19	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	d finan	cial	

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
------------	-------	-------------	-------------

FOUNDATION

Form 990			95-2643086
Part VII	Co	mpensation of Officers, Directors, Trustees, Key Emple	oyees, Highest Compensated
	Ē Em	ployees, and Independent Contractors	

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title (B) event week (II any) for our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the room our case more the		T	I	mea		0011	ipon	ourc			
Name and huleAverage hours per veek (ist ary pours for veek (ist ary inelated organization inelated organization inelated organization inelated organization inelated organization inelated organization inelated organization (W2/1094-MISC)The reportable rom malated organization (W2/1094-MISC) inelated organization organization inelated inelated organization inelated inelated organization inelated inelated organization inelated inelated organization inelated inelated inelated inelated inelated inelated inelated inelated inelated inelated inelated inelated inelated inelated inelated inelated inelated inelat	(A)	(B)			_ (0	C)			(D)	(E)	(F)
hours per veek (list any hours for nelated organizations box. messessment is other more and a directive bin organizations compensation from the organizations compensation the organizations compensation the organizations amount of other compensation (1) DR, LYNETTE ZELEZNY READERING (12) THO DEMERS; (2) THOM DAVIS 2.50 2.50 2.550 2.5976. y y 9,816. 447,845. 141,789. (2) THOM DAVIS TREADERER 2.50 40.00 x x 5,976. 278,292. 58,795. (3) HEATH NIEMPYER TREADERER 2.50 40.00 x x 0. 190,595. 71,852. (4) RON VOLIMER 2.50 2.50 2.50 2.50 2.50 2.50 2.50 2.50	Name and title	Average	(do					one		Reportable	Estimated
Week (bit ary organizations organizations (W2/1099-MISC) Month organizations (W2/1099-MISC) Month organizations (W2/1099-MISC) Compensations organizations (W2/1099-MISC) Compensations organizations (W2/1099-MISC) Compensations organizations (W2/1099-MISC) Compensations organizations organizations (11) DR. LYNETTE ZELEZANY 2.50 X 9,816. 447,845. 141,789. (2) THOM DAVIS 2.50 X 5,976. 278,292. 58,795. (3) HEATH NIEMEYER 2.50 X 0. 190,595. 71,852. (4) DR. ANA JACOBSEN 2.50 X 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 X 0. 0. 0. 0. DIRECTOR 40.00 X X 0. 0. 0. (6) RAJI BEAR 2.50 X 0. 0. 0. 0. (9) STEVE ANDERSON 2.50 X 0. 0. 0. 0. (11) AIMEE BLAINE 2.50 X 0. 0. 0. 0. (12) GR. JAVIER JUSTAMANTE <		hours per	box	, unles	ss per	son i	s both	an	compensation		
(1) DR. LYNETTE ZELEZNY 2.50 X 9,816. 447,845. 141,789. (2) THOM DAVIS 2.50 X 5,976. 278,292. 58,795. TREASURER 40.00 X X 5,976. 278,292. 58,795. (3) HEATH NIEMEYER 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 128,816. 44,671. (5) CARGON VOLLMER 2.50 X 0. 0. 4,035. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. (6) RAJI BRAR 2.50 X 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. 0. (6) RICK AMBROSINI 2.50 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0.					uau	recio	i/irus	lee)			
(1) DR. LYNETTE ZELEZNY 2.50 X 9,816. 447,845. 141,789. (2) THOM DAVIS 2.50 X 5,976. 278,292. 58,795. TREASURER 40.00 X X 5,976. 278,292. 58,795. (3) HEATH NIEMEYER 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 128,816. 44,671. (5) CARGON VOLLMER 2.50 X 0. 0. 4,035. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. (6) RAJI BRAR 2.50 X 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. 0. (6) RICK AMBROSINI 2.50 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0.			recto							, i i i i i i i i i i i i i i i i i i i	
(1) DR. LYNETTE ZELEZNY 2.50 X 9,816. 447,845. 141,789. (2) THOM DAVIS 2.50 X 5,976. 278,292. 58,795. TREASURER 40.00 X X 5,976. 278,292. 58,795. (3) HEATH NIEMEYER 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 128,816. 44,671. (5) CARGON VOLLMER 2.50 X 0. 0. 4,035. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. (6) RAJI BRAR 2.50 X 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. 0. (6) RICK AMBROSINI 2.50 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0.			or di	æ			ated		U U	•	
(1) DR. LYNETTE ZELEZNY 2.50 X 9,816. 447,845. 141,789. (2) THOM DAVIS 2.50 X 5,976. 278,292. 58,795. TREASURER 40.00 X X 5,976. 278,292. 58,795. (3) HEATH NIEMEYER 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 128,816. 44,671. (5) CARGON VOLLMER 2.50 X 0. 0. 4,035. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. (6) RAJI BRAR 2.50 X 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. 0. (6) RICK AMBROSINI 2.50 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0.			ustee	trust		e	bens			1099-NEC)	, e
(1) DR. LYNETTE ZELEZNY 2.50 X 9,816. 447,845. 141,789. (2) THOM DAVIS 2.50 X 5,976. 278,292. 58,795. TREASURER 40.00 X X 5,976. 278,292. 58,795. (3) HEATH NIEMEYER 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 128,816. 44,671. (5) CARGON VOLLMER 2.50 X 0. 0. 4,035. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. (6) RAJI BRAR 2.50 X 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0. 0. (6) RICK AMBROSINI 2.50 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. 0.			ual tr	ional		ploye	t com		1099-NEC)		
(1) DR. LUNETTE ZELEZAY 2.50 9,816. 447,845. 141,789. EX-OPFICIO MEMBER, UNIVERSITY PRESID 40.00 X X 5,976. 278,292. 58,795. (3) HEATH NIEMEYER 2.50 X 0. 190,595. 71,852. (3) HEATH NIEMEYER 2.50 X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 X 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 X 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 X 0. 0. 4,035. 0. DIRECTOR 10.00 X X 0. 0. 0. 0. (6) RAJI ERAR 2.50 X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. 0. (6) RICK AMEROSINI 2.50 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0.			Individ	Institut	Officer	Key em	Highes employ	Former			organizations
(2) THOM DAVIS 2.50 TREASURER X X 5,976. 278,292. 58,795. INTERIM EXECUTIVE DIRECTOR/SECRETARY 40.00 X X 0. 190,595. 71,852. INTERIM EXECUTIVE DIRECTOR/SECRETARY 40.00 X X 0. 190,595. 71,852. INTERIM EXECUTIVE DIRECTOR/SECRETARY 40.00 X X 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 0. 0. 4,035. 0. DIRECTOR 10.00 X X 0. 0. 0. BOARD CHAIR 2.50 0. 0. 0. 0. 0. BOARD CHAIR 2.50 0. 0. 0. 0. 0. BOARD CHAIR 2.50 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. </td <td>(1) DR. LYNETTE ZELEZNY</td> <td>2.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1) DR. LYNETTE ZELEZNY	2.50									
TREASURER 40.00 x x 5,976. 278,292. 58,795. (3) HEATH NIEMEYER 2.50 2.50 0. 190,595. 71,852. (4) DR, ANNA JACOBSEN 2.50 0. 190,595. 71,852. (4) DR, ANNA JACOBSEN 2.50 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 0. 0. 4,035. 0. (5) CARSON VOLLMER 2.50 0. 0. 4,035. 0. DIRECTOR 10.00 X X 0. 0. 0. (6) RAJI BRAR 2.50 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td>EX-OFFICIO MEMBER, UNIVERSITY PRESID</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>9,816.</td><td>447,845.</td><td>141,789.</td></td<>	EX-OFFICIO MEMBER, UNIVERSITY PRESID		Х						9,816.	447,845.	141,789.
(3) HEATH NIEMEYER 2.50 X X 0. 190,595. 71,852. (4) DR. ANNA JACOBSEN 2.50 0 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 0. 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 0. 0. 4,035. 0. DIRECTOR 10.00 X 0. 0. 4,035. 0. (6) RAJI BRAR 2.50 X 0. 0. 0. 0. BOARD CHAIR 2.50 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0.	(2) THOM DAVIS										
INTERIM EXECUTIVE DIRECTOR/SECRETARY 40.00 X X 0. 190,595. 71,852. (4) DR. ANRA JACOBSEN 2.50 0. 0. 128,816. 44,671. DIRECTOR 40.00 X 0. 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 0. 0. 4,035. 0. DIRECTOR 10.00 X 0. 0. 44,671. (6) RAJI BRAR 2.50 0. 0. 0.0. 0. DARD CHAIR X X 0. 0. 0. (7) ANGELO MAZZEI 2.50 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (8) NICK AMBROSINI 2.50 X 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. DIRECTOR 2.50 X 0. 0. 0. 0. DIRECTOR X </td <td>TREASURER</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>5,976.</td> <td>278,292.</td> <td>58,795.</td>	TREASURER		Х		Х				5,976.	278,292.	58,795.
(4) DR. ANNA JACOBSEN 2.50 40.00 X 0. 128,816. 44,671. DIRECTOR 2.50 (5) CARSON VOLLMER 2.50 (6) RAJI BRAR 0. 0. 4,035. 0. BOARD CHAIR 2.50 (7) ANGELO MAZZEI X X 0. 0. 0. DIRECTOR 2.50 (7) ANGELO MAZZEI 2.50 (7) ANGELO MAZZEI X X 0. 0. DIRECTOR 2.50 (7) ANGELO MAZZEI 2.50 (7) STEVE ANDERSON X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (9) STEVE ANDERSON 2.50 (10) CONNIE PEREZ-ANDREESEN 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) AIMEE BLAINE 2.50 X X 0. 0. 0. 0. 0. 0. (12) DR. JAVIER BUSTAMANTE 2.50 X X 0. 0. 0. 0. 0. 0. 0. 0. 0. <td>(3) HEATH NIEMEYER</td> <td></td>	(3) HEATH NIEMEYER										
DIRECTOR 40.00 x 0. 128,816. 44,671. (5) CARSON VOLLMER 2.50 0. 0. 4,035. 0. DIRECTOR 10.00 x 0. 0. 4,035. 0. DIRECTOR 2.50 x 0. 0. 0. 0. 0. BOARD CHAIR 2.50 x 0. 0. 0. 0. 0. DIRECTOR 2.50 x 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. OIRECTOR X 0. 0. 0. 0. 0. 0. (8) NICK AMBROSINI 2.50 X 0.	INTERIM EXECUTIVE DIRECTOR/SECRETARY		Х		Х				0.	190,595.	71,852.
(5) CARSON VOLLMER 2.50 X 0. 4,035. 0. DIRECTOR 10.00 X 0. 0. 4,035. 0. (6) RAJI BRAR 2.50 X 0. 0. 0. 0. 0. (7) ANGELO MAZZEI 2.50 X 0. 0. 0. 0. 0. (7) ANGELO MAZZEI 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0.	(4) DR. ANNA JACOBSEN										
DIRECTOR 10.00 X 0. 4,035. 0. G6) RAJI ERAR 2.50 X X 0. 0			Х						0.	128,816.	44,671.
(6) RAJI BRAR 2.50 X X X 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. 0. (7) ANGELO MAZZEI 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (8) NICK AMBROSINI 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0										4 995	
BOARD CHAIRXXX0.0.0.(7) ANGELO MAZZEI2.50X0.0.0.0.DIRECTORX0.0.0.0.0.(8) NICK AMBROSINI2.500.0.0.0.DIRECTORX0.0.0.0.0.(9) STEVE ANDERSON2.500.0.0.0.DIRECTORX0.0.0.0.0.(10) CONNIE PEREZ-ANDREESEN2.50X0.0.0.DIRECTORX0.0.0.0.0.(11) AIMEE BLAINE2.50X0.0.0.DIRECTORX0.0.0.0.0.(12) DR. JAVIER BUSTAMANTE2.500.0.0.0.DIRECTORX0.0.0.0.0.(13) GREG BYINM2.50X0.0.0.0.DIRECTORX0.0.0.0.0.(14) EMLY DURAN2.500.0.0.0.0.DIRECTORX0.0.0.0.0.0.(15) MORGAN CLAYTON2.500.0.0.0.0.DIRECTORX0.0.0.0.0.0.(17) OMAR HAYAT2.500.0.0.0.0.DIRECTORX0.0.0.0.0.			х						0.	4,035.	0.
(7) ANGELO MAZZEI 2.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (8) NICK AMBROSINI 2.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (9) STEVE ANDERSON 2.50 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) CONNIE PEREZ-ANDREESEN 2.50 0. 0. 0. 0. 0. DIRECTOR X 0.		2.50									
DIRECTORX0.0.0.(8) NICK AMBROSINI2.50X0.0.0.DIRECTORX0.0.0.0.(9) STEVE ANDERSON2.50X0.0.0.DIRECTORX0.0.0.0.(10) CONNIE PEREZ-ANDREESEN2.500.0.0.DIRECTORX0.0.0.0.(11) AIMEE BLAINE2.500.0.0.0.DIRECTORX0.0.0.0.(12) DR. JAVIER BUSTAMANTE2.500.0.0.0.DIRECTORX0.0.0.0.0.(13) GREG BYNUM2.500.0.0.0.0.DIRECTORX0.0.0.0.0.0.(14) EMILY DURAN2.50X0.0.0.0.DIRECTORX0.0.0.0.0.0.(16) THOMAS DENATALE2.50X0.0.0.0.DIRECTORX0.0.0.0.0.0.(17) OMAR HAYAT2.50X0.0.0.0.DIRECTORX0.0.0.0.0.		0 50	Х		Х				0.	0.	0.
(8) NICK AMBROSINI2.50 XX0.0.0.DIRECTORX0.0.0.0.0.(9) STEVE ANDRESON2.50 XX0.0.0.0.DIRECTORX0.0.0.0.0.(10) CONNIE PEREZ-ANDREESEN2.50 XX0.0.0.DIRECTORX0.0.0.0.(11) AIMEE BLAINE2.50 X0.0.0.0.DIRECTORX0.0.0.0.(12) DR. JAVIER BUSTAMANTE2.50 X0.0.0.0.DIRECTORX0.0.0.0.(13) GREG BYNUM2.50 XX0.0.0.DIRECTORX0.0.0.0.(14) EMILY DURAN2.50 XX0.0.0.DIRECTORX0.0.0.0.(15) MORGAN CLAYTON2.50 XX0.0.0.DIRECTORX0.0.0.0.(16) THOMAS DENATALE2.50 XX0.0.0.DIRECTORX0.0.0.0.(17) OMAR HAYAT2.50 XX0.0.0.DIRECTORX0.0.0.0.	,	2.50									
DIRECTORX0.0.0.(9) STEVE ANDERSON2.50X0.0.0.DIRECTORX0.0.0.0.(10) CONNTE PEREZ-ANDREESEN2.50X0.0.0.DIRECTORX0.0.0.0.0.(11) AIMEE BLAINE2.50X0.0.0.0.DIRECTORX0.0.0.0.0.(12) DR. JAVIER BUSTAMANTE2.50X0.0.0.DIRECTORX0.0.0.0.0.(13) GREG BYNUM2.50X0.0.0.0.DIRECTORX0.0.0.0.0.(14) EMILY DURAN2.50X0.0.0.0.DIRECTORX0.0.0.0.0.0.(16) THOMAS DENATALE2.50X0.0.0.0.DIRECTORX0.0.0.0.0.(17) OMAR HAYAT2.50X0.0.0.0.DIRECTORX0.0.0.0.0.			Х						0.	0.	0.
(9)STEVE ANDERSON2.50X0.0.0.DIRECTORX0.0.0.0.0.(10)CONNIE PEREZ-ANDREESEN2.50X0.0.0.DIRECTORX0.0.0.0.0.(11)AIMEE BLAINE2.50X0.0.0.DIRECTORX0.0.0.0.0.(12)DR. JAVIER BUSTAMANTE2.50X0.0.0.DIRECTORX0.0.0.0.0.(13)GREG BYNUM2.50X0.0.0.DIRECTORX0.0.0.0.0.(14)EMILY DURAN2.50X0.0.0.DIRECTORX0.0.0.0.0.(15)MORGAN CLAYTON2.50X0.0.0.DIRECTORX0.0.0.0.0.(16)THOMAS DENATALE2.50X0.0.0.DIRECTORX0.0.0.0.0.(17)OMAR HAYAT2.500.0.0.0.DIRECTORX0.0.0.0.0.	· · , _ · · · · · · · · · · · · · · · ·	2.50									
DIRECTOR X A O. O. O. (10) CONNIE PEREZ-ANDREESEN 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) AIMEE BLAINE 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (12) DR. JAVIER BUSTAMANTE 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (13) GREG BYNUM 2.50 X 0.		0 50	х						0.	0.	0.
(10) CONNIE PEREZ-ANDREESEN 2.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (11) AIMEE BLAINE 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (12) DR. JAVIER BUSTAMANTE 2.50 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (13) GREG BYNUM 2.50 0. 0. 0. 0. 0. 0. DIRECTOR X 0. <		2.50									
DIRECTOR X 0 0. <th< td=""><td></td><td>0 50</td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>		0 50	х						0.	0.	0.
(11) AIMEE BLAINE 2.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (12) DR. JAVIER BUSTAMANTE 2.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (13) GREG BYNUM 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) EMILY DURAN 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (14) EMILY DURAN 2.50 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. (16) THOMAS DENATALE 2.50 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. </td <td></td> <td>2.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2.50									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			х						0.	0.	0.
(12) DR. JAVIER BUSTAMANTE 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (13) GREG BYNUM 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) EMILY DURAN 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (15) MORGAN CLAYTON 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) THOMAS DENATALE 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (17) OMAR HAYAT 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. <		2.50									
DIRECTOR X 0. 0. 0. 0. (13) GREG BYNUM 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) EMILY DURAN 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) MORGAN CLAYTON 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) THOMAS DENATALE 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (16) THOMAS DENATALE 2.50 X 0. 0. 0. 0. 0. (17) OMAR HAYAT 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. <			Х						0.	0.	0.
(13) GREG BYNUM 2.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (14) EMILY DURAN 2.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) MORGAN CLAYTON 2.50 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) THOMAS DENATALE 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.		2.50									
DIRECTOR X 0. 0. 0. 0. (14) EMILY DURAN 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) MORGAN CLAYTON 2.50 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) THOMAS DENATALE 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (17) OMAR HAYAT 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.		0 50	х						0.	0.	0.
(14) EMILY DURAN 2.50 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (15) MORGAN CLAYTON 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) THOMAS DENATALE 2.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.		2.50									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(15) MORGAN CLAYTON 2.50 X 0. 0. 0. 0. DIRECTOR X 0.		2.50									
DIRECTOR X 0. <t< td=""><td></td><td>0 50</td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		0 50	х						0.	0.	0.
(16) THOMAS DENATALE 2.50 X 0. </td <td></td> <td>2.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2.50									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(17) OMAR HAYAT 2.50 X 0.		2.50									
DIRECTOR X 0. 0. 0.			X				-		0.	0.	0.
		4.50								<u>^</u>	
232007 12-13-22 Form 990 (2022)			Х						0.	0.	Eorm 990 (2022)

