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PUBLIC DISCLOSURE COPY

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990

Α	For th	e 2013 calendar year, or tax year beginning $$ J $$ U $$ L $$	1, 2013 and	ور ending	UN 30, 2014	•
В	Check if applicab	CALIFORNIA STATE UNIVERS	ITY, BAKERSFI	ELD	D Employer identifi	ication number
Ļ	chan	ge FOUNDALION				
L	Name chan	Doing Business As			95-2	643086
	Initial returr Term ated	Number and street (of P.O. box if mail is not delivered by 9001 STOCKDALE HIGHWAY	ed to street address)	Room/suite	E Telephone numbe	er · 664-2251
	Amer returr	 City or town, state or province, country, and ZIP 	or foreign postal code		G Gross receipts \$	10,112,423.
	Appli tion	BAKERSFIELD, CA 93311			H(a) Is this a group r	eturn
	pend	F Name and address of principal officer:MICHA	EL A. NEAL		for subordinates	s? Yes X No
		SAME AS C ABOVE			H(b) Are all subordinates i	included? Yes No
\overline{T}	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	a list. (see instructions)
		te: WWW.CSUBFOUNDATION.ORG	, , , ,		H(c) Group exemption	
		f organization: X Corporation Trust Associ	iation Other	L Year		M State of legal domicile: CA
	art I	Summary			<u> </u>	···
	Τī	Briefly describe the organization's mission or most sig	nificant activities: PROV	IDE SU	PPORT FOR C	ALIFORNIA
Activities & Governance	'	STATE UNIVERSITY, BAKERSFIE				
na	2	Check this box if the organization discontin				seats
Ķ	3	Number of voting members of the governing body (Pa	·			26
යි	4	Number of independent voting members of the govern				24
ళ						53
ţį	5	Total number of individuals employed in calendar year				45
<u>`</u>	6	Total number of volunteers (estimate if necessary)				0.
Ą		Total unrelated business revenue from Part VIII, colum				
_	 р	Net unrelated business taxable income from Form 990	J-1, line 34			
		0 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year 4,490,500.	Current Year 6,775,662.
ne	8	Contributions and grants (Part VIII, line 1h)		2,246,498.		
Revenue	9	Program service revenue (Part VIII, line 2g)				
Be		Investment income (Part VIII, column (A), lines 3, 4, an			883,467.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			0.	/
_	12	Total revenue - add lines 8 through 11 (must equal Par			7,620,465.	
	13	Grants and similar amounts paid (Part IX, column (A), I			189,148.	
	14	Benefits paid to or for members (Part IX, column (A), li			0.	• •
es	15	Salaries, other compensation, employee benefits (Part			835,178.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)	<u></u>	0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25	$\rightarrow 304,0$	<u>57.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11			5,085,165.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, c	olumn (A), line 25)		6,109,491.	
	19	Revenue less expenses. Subtract line 18 from line 12			1,510,974.	270,154.
Net Assets or	3			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			34,128,717.	38,065,515.
ASS	21	Total liabilities (Part X, line 26)			3,672,687.	3,808,502.
	22	Net assets or fund balances. Subtract line 21 from line	20		30,456,030.	34,257,013.
	art II	Signature Block				
Und	der pen	alties of perjury, I declare that I have examined this return, incl	uding accompanying schedule	s and statem	ents, and to the best of m	ny knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is	based on all information of wl	nich preparer	has any knowledge.	
Sig	ın	Signature of officer			Date	
He		MICHAEL A. NEAL, VICE PR	ESIDENT BAS			
	. •	Type or print name and title				
_		Print/Type preparer's name Pre	eparer's signature	1	Date Check	PTIN
Pai	id	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1	1/13/14 if self-employ	ued
	parer	Firm's name AKT LLP			Firm's EIN	93-0623286
	e Only	Firm's address 7676 HAZARD CENTER	DRIVE STE 1	300	Tim 5 Liv	30 00000
-50	,	SAN DIEGO, CA 9210			Phone no 16	19) 810-4940
Ma	ıv the I	RS discuss this return with the preparer shown above?			11 110110 110. (0	X Yes No
ivia	احتنبرا	aloodoo ano rotaini witii tilo piopalei ollowii abuve :	(000 111011 40110110)		<u></u>	103 110