232007 12-13-22

Form 990 (2022)

Page 7

12480330 163675 20067.000

FOUNDATION

95-2643086 Page 8

Form 990 (2022) FOUNDATIO	ON								95-2643	086	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)		,	(C				(D)	(E)	,	(F)
Name and title	Average		1	Posi		n		Reportable	Reportable		mated
Name and the	hours per		not ch , unles					compensation	compensation		ount of
	week		cer and					from	from related		ther
	(list any	tor						the	organizations		ensation
	hours for	direc				_		organization	(W-2/1099-MISC/		m the
	related	e or	stee			sate		(W-2/1099-MISC/	1099-NEC)		nization
	organizations	ruste	l trus		ee	nper		1099-NEC)	1000 1120)		related
	below	lual t	tiona		Vold	st col	-				izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organ	Lationic
(18) MIKIE HAY	2.50		-	-	×	<u>Ξ</u>	<u>ш</u>				
	2.50	~						0	0		0
DIRECTOR		Х						0.	0.	<u> </u>	0.
(19) TARA-NICHOLLE NELSON	2.50										
DIRECTOR		Х						0.	0.		0.
(20) GEOFFREY B. KING	2.50										
DIRECTOR		X						0.	0.		0.
(21) DR. RAVI PATEL	2.50								• •	1	
DIRECTOR	2.50	x						0.	0.		0.
		A						0.	0.		0.
(22) JP LAKE	2.50								•		•
DIRECTOR		Х						0.	0.		0.
(23) JON VAN BOENING	2.50										
DIRECTOR		х						0.	0.		0.
(24) MEGAN LOPEZ	2.50										
DIRECTOR		x						0.	0.		Ο.
(25) LAURA WHITAKER	2.50	Δ				-		0.	0.		0.
	2.50							0	0		0
DIRECTOR		Х						0.	0.	 	0.
(26) JOHN NILON	2.50										
DIRECTOR		Х						0.	0.		0.
1b Subtotal								15,792.	1,049,583.	317	,107.
c Total from continuation sheets to Part VI								0.	0.		0.
								15,792.	1,049,583.	317	,107.
d Total (add lines 1b and 1c)								· · ·		1 3 1 /	, 107.
2 Total number of individuals (including but n	ot limited to th	ose	liste	a ab	ove	e) wn	o re	eceived more than \$100,	UUU of reportable		0
compensation from the organization										<u> </u>	0
										<u> </u>	res No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mplo	oyee	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	X
										_	v
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	pers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	tion fron	n
the organization. Report compensation for t	the calendar ye	ear e	endin	g wi	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	NC	ONE	1				Description of s	ervices (Compens	sation
										,	
							_				
2 Total number of independent contractors (in	•	ot lin	nited	to t			ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					0						
SEE PART VII, SECTION	I A CONT	IN	UA	ΓI(ON	S	HE	ETS		Form 9	90 (2022)

232008 12-13-22

		U	NI	VE	RS	IT	Υ,	BAKERSFIELD		2006
Form 990 FOUNDATIC						l'arla			95-264	3086
(A)	(B)	npio	yee		na F C)	lign	est	(D)	(E)	(F)
Name and title	Average				., ition			Reportable	(L) Reportable	(F) Estimated
Name and the	hours	(cl			that		ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MELINDA PALMER	2.50									
DIRECTOR		Х						0.	0.	0.
(28) NIK BOONE	2.50									
DIRECTOR		Х						0.	0.	0.
(29) JACOB PANERO	2.50									
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

232201 04-01-22

			FOUNDATION				95-2643	086 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	3,172.				
, G			Fundraising events 1c	303,950.				
àifts ar A			Related organizations 1d					
s, G		е	Government grants (contributions) 1e					
tion Si		f	All other contributions, gifts, grants, and					
ibui			similar amounts not included above 1f	4,436,429.				
ntr d C		g	Noncash contributions included in lines 1a-1f	73,475.				
a C		h	Total. Add lines 1a-1f		4,743,551.			
				Business Code	0 500 511	0 500 511		
ice	2		OTHER PROGRAM REVENUE	611710	2,509,511.	2,509,511.		
ierv ue		b						
Program Service Revenue		с 2						
gra Re		d e						
Pro			All other program service revenue					
_			Total. Add lines 2a-2f		2,509,511.			
	3	3	Investment income (including dividends, intere					
			other similar amounts)		976,406.			976,406.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 19,525.					
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 19,525.					
			Net rental income or (loss)		19,525.			19,525.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 20,581,305.					
Ø		D	Less: cost or other basis and sales expenses 7b 22,495,495.	9,500.				
evenue		~	and sales expenses 7b 22,495,495. Gain or (loss) 7c -1,914,190.					
leve			Net gain or (loss)	-	-1,923,690.			-1923690.
Other Re	8		Gross income from fundraising events (not		, , -			
oth	-		including \$ 303,950. of					
			contributions reported on line 1c). See					
			Part IV, line 18	101,556.				
		b	Less: direct expenses 8b	275,758.				
			Net income or (loss) from fundraising events		-174,202.			-174,202.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
	40		Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns and allowances					
		h	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
		-		Business Code				
sno	11	а						
ane		b						
cella		с						
Miscellaneous Revenue			All other revenue					
_		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		6,151,101.	2,509,511.	0.	-1101961.
23200	9 12-	13-	22					Form 990 (2022)

10

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response			, , , , , , , , , , , , , , , , , , ,	
	not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	2,022,762.	2,022,762.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,342,660.	1,342,660.		
2	· · · · · · · · · · · · · · · · · · ·	1,512,000.	1,542,0000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	740,065.	735,469.		4,596.
8	Pension plan accruals and contributions (include				
2	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	394,627.	133,271.	239,047.	22,309.
10	Payroll taxes				,
11	Fees for services (nonemployees):				
	Management				
	Legal	16,479.		16,479.	
	Accounting	52,400.		52,400.	
		52,1000		5271000	
	Lobbying Professional fundraising services. See Part IV, line 17				
		150,466.		150,466.	
f	Investment management fees	130,400.		130,400.	
g	Other. (If line 11g amount exceeds 10% of line 25,	14,714.	1,013.	7 013	6 688
40	column (A), amount, list line 11g expenses on Sch 0.)	34,081.	6,414.	7,013.	<u>6,688.</u> 16,276.
12	Advertising and promotion	282,398.	144,671.	41,486.	96,241.
13	Office expenses	220,823.	55,470.	21,680.	143,673.
14	Information technology	220,023.		21,000.	143,073.
15	Royalties	32,767.	24,257.	7 550	952.
16		516,688.	482,172.	7,558. 3,681.	30,835.
17	Travel	510,000.	402,1/2.	3,001.	30,035.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	85,512.	34,824.	20,118.	30,570.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,751.	3,050.	3,701.	
23	Insurance	18,621.	7,796.	9,812.	1,013.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	456,816.	387,931.	34,176.	34,709.
a b	DUES AND SUBSCRIPTIONS	123,605.	91,228.	18,625.	13,752.
с С	BAD DEBTS	70,436.	0.	70,436.	0.
d	FURNITURE & EQUIPMENT	69,098.	53,883.	15,215.	0.
	All other expenses	131,463.	128,240.		3,223.
	Total functional expenses. Add lines 1 through 24e	6,783,232.	5,655,111.	723,284.	404,837.
<u>25</u> 26	Joint costs. Complete this line only if the organization	5,105,252.	5,055,1110	123,2010	±0±,03/•
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
			l		Farma 990 (0000)

11

232010 12-13-22

Form 990 (2022)

Part IX Statement of Functional Expenses

12480330 163675 20067.000

Form **990** (2022)

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
FOUNDATION			

Form 990 (2022)
Part X Balance Sheet

95-2643086 Page 11

Pa	1.	Balance Sneet					
		Check if Schedule O contains a response or note t	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,180,051.	1	10,701,183.
	2	Savings and temporary cash investments			3,861,341.	2	3,992,253.
	3	Pledges and grants receivable, net			7,899,646.	3	5,569,080.
	4	Accounts receivable, net			162.	4	3,171.
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these	persor	ns		5	
	6	Loans and other receivables from other disqualified	d pers				
		under section 4958(f)(1)), and persons described ir	n secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
¥8	9				0.	9	2,631.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		<u>1,892,327</u> <u>1,857,281</u>			
	b	Less: accumulated depreciation	41,798.	10c	35,046.		
	11	Investments - publicly traded securities			27,858,297.		29,834,760.
	12	Investments - other securities. See Part IV, line 11		5,909,254.	12	6,125,662.	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		······	176,137.	15	599,921.
	16	Total assets. Add lines 1 through 15 (must equal			54,926,686.	16	56,863,707.
	17	Accounts payable and accrued expenses			131,766.	17	194,698.
	18	Grants payable	00 014	18			
	19	Deferred revenue			80,814.	19	75,880.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
ilit		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these	-	Г		22	
_	23	Secured mortgages and notes payable to unrelate		т		23	
	24 05	Unsecured notes and loans payable to unrelated the	•			24	
	25	Other liabilities (including federal income tax, paya parties, and other liabilities not included on lines 1					
		of Schedule D	1-24).		1,960,048.	25	957,112.
	26	—			2,172,628.	26	1,227,690.
	20	Organizations that follow FASB ASC 958, check		X	2/2/2/0201	20	1/11//0500
es		and complete lines 27, 28, 32, and 33.					
anc.	27				1,502,247.	27	2,637,593.
Bala	28	Net assets with donor restrictions			51,251,811.	28	52,998,424.
Ιp		Organizations that do not follow FASB ASC 958					
μ		and complete lines 29 through 33.	,				
o,	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equi				30	
Ast	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			52,754,058.	32	55,636,017.
	33	Total liabilities and net assets/fund balances			54,926,686.	33	56,863,707.
							Form 990 (2022)

232011 12-13-22

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
------------	-------	-------------	-------------

Form	1 990 (2022) FOUNDATION	95-264	3086	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>6,151</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,783		
3	Revenue less expenses. Subtract line 2 from line 1	3	-632		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		<u>2,754</u>		
5	Net unrealized gains (losses) on investments	5	<u>3,613</u>	3,1	67.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-99	9,0	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 5	<u>5,636</u>	5 , 0:	<u>17.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

232012 12-13-22

SCHEDULE A (Form 990)			C		OMB No. 1545-0047					
		nue Service			ttach to Form 990 or Fo Form990 for instructior			ormation.		Inspection
		he organizatio	n CALI FOUN	FORNIA STA	TE UNIVERSITY	(, BAF	KERSFI	ELD	. 9	identification number 5 - 2 6 4 3 0 8 6
Pa	irt I	Reason f	or Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The 1 2 3 4		A church, cor A school desc A hospital or A medical res city, and state	vention of ch ribed in sect a cooperative earch organiz	urches, or association tion 170(b)(1)(A)(ii). (hospital service organization operated in con- tion operated in con-	For lines 1 through 12, cl on of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in section 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	i). n 170(b)(1)(A		
5	X	An organizatio	on operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6 7 8		 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 								
9		-			in section 170(b)(1)(A)(ed in conju	nction with a	land-grant	college
		•		5	ulture (see instructions).				Ũ	•
10		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.)								
11		An organizatio	on organized	and operated exclusi	ively to test for public sat	ety. See	section 50	9(a)(4).		
12 a b		more publicly lines 12a thro Type I. A su the support organization	supported or ugh 12d that upporting orga ed organization. You must o	ganizations describe describes the type o anization operated, s on(s) the power to re complete Part IV, Se	ively for the benefit of, to d in section 509(a)(1) o f supporting organizatior upervised, or controlled gularly appoint or elect a ections A and B. I or controlled in connect	r section ! and comp by its supp majority o	509(a)(2). plete lines ported orga f the direc	See section 12e, 12f, and anization(s), ty tors or truste	509(a)(3). (12g. ypically by g es of the su	heck the box on giving pporting
			-	of the supporting organities of the support of the	anization vested in the sa Sections A and C.	ame persoi	ns that cor	ntrol or mana	ge the supp	ported
с		Type III fun	ctionally inte	egrated. A supportin	g organization operated). You must complete F				ly integrate	d with,
d			•	. , .	orting organization oper			-	ted organiz	ration(s)
ŭ			-		ation generally must sati				· ·	
				0	nplete Part IV, Sections	•			anatonin	01033
е		Check this	box if the orga	anization received a	written determination from	m the IRS	that it is a		II, Type III	
f	Ento	r the number of			nally integrated supportir					
				n about the supporte	nd organization(c)					
		i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount or support (see ir	-	(vi) Amount of other support (see instructions)
Tota	al									

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

95-2643086 Pa	age 2
---------------	--------------

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.)