_	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
	1990 (2013) FOUNDATION 95-2643086 Page 2 rt III Statement of Program Service Accomplishments
ı aı	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 THE UNIVERSITY BY ADVOCATING FOR THE
	UNIVERSITY TO GOVERNMENT & TO THE COMMUNITY, FUNDRAISING FOR
	UNIVERSITY PROGRAMS & ACTIVITIES, MANAGING THE FINANCES OF THE
	FOUNDATION & 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?
	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.
 4а	(Code:) (Expenses \$ 5,162,144. including grants of \$ 3,992,299.) (Revenue \$ 1,596,392.
	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 8,000 STUDENTS.
4b	(Code:) (Expenses \$ 691,123 • including grants of \$) (Revenue \$ 1,078,907 •
40	(Code:) (Expenses \$
	QUALITY CHILDCARE PROGRAMS FOR STUDENT-PARENTS, FACULTY, STAFF AND THE
	BAKERSFIELD COMMUNITY, CHILDREN AGES EIGTHEEN MONTHS THROUGH FIVE
	YEARS OF AGE (WHO ARE NOT ATTENDING KINDERGARTEN) ARE ELIGIBLE FOR
	ADMISSION. PRIORITY FOR ENROLLMENT IS GIVEN TO CHILDREN OF CSUB
	STUDENTS, FACULTY, AND STAFF. HALF-DAY AND FULL-DAY PROGRAMS ARE
	AVAILABLE.
	THE CHILDREN'S CENTER FEATURES A SAFE, RELAXED, AND CARING ATMOSPHERE
	IN WHICH CHILDREN ARE FREE TO EXPLORE, LEARN, CREATE, AND GROW THROUGH
	PLAY. WE PROVIDE OPPORTUNITIES FOR GROWTH AND DEVELOPMENT IN THE
	SOCIAL, EMOTIONAL, PHYSICAL, AND COGNITIVE AREAS. EVERY CHILD IS
	IMPORTANT, AND WE WELCOME ALL CHILDREN AND FAMILIES.
4c	(Code:) (Expenses \$

Other program services (Describe in Schedule O.)

including grants of \$ 5 , 853 , 267 .) (Revenue \$

4e Total program service expenses

Form **990** (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	Х	
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		Х
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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		, v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ıö		
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			~~~	•

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	х	
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		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			7.7
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	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 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		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_ <del>-</del>	Х
	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  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36	Х	
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2013)

01111 000	(2010)	
Part V	St	atements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	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 services 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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9a oh		
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			ĺ
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Earm	200	(2013)

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Page 6

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

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 26 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 24 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DOUGLAS WADE - 661-654-2251 9001 STOCKDALE HIGHWAY,, BAKERSFIELD, 93311

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<del>-</del>		<u> </u>	ii cctc	)/ ii us	100)	from	from related	other
	(list any hours for	trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	truste	al trus		yee	m per		(** 27 1000 141100)		and related
	below	Individual	institutional trustee	<u></u>	Key employee	Highest compensated employee	ъ			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) MR. THOMAS DENATALE	2.50									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(2) DR. HORACE MITCHELL	2.50									
SECRETARY/UNIVERSITY PRESIDENT	40.00	X		Х				0.	349,027.	76,207.
(3) MR. MORGAN CLAYTON	2.50									
DIRECTOR		X						0.	0.	0.
(4) MR. GAURDIE BANISTER, JR.	2.50									
DIRECTOR		X						0.	0.	0.
(5) MRS. SHERYL BARBICH	2.50									
DIRECTOR		X						0.	0.	0.
(6) MR. RICHARD BEENE	2.50									
DIRECTOR		X						0.	0.	0.
(7) MR. ROGERS BRANDON	2.50									
DIRECTOR		Х						0.	0.	0.
(8) MR. GREG BYNUM	2.50									
DIRECTOR		Х						0.	0.	0.
(9) MRS. SHERYL CHALUPA	2.50									
DIRECTOR		Х						0.	0.	0.
(10) DR. VIPUL DEV	2.50									
DIRECTOR		Х						0.	0.	0.
(11) MR. BRUCE FREEMAN	2.50									
DIRECTOR		Х						0.	0.	0.
(12) MS. JUDITH HARNIMAN	2.50									
DIRECTOR		Х						0.	0.	0.
(13) MRS. MIKIE HAY	2.50									
DIRECTOR		Х						0.	0.	0.
(14) MR. DAVID HERNANDEZ	2.50									
DIRECTOR		Х						0.	0.	0.
(15) DR. JACQUELINE KEGLEY	2.50									
DIRECTOR	40.00	Х						0.	107,076.	36,435.
(16) MR. SHAWN KERNS	2.50									
DIRECTOR		Х						0.	0.	0.
(17) MR. GEOFFREY B. KING	2.50	1						_	_	_
DIRECTOR		Х						0.	0.	0.
222007 10 20 12										Earm <b>990</b> (2013)