Schedule A (Form 990) 2022

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3969849.	5849534.	9662895.	11258642.	4743551.	35484471.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3969849.	5849534.	9662895.	11258642.	4743551.	35484471.
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)						11774110.
6	Public support. Subtract line 5 from line 4.						23710361.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3969849.	5849534.	9662895.	11258642.	4743551.	35484471.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	747,528.	538,828.	579,596.	827,957.	995,931.	3689840.
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 VI.)						
11	Total support. Add lines 7 through 10						39174311.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 5	,385,129.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	phere					
See	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>60.53 %</u>
	Public support percentage from 2021					15	82.46 %
16a	1 33 1/3% support test - 2022. If the o	organization did no	ot check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	0 10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

CALIFORNIA STATE UNIVERSITY, BAKERSFII
--

 Schedule A (Form 990) 2022
 FOUNDATION

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

95-2643086 Page 3

C	qualify under the tests listed below, please complete Part II.)
((Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support			-	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
_							
Sec	ction C. Computation of Publi	ic Support Per	rcentage			T T	
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
18	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	-	•				
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ins		·····
23202	23 12-09-22		16	5		Schedule /	A (Form 990) 2022

FOUNDATION

95-2643086 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

Schedule A (Form 990) 2022

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

232024 12-09-22

| 10b | Schedule A (Form 990) 2022

FOUNDATION Schedule A (Form 990) 2022

11

Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Vee No

			res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions)).
---	--	--	--	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

232025 12-09-22

12480330 163675 20067.000

2022.05080 CALIFORNIA STATE UNIVERSI 20067.01

No

18

	CALIFORNIA STATE UNIVERS	ITY,		
Sche	dule A (Form 990) 2022 FOUNDATION			95-2643086 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

	dule A (Form 990) 2022 FOUNDATION			9	<u>5-2643086 Ра</u>	age 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022	2
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
	From 2018					
	From 2019					
	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
-				-		

Schedule A (Form 990) 2022

232027 12-09-22

Schodulo A	(Form 990) 2022	CALIFORNIA FOUNDATION	STATE	UNIVERSITY,	BAKERSFIELD 95-2643086 P	200 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide the 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV, 5	6, 9a, 9b, 9c Section E, lir	;, 11a, 11b, and 11c; Pa les 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or 17b; Part III, line 12; Irt IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V his part for any additional information.	
232028 12-09-2	2			21	Schedule A (Form 990) 2022

* *	PUBLIC	DISCLOSURE	COPY	* *
-----	--------	------------	------	-----

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

95-2643086

OMB No. 1545-0047

2022

Employer identification number

	FOUNDATION
Organization type (chec	k one):

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Forr	n 990) (2	2022)
------------------	-----------	-------

Name of organization CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION Employer identification number

95-2643086

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 550,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 1,500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 576,423. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 250,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 121,757. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 120,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

23

12480330 163675 20067.000

223452 11-15-22

2022.05080 CALIFORNIA STATE UNIVERSI 20067.01

Page **2**

Schedule B (For	m 990) (2022)
-----------------	---------------

Name of organization CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION Employer identification number

95-2643086

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 120,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

12480330 163675 20067.000

art II	Noncash Property (see instructions). Use duplicate copies of P	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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

25

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

12480330 163675 20067.000

2022.05080 CALIFORNIA STATE UNIVERSI 20067.01

Page 3

Employer identification number

Schedule I	B (Form 990) (2022)				Page 4	
Name of o	rganization				Employer identification number	
	ORNIA STATE UNIVERSITY,	BAKERSFIELD				
FOUND					95-2643086	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations descri through (e) and the followin	bed in section 50 a line entry. For or	1(c)(7), (8), or (10) tl manizations	hat total more than \$1,000 for the year	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of $$$	1,000 or less for th	e year. (Enter this info. o	once.) \$	
	Use duplicate copies of Part III if additional s	space is needed.				
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held	
Part I						
		(e) Transf	er of gift			
			or or give			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held	
Part I	(2)	(0) 000 0. g		(-, 2		
		(o) Transf	or of gift			
		(e) Transf	erorgin			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
			••			
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held	
Part I	(2) - 2 - 3 3	(-,		(-,		
		(e) Transf	er of gift			
			ci oi giit			
	Transferee's name, address, a	nd ZIP + 4	В	elationship of tra	ansferor to transferee	
	, ,,			•		
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held	
Part I		(0) 000 01 g		(4) 200		
		(e) Transf	er of gift			
	Transfornajo nome address -		-	olationahin of the	natorar to transferes	
	Transferee's name, address, a	nu LIF + 4	<u> </u>	erationship of tra	ansferor to transferee	
223454 11-15	5-22				Schedule B (Form 990) (2022)	

26 2022.05080 CALIFORNIA STATE UNIVERSI 20067.01

SC	SCHEDULE D Supplemental Financial Statements				
	form 990) Complete if the organization answered "Yes" on Form 990,				
Depart	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.				
Interna	Revenue Service	Inspection			
Nam	e of the organizatio	FOUNDATION	NIVERSITY, BAKERSFIELD		identification number 5-2643086
Par	t I Organiza		d Funds or Other Similar Funds o		
		answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at en	d of year			
2	Aggregate value of	contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised		
6			exclusive legal control? dvisors in writing that grant funds can be u		Yes No
0	•	•	r donor advisor, or for any other purpose co		
	impermissible priva			•	Yes No
Par			ganization answered "Yes" on Form 990, Pa		
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a	a historically impo	rtant land area
	Protection of	natural habitat	Preservation of a	a certified historic	structure
	Preservation	of open space			
2			ied conservation contribution in the form of		
	day of the tax year.				at the End of the Tax Year
b	•				
ر ام		ation easements on a certified historic stru ation easements included in (c) acquired a	ucture included in (a)	2c	
d				2d	
3			eased, extinguished, or terminated by the c	·····	the tax
	year		,,		y
4	Number of states w	/here property subject to conservation eas	ement is located		
5	Does the organizati	ion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements	s during the year
_		<u> </u>			
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements dur	ing the year
0			a actisfy the requirements of acction 170/h		
8	and section 170(h)(e satisfy the requirements of section 170(h)		Yes No
9			on easements in its revenue and expense s		
•		•	ote to the organization's financial statemer		the
	organization's acco	ounting for conservation easements.	-		
Par	t III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet w	vorks
			lic exhibition, education, or research in furt	-	
			icial statements that describes these items		
b			8, to report in its revenue statement and ba		
			exhibition, education, or research in furthe	rance of public se	ervice,
	-	ng amounts relating to these items:		¢	
				•	
2	.,		asures, or other similar assets for financial g		
-		nts required to be reported under FASB A		J, P.01100	
а	-			\$	
		duction Act Notice, see the Instructions			dule D (Form 990) 2022
232051	09-01-22				
			27		

12480330 163675 20067.000

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
------------	-------	-------------	-------------

Schedule D Form 0000 2022 FOUNDATION 9.5 = C430.08.6 Page 2 2 Using the organizations administicning Collections of Art, Historical Treasures, or Other Similar Assets (continued) Contributed) 3 Using the organizations administion, accession, and other records, check any of the following that make significant use of its collection takes into its accussion and other records, check any of the following that make significant use of its collection takes into its accussion of the organization's accussion and explain how they kurther the organization's accessing of the organization's accussion of the organization's collection? 4 Provide a description of the organization's collection and explain how they kurther the organization's accessing of the organization's accessing or other intermediary for contributions or other assets on the collection? 4 Provide a description of the organization's accessing or other intermediary for contributions or other assets not included on form 980, Part X, Ine 21. Yes No 6 Dering the year 16 Amount 16 Amount 16 Amount 16 Amount 16 Amount 16			NIA STATE (UNIVERSITY	, BAKERSF	IELD		1222	•
General constraints acquisition, accession, and other records, check any of the following that make significant use of its collection thems (check all that apply):									ge 2
collection time (check all that apply): a X Public exhibition d X Lean or exchange program b X Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or O	ther Sin	nilar Assets	(continued)	
a Public exhibition d Image: Construction of the organization is collection of other organization is exempt purpose in Part XIII. b Scholarly research e Other Image: Construction of the organization is collection of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintaned as part of the organization's collection? Yes X No Part IV Encode were determined in the art of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, lin	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that ma	ke signific	ant use of its		
b Scholarly research e Other									
c X Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes X No Part IV Escrew and Custodial Arrangements. Comparise in the organization answered 'Yes' on Form 990, Part X, line 91, 1 as its the organization an any trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, 1 as its the organization any entry trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, 1 as back during the year c Beginning balance C Beginnin	а		d	I X Loan or exc	hange program				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scale control of art, historical treasures, or other similar assets 10 Derive the year, did the organization of norm 980, Part X, line 21. 11 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 12 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 13 Is the organization include an amount on Form 990, Part X, line 21. 14 Detect organization include an amount on Form 990, Part X, line 21. 14 Endowment Funds. Complete if the organization has been provided on Part XIII. 15 Orth organization include an amount on Form 990, Part X, line 21. 16 Outh organization include an amount on Form 990, Part X, line 21. 16 Outh organization include an amount on Form 990, Part X, line 21. 17 Endowment Funds. Complete if the organization answered Yee's on Form 990, Part XIII. 16 Outh organization include an amount on Form 990, Part X, line 21. 16 Edginning of year balance 17 Endowment Funds. Complete if the organization naswered Yee's in Form 990, Part	b		e	Other					
5 During the year, did the organization solled to 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 X No Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Amount c Beginning balance 1d 1d 1d 1d 1d c Distributions during the year 1t 1d 1d <th>с</th> <th>X Preservation for future generations</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	с	X Preservation for future generations							
To be sold to raise funds: rather than to be maintained as part of the organization's collection? Yes X No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Yes No. Ia Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance Id Amount Amount d Distributions during the year Id Amount Mont d Distributions during the year Id Amount Mont d Distributions during the year Id Amount Mont d Distributions during the year Id Id Mont Mont d If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10. e Ormstry agents back (d) Fintry astrs back (e) Four years back (d) Four years back (d) Four years back (d) Four years back (d) F	4	Provide a description of the organization's co	ollections and explair	n how they further th	e organization's	exempt p	urpose in Part	XIII.	
Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Additions during the year Id d Additions during the year Id e Distributions during the year and during table Id e Distributions during the year asset Id e Other year blance So 06 (739.3 to 024, 464, 30.26 (55.25, 25.2 5, 27.29, 752.25, 25.2 (55.2 5.2 5, 2	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sir	milar asse	ts		
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 980, Part X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 2 Amount 1d 1d 1d 1d 2 Distributions during the year 1d 2 Distributions during the year 1d 2 Didthor agnization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Into 10. Contributions (e) Four years back (e) Four years back (e) Four years back 1a Beginning of year balance 35, 0.96, 73.9, 35, 0.26, 54.8, 2.6, 9.44, 0.55, 2.5, 2.47.4, 0.74, 2.5, 7.27.52, 7.52, 3.00.76.6, 3.34, 0.02.1, 5.28, 0.04.7, 5.25, 2.97.52, 7.52, 3.00.76.6, 5.34, 0.22, 5.28, 0.04.7, 5.25, 2.97.52, 7.52, 3.09.7, 7.51, 3.05, 3.5, 0.22, 5.28, 0.04.7, 5.23, 0.97.6, 5.51, 2.5, 4.74, 0.74, 2.5, 7.57.7, 1.9, 5.03, 7.66, 5.34, 0.22, 5.28, 0.04.7, 5.23, 0.97.6, 5.51, 2.5, 4.74, 0.74, 2.5, 7.57.7, 1.9, 5.03, 7.66, 5.34, 0.22, 5.28, 0.04.7, 5.23, 0.97.6, 5.51, 2.5, 4.74, 0.74.2, 5.7, 5.7.7, 3.19, 5.03, 7.66, 5.34, 0.22, 5.28, 0.04.7, 5.23, 0									No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the followi	Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes	s" on Form	n 990, Part IV,	ine 9, or	
on Form 990, Part X7 Yes No b If Yes,* explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part X, line 10. 10 Three years back (e) Four year (e) Ass, 528, 043, 523, 243, 930, 248,		reported an amount on Form 990, Pa	rt X, line 21.						
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Amount d Additions during the year Id f Ending balance Id e Distributions during the year Id f Ending balance Id b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part X, line 10. (e) Four years back (e) Four years back t Beginning of year balance (a) Current year (b) Pror year (e) Four years back (e) Four years back (e) Four years back t 10 four systement earrings, gains, and losses 2, 552, 003. 2, 643, 413. 7, 582, 303. 2, 524, 047. 2, 524, 047. 2, 523, 033. 2, 524, 043. 2, 524, 043. 2, 524, 047. d	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets	not includ	bed		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Amount d Additions during the year Id f Ending balance Id e Distributions during the year Id f Ending balance Id b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part X, line 10. (e) Four years back (e) Four years back t Beginning of year balance (a) Current year (b) Pror year (e) Four years back (e) Four years back (e) Four years back t 10 four systement earrings, gains, and losses 2, 552, 003. 2, 643, 413. 7, 582, 303. 2, 524, 047. 2, 524, 047. 2, 523, 033. 2, 524, 043. 2, 524, 043. 2, 524, 047. d		on Form 990, Part X?						Yes	No
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, for escrow or custodial accountil lability? Yes No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Sp. 796, 739, 35, 202, 548, 252, 644, 055, 25, 474, 074, 25, 722, 752, 1, 056, 432, 26, 944, 055, 25, 474, 074, 25, 722, 752, 1, 056, 432, 26, 944, 055, 25, 474, 074, 25, 723, 752, 1, 056, 432, 26, 041, 874, 33, 076, 004, 2, 304, 764, 349, 301, 2, 577, 319, 503, 766, 534, 023, 252, 003, 458, 698, 736, 373, 150, 042, 23, 047, 523, 097, 102, 137, 150, 1534, 023, 037, 165, 134, 023, 037, 165, 134, 023, 037, 165, 134, 023, 037, 165, 134, 023, 037, 165, 1534, 02	b					_			
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (0) There years back (0) For year (0) Proves year (0) Proves years back (0) For years (0) For years back (0) For years back (0) For years back (0) For years (0) For years back (0) For years (0) For yaars (0) For years (0) For years (0) For yaars (0) For years (0) For yaars (0) For years (0) For yaars (0) For yaars (0) For yaars (0) For yaars								Amount	
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (0) There years back (0) For year (0) Proves year (0) Proves years back (0) For years (0) For years back (0) For years back (0) For years back (0) For years (0) For years back (0) For years (0) For yaars (0) For years (0) For years (0) For yaars (0) For years (0) For yaars (0) For years (0) For yaars (0) For yaars (0) For yaars (0) For yaars	с	Beginning balance					1c		
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on 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 35,095,739. 35,026,548. 26,944,055. 25,474,074. 25,729,752. b Contributions 1,056,492. 6,441,474. 3,076,004. 2,304,764. 349,301. c Net investment earnings, gains, and losses 2,526,003. -4,633,419. 7,582,303. 458,648. 733,1451. d Grants or scholarships 577,319. 503,766. 534,029. 528,047. 523,097. e Other expenditures for facilities 37,162,254. 35,096,733. 36,234,619. 26,944,055. 25,474,074. g End of year balance 13.1700. % <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>1d</th><th></th><th></th></t<>							1d		
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10. (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (c) Three							1e		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) S5, 492. (c) 421, 374. (c) 700.041. (c) 304, 764. 349, 305. 1b Contributions 1, 055.492. (c) 421, 374. (c) 700.042. (c) 423, 944.055. 252.474.074. 25.726.003. 441.974. (c) 700.042. (c) 728.752. 1c Not investment earnings, gains, and losses 2, 526.003. -4.643.419. 7, 582.303. 439.075.2 52.047.075.2 52.047.075.2 52.047.075.2 50.076. 5334.029. 528.047.571. 534.029.077.512.003.076.004.2.304.764.074.074.074.074.074.074.074.074.074.07	f						1f		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 35, 026, 548, 26, 944, 055, 25, 474, 074, 25, 729, 752, b Contributions 1, 056, 492, 6, 441, 874, 3, 076, 004, 2, 304, 764, 349, 301, c Net investment earnings, gains, and losses 2, 526, 003, -4, 643, 419, 7, 582, 303, 458, 698, 736, 141, d Grants or scholarships 577, 319, 503, 766, 534, 029, 528, 047, 523, 097, e Other expenditures for facilities 546, 453, 733, 570, 425, 242, 390, 789, 367, 571, f Administrative expenses 337, 162, 254, 35, 096, 739, 36, 234, 619, 26, 944, 055, 25, 474, 074, g End of year balance Ime andowment 11.6500 % % % % g Ford of year balance Ime andowme	2a							Yes	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 35,096,739. 35,026,548. 26,944,055. 25,474,074. 25,729,752. b Contributions 1,056,492. 6,441,874. 30,076,004. 2,304,764. 349,301. c Net investment earnings, gains, and losses 577,319. 503,766. 534,029. 528,047. 523,097. e Other expenditures for facilities and programs 546,453. 733,570. 425,242. 390,789. 367,571. f Administrative expenses 393,208. 490,928. 408,472. 374,645. 450,452. g End of year balance 11.6500 % 5 26,944,055. 25,474,074. 2 Provide the estimated pecentage of the current year end balance (line 1g, column (al) held as: Board designated or quasi-endowment 11.6500 % b Permanent endowment 75.1800 % % 3a(i) X in the rest on line 32, b, and 22 should equal 100%. 3a Are there	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII			
1a Beginning of year balance 35,096,739. 35,026,548. 26,944,055. 25,474,074. 25,729,752. b Contributions 1,056,492. 6,441,874. 3,076,004. 2,304,764. 349,301. c Net investment earnings, gains, and losses 2,526,003. -4,643,419.7. 7,582,303. 458,698. 736,141. d Grants or scholarships 577,319. 503,766. 534,029. 528,047. 523,097. e Other expenditures for facilities 393,208. 490,928. 408,472. 374,645. 450,452. g End of year balance 37,162,254. 35,096,739. 367,571. 425,440.978. 367,571. g End of year balance 37,162,254. 35,096,739. 36,234,619. 26,944,055. 25,474,074. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment 11.6500 % b Permanent endowment 75.1800 % % 3a(i) X if in Related organizations (i) Unrelated organizations iii As 3a(ii) X iii) <th>Par</th> <th>t V Endowment Funds. Complete i</th> <th>f the organization an</th> <th>swered "Yes" on Fo</th> <th>rm 990, Part IV,</th> <th>line 10.</th> <th></th> <th></th> <th></th>	Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV,	line 10.			
b Contributions 1,056,492 6,441,874 3,076,004 2,304,764 349,301. c Net investment earnings, gains, and losses 2,526,003 -4,643,419 7,582,303 458,698 736,141. d Grants or scholarships 577,319 503,766 534,029 528,047 523,097. e Other expenditures for facilities and programs 546,453 733,570. 425,242. 390,789. 367,571. f Administrative expenses 393,208. 490,928. 408,472. 374,645. 450,452. g End of year balance 37,162,254. 35,096,739. 36,234,619. 26,944,055. 25,474,074. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasi-endowment 11.6500 % b Permanent endowment 13.1700 % % 3a(j) X i) Inteleted organizations isted as required on Schedule R? isted 3a(j) X ii Inteleted organizations Isted as required on Schedule R? isto isto isto i) Inteleted or			(a) Current year	(b) Prior year	(c) Two years ba	ack (d) T	hree years back	(e) Four years b	ack
b Contributions 1,056,492. 6,441,874. 3,076,004. 2,304,764. 349,301. c Net investment earnings, gains, and losses 2,526,003. -4,643,419. 7,582,303. 458,698. 736,141. d Grants or scholarships 577,319. 503,766. 534,029. 528,047. 523,097. e Other expenditures for facilities and programs 546,453. 733,570. 425,242. 390,789. 367,571. f Administrative expenses 37,162,254. 35,096,739. 36,234,619. 26,944,055. 25,474,074. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: aboard designated or quasi-endowment 11.6500 % b Permanent endowment 75.1800 % % Yes No g In uneaded or quasi-endowment 11.6500 % Yes No g In Unelated organizations 13.1700 % Yes No g In Unealed organizations Image: Second instage on lines 2a, 2b, and 2c should equal 100%. 3a Sa Are there endowment funds not in the possession of the organization secondi	1a	Beginning of year balance	35,096,739.	35,026,548.	26,944,05	55. 2	25,474,074.	25,729,7	52.
c Net investment earnings, gains, and losses 2,526,003. -4,643,419. 7,582,303. 458,698. 736,141. d Grants or scholarships 577,319. 503,766. 534,029. 528,047. 523,097. e Other expenditures for facilities and programs 546,453. 733,570. 425,242. 390,789. 367,571. f Administrative expenses 393,208. 490,928. 408,472. 374,645. 450,452. g End of year balance 37,162,254. 35,096,739. 36,234,619. 26,944,055. 25,474,074. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: 80ard designated or quasi-endowment 11.6500 % b Permanent endowment 13.1700 % % Yes No f(i) Unrelated organizations % 3a(i) X 3a(i) X ga(ii) R At there endowment funds not in the possession of the organization that are held and administered for the organization s isa(i) X 3a(i) X 3a(i) X 3a(i)			1,056,492.	6,441,874.	3,076,00	04.	2,304,764.	349,3	01.
e Other expenditures for facilities and programs 546, 453, 733, 570, 425, 242, 390, 789, 367, 571, 393, 208, 490, 928, 408, 472, 374, 645, 455, 452, 455, 452, 450, 450, 452, 450, 450, 452, 450, 450, 452, 450, 450, 452, 450, 450, 452, 450, 450, 450, 450, 452, 450, 450, 450, 450, 450, 450, 450, 450			2,526,003.	-4,643,419.	7,582,3	03.	458,698.	736,1	.41.
e Other expenditures for facilities and programs 546,453 733,570 425,242 390,789 367,571 f Administrative expenses 393,208 490,928 408,472 374,645 450,452 g End of year balance 37,162,254 35,096,739 36,234,619 26,944,055 25,474,074 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 11.6500 % b Permanent endowment 13.1700 % *	d	Grants or scholarships	577,319.	503,766.	534,0	29.	528,047.	523,0	197.
and programs 546,453. 733,570. 425,242. 390,789. 367,571. f Administrative expenses 393,208. 490,928. 408,472. 374,645. 450,452. g End of year balance 37,162,254. 35,096,739. 36,234,619. 26,944,055. 25,474,074. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 11.6500 % b Permanent endowment 75.1800 % % ************************************									
f Administrative expenses 393,208. 490,928. 408,472. 374,645. 450,452. g End of year balance 37,162,254. 35,096,739. 36,234,619. 26,944,055. 25,474,074. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 11.6500 % b Permanent endowment 75.1800 % ************************************			546,453.	733,570.	425,24	42.	390,789.	367,5	571.
g End of year balance 37,162,254. 35,096,739. 36,234,619. 26,944,055. 25,474,074. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 11.6500 % b Permanent endowment 75.1800 % % ************************************	f		393,208.	490,928.	408,4	72.	374,645.	450,4	52.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 11.6500 % b Permanent endowment 13.1700 % The percentages on 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(i) X 3a(i) X 3a(i) X 3a(i) X 3a(ii) X 3a(i) X 3b I 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part			37,162,254.	35,096,739.	36,234,62	19. 2	26,944,055.		
a Board designated or quasi-endowment 11.6500 % b Permanent endowment 75.1800 % c Term endowment 13.1700 % The percentages on 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: (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(iii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 4 Part VI Land, Buildings, and Equipment. See Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value depreciation Description of property (a) Cost or other basis (other) (b) Cost or other (c) Accumulated depreciation 1a Land 3,139. 3,139. 3,139. b Buildings 12,127.12,127.0. 0. c Leasehold improvements 305,286.284,157.21,129. 0. c Leasehold improvements 1,571,775.1,560,997.10,778. 0. e Other 0. 0. 0.	-	-	ent vear end balance			I			
b Permanent endowment 75.1800 % c Term endowment 13.1700 % The percentages on 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(i) X 3a(ii) X 3a(ii) X 3a(i) X 3a(ii) X 3a(ii) X 3a(i) X 3a(i) X 3a(ii) X 3a(ii) X (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (other) (d) Book value (d) Book value (a) Cost or other	а				,				
c Term endowment 13.1700 % The percentages on 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(i) X 3a(ii) X 3a(iii) X 3a(iii) X 3a(iii) X 3b 3b 3b 4 Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land 3,139.	b			_^_					
The percentages on 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (c) Leasehold improvements (c) Accumulated and (c) Accumulated depreciation (c) Leasehold improvements (c) Accumulated (c) Accumulated	c	10 1000							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization set organization's endowment funds. 3a(ii) X 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accounulated depreciation (d) Book value (d) Book value (i) Cost or other basis (other) (b) Cost or other basis (other) (c) A	•								
Yes No Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (other) depreciation 3,139. 1a Land 3,139. 3,139. 3,139. b Buildings 12,127. 12,127. 0. c Leasehold improvements 305,286. 284,157. 21,129. d Equipment 1,571,775. 1,560,997. 10,778. e Other 0ther 0ther 0ther	3a			ation that are held ar	nd administered f	or the			
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,139. 3,139. b Buildings 12,127. 12,127. c Leasehold improvements 305,286. 284,157. 21,129. d Equipment 1,571,775. 1,560,997. 10,778. e Other 0 0 0 0			g					Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,139. 3,139. b Buildings 12,127. 12,127. c Leasehold improvements 305,286. 284,157. d Equipment 1,571,775. 1,560,997. e Other 0 0		0						3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 1a Land 3,139. 3,139. b Buildings 12,127. 12,127. c Leasehold improvements 305,286. 284,157. 21,129. d Equipment 1,571,775. 1,560,997. 10,778.									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 1a Land 3,139. 3,139. b Buildings 12,127. 12,127. 0. c Leasehold improvements 305,286. 284,157. 21,129. d Equipment 1,571,775. 1,560,997. 10,778. e Other 0 0 0 0	b								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 1a Land 3,139. 3,139. b Buildings 12,127. 12,127. 0. c Leasehold improvements 305,286. 284,157. 21,129. d Equipment 1,571,775. 1,560,997. 10,778. e Other 0 0 0	-								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 value1a Land3,139.3,139.b Buildings12,127.12,127.0.c Leasehold improvements305,286.284,157.21,129.d Equipment1,571,775.1,560,997.10,778.e Other0000	-								
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land3,139.3,139.b Buildings12,127.12,127.0.c Leasehold improvements305,286.284,157.21,129.d Equipment1,571,775.1,560,997.10,778.e Other0000), Part IV, line 11a. S	ee Form 990, Pa	rt X, line 1	10.		
1a Land 3,139. 3,139. b Buildings 12,127. 12,127. 0. c Leasehold improvements 305,286. 284,157. 21,129. d Equipment 1,571,775. 1,560,997. 10,778. e Other 0 0 0			(a) Cost or o	ther (b) Cost	or other	(c) Accum	nulated	(d) Book value	
b Buildings 12,127. 12,127. 0. c Leasehold improvements 305,286. 284,157. 21,129. d Equipment 1,571,775. 1,560,997. 10,778. e Other 0 0 0				,		deprecia	ation	~	
c Leasehold improvements 305,286. 284,157. 21,129. d Equipment 1,571,775. 1,560,997. 10,778. e Other 0 0 0 0							107		-
d Equipment 1,571,775. 1,560,997. 10,778. e Other							-		-
e Other							-		
				1,57	1,775.	1,560	,997.	10,77	8.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)									_
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	<u>X, column (B), line 1</u>	0c.)			35,04	6.

Schedule D (Form 990) 2022

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
------------	-------	-------------	-------------

Schedule D (Form 990) 2022 FOUNDATION

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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	6,125,662.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,125,662.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST-EMPLOYMENT BENEFITS	
(3) OTHER THAN PENSIONS	803,395.
(4) DUE TO RELATED PARTIES	153,717.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	957,112.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

95-2643086 Page 3

232053 09-01-22

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD

95-2643086	Page 4
------------	--------

	edule D (Form 990) 2022 FOUNDATION				2643086 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	13,109,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,613,167.		
b	Donated services and use of facilities	2b	3,219,489.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		275,758.		
е	Add lines 2a through 2d			2e	7,108,414.
3	Subtract line 2e from line 1			3	6,000,635.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150,466.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	150,466.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,151,101.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	10,028,936.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,219,489.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	176,681.		
е	Add lines 2a through 2d			2e	3,396,170.
3	Subtract line 2e from line 1			3	6,632,766.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150,466.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	150,466.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	6,783,232.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

WORKS	OF	ART	AND	OTHER	COLLECTIONS	INCLUDING:	ARTWORK,	SCULPTURES,	AFRICAN
-------	----	-----	-----	-------	-------------	------------	----------	-------------	---------

ANTELOPE, AND A ROCK COLLECTION. THESE ITEMS ARE AVAILABLE FOR VIEWING,

STUDY AND RESEARCH.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENTS CONSIST OF FUNDS ESTABLISHED FOR A VARIETY OF

PURPOSES TO SUPPORT THE ORGANIZATION'S EXEMPT PURPOSE.

PART X, LINE 2:

THE FOUNDATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE

UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX

30

232054 09-01-22

Schedule D (Form 990) 2022

12480330 163675 20067.000

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD Schedule D (Form 990) 2022 FOUNDATION 95-2 Part XIII Supplemental Information (continued)	2643086 Page 5
POSITIONS. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALT	IES
ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT	OF
ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE	FOUNDATION
HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2023 AND 2022 AND THE	REFORE NO
AMOUNTS HAVE BEEN ACCRUED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE NETTED WITH RELATED REVENUE	275,758.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE NETTED WITH RELATED REVENUE	275,758.
LOSS ON POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS	-99,077.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	176,681.
Sched	lule D (Form 990) 2022

232055 09-01-22

SC	HEDULE F	EDULE F Statement of Activities Outside the United States		ites	OMB	No. 1545-0047		
(Fo	rm 990)	Complete if the	2	022				
	rtment of the Treasury al Revenue Service	Go to w	Open to Inspect	o Public tion				
Nan	ne of the organization			990 for instructions and the latest in		Employer	-	ation number
	LIFORNIA ST	ATE UNIVER	SITY, BAN	KERSFIELD		05 06	42000	
	UNDATION	formation on A		side the United States. Comple		95-264		
FC		art IV, line 14b.		side the Onited States. Comple	ete if the organ	ization answ	ered "Ye	s" on
1		,	n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,		
	-	-		he selection criteria used to award the			🗌 Y	'es 🗌 No
2	For grantmakers.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outside	e the
3				n be duplicated if additional space is n			<u>, n </u>	
	(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (gram service	· / I	(f) Total expenditures
		in the region	agents, and independent	gram services, investments, grants to		specific typ	· .	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the reg	ion	in the region
	TRAL AMERICA AND							
THE	CARIBBEAN	0	0	INVESTMENTS				2,203,391.
	Subtotal		0					2,203,391.
b	Total from continuat		0					0.
~	sheets to Part I Totals (add lines 3a							υ.
	and 3b)	0	0					2,203,391.

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

Schedule F (Form 990) 2022

232071 10-17-22

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Schedule F (Form 990) 2022

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

95-2643086

1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (f) Manner of (e) Amount (a) Name of organization (c) Region valuation (book, FMV, noncash of noncash and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2022

Page 2

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

95-2643086

Page 3

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Scheo	lule F (Form 990) 2022 FOUNDATION	95-2643086	Page 4
Par			9
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
------------	-------	-------------	-------------

Schedule F	(Form 990) 2022	FOUNDATION
Part V	Supplemental	Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F (Form 990) 2022

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regard	ding Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes organization entered more that				r 19, or if the	2022
Department of the Treasury		Attach to Form					Open to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for in					Inspection
	FOUNDAT	NIA STATE UNIVEN ION	KSITI,	BAI	VERSETEDD	95-26	identification number 43086
	ing Activities.	Complete if the organization a	answered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990)-EZ filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f So g Sp or oral agreement with any indiv art VII) or entity in connection w viduals or entities (fundraisers)	olicitation of olicitation of pecial fundra vidual (includ with professi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No
(i) Name and addres or entity (func		(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col. (by) to (or retained by)
			Yes	No			
Total							
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to so	olicit contrib	utions	or has been notified	it is exempt fror	n registration

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

Schedule G (Form 990) 2022

232081 10-27-22

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
FOUNDATION			

Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HOT STOVE	SPRING BBQ	4	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	188,542.	81,919.	135,045.	405,506
	2 Less: Contributions	178,785.	30,695.	94,470.	303,950
	3 Gross income (line 1 minus line 2)		51,224.	40,575.	101,556
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	31,875.	15,323.	49,631.	96,829
	7 Food and beverages	30,875.	25,856.	32,358.	89,089
-	8 Entertainment	46,662.	3,000.	6,975.	56,637
	9 Other direct expenses			<u>6,975.</u> 13,623.	33,203
·	10 Direct expense summary. Add line				275,758
	11 Net income summary. Subtract lin rt III Gaming. Complete if the or	e 10 from line 3, column (d) ganization answered "Yes" on Form			-174,202
	\$15,000 on Form 990-EZ, line	6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	\$15,000 on Form 990-EZ, line	(a) Bingo		(c) Other gaming	
		(a) Bingo		(c) Other gaming	
	1 Gross revenue	(a) Bingo		(c) Other gaming	
	Gross revenue 2 Cash prizes	(a) Bingo		(c) Other gaming	
	 Gross revenue Cash prizes Noncash prizes 	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs 	(a) Bingo		(c) Other gaming	
	 Gross revenue Cash prizes	(a) Bingo	bingo/progressive bingo	Yes %	
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line	(a) Bingo	bingo/progressive bingo	☐ Yes%	
	 Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	
	 Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (c
	 Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (c

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	CALIFORNIA FOUNDATION	STATE	UNIVI	ERSITY,	BAKEF	SFIELD		643086	Page 3
	Does the organization conduct gar		nmomboro?	,					Yes	
	Is the organization a grantor, bene									
12	to administer charitable gaming?								Yes	No
12	Indicate the percentage of gaming									
	The organization's facility								13a	%
	An outside facility								13b	%
	Enter the name and address of the									///
	Name		-							
15a	Does the organization have a cont	ract with a third party	from whom	the organi	zation receive	es gaming r	evenue?		Yes	🗌 No
	If "Yes," enter the amount of gamin of gaming revenue retained by the If "Yes," enter name and address of Name	third party \$			\$		and the an	nount		
	Address									
40										
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	Description of services provided									
	Director/officer	Employee		Independe	nt contractor	r				
17	Mandatory distributions:									
а	Is the organization required under	state law to make cha	ritable distri	ibutions fro	m the gamin	g proceeds	to		_	
	retain the state gaming license?								Yes	No No
b	Enter the amount of distributions r	equired under state la	w to be dist	ributed to	other exempt	t organizatio	ons or spent	in the		
	organization's own exempt activitie		\$							
Pa	rt IV Supplemental Inforr 15b, 15c, 16, and 17b, as); and Par	t III, lines 9,	9b, 10b,
23208	3 10-27-22							Schedu	ule G (Form	990) 2022
				39						

Schedule G	(Form 990) Supplemental Inform	CALIFORNIA FOUNDATION	STATE	UNIVERSITY,	BAKERSFIELD	95-2643086	Page 4
i artiv		(continued)					
						Schedule G (F	orm 990)

40

2022.05080 CALIFORNIA STATE UNIVERSI 20067.01

232084 04-01-22

SCHEDULE I (Form 990)		Go	arants and Oth vernments, ar	nd Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Compl	ete if the organizatio Go to www.irs	n answered "Yes" Attach to Forn s.gov/Form990 for	n 990.			Open to Public Inspection
Name of the organizat	ion CALIFORNI FOUNDATIO		NIVERSITY,	BAKERSFIEI	D			Employer identification number 95-2643086
Part I General Ir	nformation on Grants a	nd Assistance						
criteria used to a	zation maintain records t award the grants or assis IV the organization's pro	stance?				-		
Part II Grants an	d Other Assistance to hat received more than \$	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE BAKERSFIELD - 900 HIGHWAY - BAKERSF	1 STOCKDALE	77-0314545	115	1,862,426.	159,427.	PM (7	EQUIPMENT	PROGRAM SUPPORT
	,							
	per of section 501(c)(3) a per of other organization:							

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) 2022

FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
CHOLARSHIPS	502	1,340,307.	2,353.	FMV	BOOK SCHOLARSHIPS

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

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.

(Form 990) For certain Officers_Dresctors, Trustees, Key Employees, and Highest Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. Autor of the organization CALIFORNIA STATE UNIVERSITY, DAKERSTFLED The organization CALIFORNIA STATE COUNDATION CALIFORNIA COUNDATION CALIFORNIA COUNDATION CALIFORNIA	SCHEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
Department of the Insary Intervalence Levice Complete if the organization (as to www.irs.gov/Erm990 for instructions and the latest information.) Open to Public Inspection Name of the organization CALITORNIA STATE UNIVERSITY, BARERSPIELD Employer identification numbers 95-26 4 30 86 Part I Questions Regarding Compensation Yes No Part I Questions Regarding Compensation 95-26 4 30 86 Part I Questions Regarding Compensation Yes No Part I Questions Regarding Compensation Yes No Part I Questions Regarding account Payments for busines use of personal use Pravement or provision of all of the expenses described abov? II: No, 'complete Part III to explain Yes No Part I de organization regular statistic on prior to rainbursing or allowing expenses incurred by all directors, truatese, and offices, including the CEO/Executive Director, regarding the items checked on line 1a? Yes X 2 I dar organization is apply on tor the stary by organization to explain any or the boxes on line 1 are checked, did the organization regular statistic regarding the items checked on line 1a? Yes X 2 I dar organization regular statistic regarding the items checked on line 1a? Yes X 3 Indicate which, if any, of the following the organization an anyment? Yes	(Form 990)			20	00	
Department of the Select Department Department <thdepartment< th=""> Department</thdepartment<>		Compensated Employees		ZU	22	-
Distance of the organization Co to wow its gov/Form990 for instructions and the latest information. Impection Name of the organization CALIFORNITA STATE UNIVERSITY, BAKERSFIELD Employer identification number 95–26.4.3.0.86 Part II Questions Regarding Compensation 95–26.4.3.0.86 Ia Check the appropriate box(es) if the organization provide 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. Impective the complete Part III to provide any relevant information regarding these items. Instructionary spending account Payments for business use of personal residence items. Impective the personal services (such as maid, chauffeur, cher) b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding psyment or method uses on line 1a are checked, did the organization follow a written policy regarding psyment or method used following the complexation or the organization or a different, including the CEO/Executive Director, but explain in Part III. Ib X 2 Indicate which, if any, of the following the organization use to establish the compensation or anitate organization or establish compensation committee Ib A Ib X Ib 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 establish cocumpensation dramagement?	Department of the Treasury					ic
FOUNDATION 95-2643086 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Payments for business use of personal rescience The view of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described aboxe? If 'No,' complete Part III to explain 1b X 2 Dut the organization require substantiation prior to reimbursement or provision of all of the expenses described aboxe? If 'No,' complete Part III to explain 1b X 2 Dut the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the substain the compensation or the companization is CEO/Executive Director, but explain in Part III. 1b X 3 Indicate which, if any, of the following the organization uses for methods used by a reliated organization to estabolish compensation arrangement? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to a r	Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		-		
Part1 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. Yes No 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, did the organization follow any relevant information regarding these items. Yes No 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursment or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b X 2 Did the organization require substantiation price to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is establish compensation committee 1b X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a estable organization. 4a X 4 During the year, did any parson stade organization arrangement? 4a X 4 During the year, did any person storg organization and prov	Name of the organization					nber
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. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Provide any relevant information regarding these items. No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the serial conduction and gross up payments Personal services (such as maid, chardfreur, cher) 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 adove? If 'No,' complete Part III to Replain 1b X 2 Did the organization require substantiation pior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, but explain IP Part III. Compensation committee 4 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to establish compensation committee 4 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to th			95-2	64308	6	
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. Computed Part III to provide any relevant information regarding these items. Import VII, Section A, line 1a. Computed Part III to provide any relevant information regarding these items. Import VII, Section A, line 1a. Computed Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described above? If 'No,'' complete Part III to explain 1b X 2 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 X 2 Indicate which, if any, of the following the organization organization organization requires usbatantiation prior to reimbursing or allowing exponses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III. 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the companization to establish compensation comsultant Compensation committee 2 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 5 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X 6 Participat	Part I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complexity of the companies of the complexity of the complexity of the companies of the companies of the complexity of the companies of the complexity of thecomplexity of the complexity of the complexity of the c					Yes	No
Image: Prist-class or charter travel Image: Payments or business use of personal use Travel for companions Payments for business use of personal residence Tax information and gross-up payments Personal services (such as maid, chauffeur, cher) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or treinbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization regults substantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 X 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: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 5a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation committee 5a X 5 For persons listed on Form 990, Part VII, Sectio			990,			
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companization 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? 2 X Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Image: Compensation committee 2 X Indicate which, if any, of the following the organizations Compensation survey or study Image: Compensation consultant Image: Compensation committee Image: Compensation committee Image: Compensation committee 4a X Participate in or receive payment from a supplemental nonqualified retrement plan? 4a X X Participate in or receive payment from a supplemental nonqualified retrement plan? 4b X Contrigent on the reverues of: For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation amagement?						
Tax indemnification and gross-up payments Image: A standard and the standard an						
Discretionary spending account 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 reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 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? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. Compensation committee X a 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? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X b Participate in or receive payment from a supplemental monqualified retirement plan? 5a X b Participate in or receive payment from a supplemental monqualified retirement plan? 4c X b Participate in or receive payment from a supplemental monqualified retirement plan? 5a X b Participate in or receive payment from a supplemental monquali						
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 X 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? 2 X 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 committee Written employment contract Compensation committee Written employment contract Mritten employment contract Compensation accountie Written employment contract 4a X 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: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 4 During the year, did any person and provide the applicable amounts for each item in Part III. 4b X 6 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X						
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 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? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 X CODybecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Written employment contract 1 Compensation committee Written employment contract 1 4 X 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: 4 X B Participate in or receive payment from a supplemental nonqualified retirement plan? 4 X Charlicipate in or receive payment from a supplemental nonqualified retirement plan? 4 X 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: 5a X a The org	Discretionary	spending account Personal services (such as maid, chauffel	ur, chet)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 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? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 X CODybecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Written employment contract 1 Compensation committee Written employment contract 1 4 X 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: 4 X B Participate in or receive payment from a supplemental nonqualified retirement plan? 4 X Charlicipate in or receive payment from a supplemental nonqualified retirement plan? 4 X 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: 5a X a The org	h lfam files h					
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? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is 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. 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the cEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation consultant Compensation or arelated organization Compensation committee 4a X 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: 4a X b Participate in or receive payment from an supplemental nonqualified retirement plan? 4a X c Participate in or receive payment from an equity-based compensation arrangement? 4c X f "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(X), 501(c)(X), and 501(c)(X2) organization pay or accrue any compensation contingent	•				v	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to empensation comsultant Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to empensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed o			•••••	dr 10	Δ	
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 committee Image: CEO/Executive Director. Dut explain in Part III. Compensation committee Writen employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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? 4a b Participate in or receive payment from an equity-based compensation arrangement? 4c if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a 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: 5a a The organization? 5a X b Any related organization? 6a X ft "Yes" on line 6a or 6b, describe in Part III. 6b X 7 X </th <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>v</td>	0					v
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. Compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation committee Compensation consultant Compensation consultant Compensation or a related organizations 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: Receive a severance payment or change of control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? 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. 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: The organization? Sb X Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? For persons listed on Form 990, Part VI	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
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. Compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation committee Compensation consultant Compensation consultant Compensation or a related organizations 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: Receive a severance payment or change of control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? 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. 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: The organization? Sb X Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? For persons listed on Form 990, Part VI	2 Indianta which if a	ny of the following the exercition used to establish the componentian of the exercitedian's				
establish compensation of the CEO/Executive Director, but explain in Part III.						
Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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: 4a X a Receive a severance payment or change of control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c 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. 5a X Dary section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 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: 5a X a The organization? 5a X 5b X b Any related organization? 6a X b Any related organization? 6a X b Any related organization? 6a X b Any related orga			onto			
Independent compensation consultant Compensation survey or study Form 990 of other organizations 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: 4a X a Receive a severance payment or change-of-control payment? 4a X b 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. 0nly 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: 5a X a The organization? 5a X 5b X b Any related organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X b Any related organization? 6a X 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X f "Yes" on line 6a or 6D, de	·					
Image: Porm 990 of other organizations Image: 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: 4a X 4 Participate in or receive payment or change-of-control payment? 4a X 4 Description 4a X 4 Constraints 4a X 4 Approval by the board or compensation committee 4a X 4 Approval by the board or compensation committee 4a X 4 Approval by the board or compensation committee 4a X 4 Approval by the board or compensation committee 4a X 4 Approval by the board or compensation committee 4a X 4 Constraints Approval by the board or compensation 4a X 4 Constraints Approval by the board or compensation 4a X 4 Constraints Approval by the board or compensation 4a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5a X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? 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. 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: The organization? Sa X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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:			ommittoo			
organization or a related organization: 4a X 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. 4c X 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: 5a X a The organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6a X b Any related organization? 6a X 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 6b X 7 X 7 X 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 describe in Part III. 7 X 9 If "Yes" on line 8, did the organization sec			ommittee			
organization or a related organization: 4a X 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. 4c X 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: 5a X a The organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6a X b Any related organization? 6a X 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 6b X 7 X 7 X 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 describe in Part III. 7 X 9 If "Yes" on line 8, did the organization sec	4 During the year di	d any person listed on Form 990. Part VII. Section A line 1a, with respect to the filing				
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 lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X lf "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X 6b X b Any related organization? 6a X 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X b Any related organization? 6a X 6b X 6b X </th <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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. 0nly 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 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: 6a X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 7 X 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. 7 X 8 Were any amounts reported on Form 990				4a		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. 0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 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: 5a X a The organization? 5a X ff "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 5b X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe 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. 7 X 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.						
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Constraint of 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. 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: Image: San and Sa	•					
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? ff "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? fé "Yes" on line 6a or 6b, describe in Part III. 6 For persons listed organization? ff "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. 7 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.						
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 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. 7 X 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 8 X 9 If "Yes" on line 8, did the orga						
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 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. 7 X 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 8 X 9 If "Yes" on line 8, did the orga	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 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: 6a a The organization? 6a b Any related organization? 6a b Any related organization? 6b b Any related organization? 6b b Any related organization? 6b f "Yes" on line 6a or 6b, describe in Part III. 7 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. 7 X 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)?			on			
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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. 7 X 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. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X f 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. 7 X 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. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	•			5a		Х
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 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)?						
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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	, ,					
contingent on the net earnings of: 6a X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			n			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	•	0		6a		Х
If "Yes" on line 6a or 6b, describe in Part III. 7 X 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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						X
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	If "Yes" on line 6a					
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	7 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
 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)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 				7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53.4958-6(c)? 9	-					X
Regulations section 53.4958-6(c)?	9 If "Yes" on line 8, o					
			<u></u>	. 9		
				le J (Forn	n 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022

FOUNDATION

95-2643086

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. LYNETTE ZELEZNY	(i)	0.	0.	9,816.	0.	0.	9,816.	0.
EX-OFFICIO MEMBER, UNIVERSITY PRESID	(ii)	382,797.	0.	65,048.	117,663.	24,126.	589,634.	0.
(2) THOM DAVIS	(i)	0.	0.	5,976.	0.	0.	5,976.	0.
TREASURER	(ii)	267,196.	3,500.	7,596.	39,541.	19,254.	337,087.	0.
(3) HEATH NIEMEYER	(i)	0.	0.	0.	0.	0.	0.	0.
INTERIM EXECUTIVE DIRECTOR/SECRETARY	(ii)	182,805.	3,500.	4,290.	44,512.	27,340.	262,447.	0.
(4) DR. ANNA JACOBSEN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	125,316.	3,500.	0.	34,308.	10,363.	173,487.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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 1A:

THE FOUNDATION PAYS FOR PRESIDENT ZELEZNY AND THOM DAVIS COUNTRY CLUB

MEMBERSHIPS.

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022
Open to Public Inspection
mapeeuon

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CALIFORNIA STATE UNIVERSITY, BAKERSFIELD Employer identification number FOUNDATION 95-2643086 Part I Types of Property

			(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		0	 3
		e .		Items contributed	Form 990, Part VIII, line 1g				
1		f art							
2		al treasures							
3		al interests							
4		ublications							
5		household goods							
6		er vehicles							
7		anes							
8	Intellectual p			1	1 1 ()				
9		Publicly traded	X	1	1,162.				
10	Securities - C	Closely held stock							
11	Securities - P	Partnership, LLC, or							
	trust interests								
12	Securities - M	liscellaneous							
13	Qualified con	servation contribution -							
	Historic struc	ctures							
14	Qualified con	servation contribution - Other \dots							
15	Real estate -	Residential							
16	Real estate -	Commercial							
17	Real estate -	Other							
18	Collectibles								
19	Food invento	pry							
20		edical supplies							
21	Taxidermy								
22		ifacts							
23		ecimens							
24		Il artifacts							
25		FOOD)	X	2	33,750.				
26	Other (SUPPLIES)	X	5	31,312.				
27	Other (2	AUCTION ITEMS	Х	24	5,860.				
28	Other (GIFT CARDS	Х	1	1,391.	FMV			
29	Number of Fo	orms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the	organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
								Yes	No
30a	During the ye	ear, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for	r at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used t	for			
		oses for the entire holding period?	_				30a		Х
b	If "Yes," desc	cribe the arrangement in Part II.							
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								Х	

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

32a

Х

232141 09-09-22

33

Schedule Mr.Gom 900 2022 FOUNDATION 95-264 300 and the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of centribudiens, the number of items received, or a combination of both. Also complete this part for any additional information.			CALIFORNIA	STATE	UNIVERSITY	, BAKERSFIELD		
Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 32, and whether the organization is spart for any additional information. Interpretation in the spart for any additional information. Interpretation in the spart for any additional information. Interpretation in the spart for any additional information. Interpretation in the spart for any additional information. Interpretation information. Interpretation information information. Interpretation information information. Interpretation information information. Interpretation information information information information information. Interpretation information. Interpretation information information. Interpretation information. Interpretation information information. Interpretation information. Interpretation information. Interpretation. Interpretation information. Interpretation. Interpretation information. Interpretation. Interpretation inf	Schedule M	(Form 990) 2022					95-2643086	Page 2
is reporting in Part, coulinn (b), the number of controlutions, the number of items received, or a combination of both. Also complete this part for any additional information.	Part II	Supplemental	Information. Pro	vide the info	ormation required by F	Part I, lines 30b, 32b, and 33	3, and whether the organizat	tion
		is reporting in Part	: I. column (b). the nur	nber of cont	ributions, the number	of items received, or a com	bination of both. Also comp	lete
		this part for any ac	ditional information.					
							0	0001 0000
Λ Π	232142 09-09-2	22					Schedule M (Form	990) 2022
					47			

12480330 163675 20067.000

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. CALIFORNIA STATE UNIVERSITY, BAKERSFIELD



Employer identification number 95-2643086

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

FOUNDATION

THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, PRIOR TO SUBMISSION,

FOUNDATION EXECUTIVE DIRECTOR, AS WELL AS THE SENIOR DIRECTOR AND

AND DIRECTOR OF ACCOUNTING, REVIEW AND VERIFY THE INFORMATION CONTROLLER,

REPORTED IN THE TAX RETURN FOR ACCURACY AND COMPLETENESS.

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

ANNUALLY ALL BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF

INTEREST FORM AND IT IS REVIEWED BY MANAGEMENT FOR ANY CONFLICTS.

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:

ALL DOCUMENTS ARE POSTED TO A LINK ON THE WEBSITE FOR REPORTING

TRANSPARENCY.

HTTPS://WWW.CSUB.EDU/FOUNDATION/REPORTING-TRANSPARENCY.SHTML

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS

-99,077.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

48 2022.05080 CALIFORNIA STATE UNIVERSI 20067.01

SCHEDULE R	1	Balatad Organizations	and Unrelated De	rtnorohino			0	MB No. 1545	5-0047
(Form 990)	Compl	Related Organizations lete if the organization answered "Y	es" on Form 990 Part IV liv	ne 33 34 355 36	or 37			202	2
. ,	Comp	-	ch to Form 990.				0		
Department of the Tre Internal Revenue Serv	easury vice	Go to www.irs.gov/Form990 fo	r instructions and the latest	t information.			0	pen to Po Inspection	ion
Name of the org		ATE UNIVERSITY, BAK					eridentific 26430		umber
Part I Iden	tification of Disregarded Entities. Comple	ete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.		•			
	(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state o foreign country)			assets	ets Direct contro entity		9
		_							
		_							
		_							
		_							
	tification of Related Tax-Exempt Organiz nizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	because it had one	or more relate	ed tax-exer	mpt	
	(a)	(b)	(c)	(d)	(e)	(f)		(g) Section 512(b)(
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct cor	-		rolled
	of related organization		foreign country)	section	status (if section	enti	ty	ent	ity?
					501(c)(3))			Yes	No
	TATE UNIVERSITY, BAKERSFIELD -	_							
,	9001 STOCKDALE HIGHWAY,	_							
BAKERSFIELD,		HIGHER EDUCATION	CALIFORNIA	115		N/A			X
	ELD, STUDENT-CENTERED	_							
-	- 77-0375841, 9001 STOCKDALE	_							
/	CERSFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(C)(3)	LINE 11	N/A			X
	TUDENTS CALIFORNIA STATE	_							
/	BAKERSFIELD - 77-0293800, 9001	_							
	GHWAY, BAKERSFIELD, CA 93311	STUDENT CAMPUS ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 11	N/A			X
	ELD, AUXILIARY FOR SPONSORED	_							
	IINISTRATION - 32-029166, 9001	UNIVERSITY GRANTS AND							
	GHWAY, BAKERSFIELD, CA 93311	RESEARCH SERVICES	CALIFORNIA	501(C)(3)	LINE 5	N/A			X

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 FOUNDATION

95-2643086 Page 2

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

		,					·		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ing r? ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
										+	_ _
											+
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2022 FOUNDATION

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	-------------------	---------------------------------

pte: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Y	'es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts	s II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	3	
b Gift, grant, or capital contribution to related organization(s)	1b	5 I	Х
c Gift, grant, or capital contribution from related organization(s)		:	
d Loans or loan guarantees to or for related organization(s)		Ŀ	
e Loans or loan guarantees by related organization(s)		-	_
f Dividends from related organization(s)	1f	f	
g Sale of assets to related organization(s)	1g	3	
h Purchase of assets from related organization(s)		1	
i Exchange of assets with related organization(s)	1i	i	
j Lease of facilities, equipment, or other assets to related organization(s)		i —	_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<u>۱</u>	
o Sharing of paid employees with related organization(s)		<u>, ;</u>	x
p Reimbursement paid to related organization(s) for expenses		<u>.</u>	x
q Reimbursement paid by related organization(s) for expenses	19	1	x
r Other transfer of cash or property to related organization(s)	<u>1r</u>	r 📘	
s Other transfer of cash or property from related organization(s)	1s	3	

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	В	2,021,853.	FMV
(2) CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	0	569,507.	FMV
(3) CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	Q	1,286,067.	FMV
(4) CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	Р	2,311,170.	FMV
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 FOUNDATION

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

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

(a)	(b)	(c)	(d)	(e)		(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	sec. 3) ?	Share of total income	Share of end-of-year assets	Dispi tion alloca Yes	ropor- nate tions?		General o managin partner? Yes No	ownership
					+							
					+							
					+							+

Schedule R (Form 990) 2022

CALIFORNIA	STATE	UNIVERSITY,	BAKERSFIELD
FOUNDATION			

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22

(Rev. January 2022)

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 instru CALIFORNIA STATE UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) $95 - 2643086$				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 9001 STOCKDALE HIGHWAY	see instruct	tions.			10000
instructions.	City, town or post office, state, and ZIP code. For a f BAKERSFIELD, CA 93311	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			01
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 472	0 (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
Form 990	-T (corporation)	07				
 If the c If this is box ▶ 1 I reaction the box ▶ 2 If the box ▶ 	none No. ► 661-654-2891 organization does not have an office or place of business s for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2022 te tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta MAX ganization's , an check rease	mption Number (GEN), indice a list with the names and TINs of <u>Y 15, 2024</u> , to file return for: Indice and the description of the descripti	f this is fo all memb	r the whole gers the externation organization organizat	group, check this
	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year over	3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your part				Ť	
	ng EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawa	l (direct det	bit) with this Form 8868, see Form 84		d Form 8879	

223841 04-01-22