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Form 990 (2013) FOUNDATI	ON								95-2643	086	Pa	age <b>E</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Es	timate	ed .
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation		nount	of
	week (list any	Η.	T	T	I	), a de	100)	from	from related		other	4.1
	hours for	irecto						the organization	organizations (W-2/1099-MISC)		pensa om th	
	related	trustee or director	stee			satec		(W-2/1099-MISC)	(***-2/1099-141100)		anizat	
	organizations	truste	al trus		yee	m per		(** =/ *********************************			d relat	
	below	Individual	Institutional trustee	-e	Key employee	est co oyee	Jer.			orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) MRS. GRETA LYDECKER	2.50											
DIRECTOR		Х						0.	0.			0.
(19) DR. JOSEPH C. MACILVAINE	2.50											
DIRECTOR		X						0.	0.			0.
(20) MR. ANGELO MAZZEI	2.50											
DIRECTOR		X						0.	0.			0.
(21) MR. JOHN NILON	2.50											
DIRECTOR		Х						0.	0.			0.
(22) MR. GREG PALLA	2.50											
DIRECTOR		Х						0.	0.			0.
(23) MR. VINCE ROJAS	2.50											
DIRECTOR		Х						0.	0.			0.
(24) MR. JON VAN BOENING	2.50											
DIRECTOR		Х						0.	0.			0.
(25) MR. E.L. "SKEET" VARNER	2.50											
LIFE MEMBER		Х						0.	0.			0.
(26) MS. LISA WONG	2.50											
DIRECTOR		Х						0.	0.			0.
1b Sub-total								0.	456,103.		2,6	
c Total from continuation sheets to Part V	II, Section A							0.	851,066.		2,9	
d Total (add lines 1b and 1c)							<b></b>	0.	1,307,169.	37	5,6	13.
2 Total number of individuals (including but r							no re	eceived more than \$100	0,000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or h	nighest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d oth	ner compensation from	the organization			
and related organizations greater than \$15										4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	uni	elate	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," con	plete Schedul	e J t	or s	uch	pers	son				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors tl	hat received more than	\$100,000 of compens	ation f	rom	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	,		(B)		(C)
Name and business addre	ess		Description of	services	Compensation
MIKE LETOURMEAU LANDSCAPE					
17442 KRANEBURG AVE., BAKER	SFIELD, CA	93314	LANDSCAPING	SERVICES	103,549.
2 Total number of independent contractors (includ	ing but not limited to	those liste	d above) who received	more than	

\$100,000 of compensation from the organization ► 1
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

Form 990 FOUNDATIO	)IN								95-264	3000
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	<b>)</b>			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
rano ana mo	hours	(c		all t			ılv)	compensation	compensation	amount of
	per		T		a.	I	1	from	from related	other
	week					ee		the	organizations	compensation
	(list any	5				l ge		organization	(W-2/1099-MISC)	from the
	hours for	or director				Highest compensated employee		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	related	0.0	99			satec		(88-2/1099-181130)		and related
		nstee	trust		æ	ben				
	organizations	Individual trustee	Institutional trustee		Key employee	00				organizations
	below	ividu	慧	Officer	em l	hest	Former			
	line)	lnd	lust	0#1	Key	Hig	For			
(27) MR. LES CLARK	2.50									
DIRECTOR		Х						0.	0.	0.
(28) MS. HILDA NIEBLAS	2.50			Н					-	
DIRECTOR	2.30	х						0.	0.	0.
	2 50	Δ				_	_	0.	0.	0.
(29) MR. MILTON YOUNGER	2.50									_
DIRECTOR		Х						0.	0.	0.
(30) MR. MELVIN ATKINSON	2.50									
LIFE MEMBER		x						0.	0.	0.
(31) MRS. JOAN DEZEMBER	2.50									
LIFE MEMBER	2.50	Х						0.	0.	0.
	2 50	^						0.	0.	0.
(32) MRS. JUDY FRITCH	2.50									•
LIFE MEMBER		Х						0.	0.	0.
(33) MR. EDWARDS HOPPLE	2.50									
LIFE MEMBER		Х						0.	0.	0.
(34) MR. ROBERT W. KARPE	2.50									
LIFE MEMBER		x						0.	0.	0.
	2 50	^		$\vdash$				0.	0.	0.
(35) MR. ROBERT C. MARSHALL	2.50	l								•
LIFE MEMBER		Х						0.	0.	0.
(36) MR. DAVID R. MARTIN	2.50									
LIFE MEMBER		Х						0.	0.	0.
(37) MR. GEORGE MARTIN	2.50									
LIFE MEMBER		x						0.	0.	0.
	2.50							•	0.	0.
(38) MR. JERRY STANNERS	2.50									•
LIFE MEMBER		Х						0.	0.	0.
(39) MR. BEN F. STINSON	2.50									
LIFE MEMBER		Х						0.	0.	0.
(40) MR. GENE VOILAND	2.50			П						
LIFE MEMBER		Х						0.	0.	0.
	2 50	<u> </u>		$\vdash$				· ·		0.
(41) MRS. MARGARET E. MOORE	2.50								_	_
LIFE MEMBER		Х						0.	0.	0.
(42) DR. SORAYA COLEY	0.50									
EX-OFFICIO MEMBER, PROVOST AND V.P.	40.00	X						0.	198,460.	57,214.
(43) MR. DAVID MELENDEZ	0.50			Н					,	,
EX-OFFICIO MEMBER, V.P. FOR UNIV	40.00	v						0.	174,083.	53,056.
<u> </u>		<u> </u>	$\vdash$	$\vdash$		$\vdash$	$\vdash$	1	1/4,003.	33,030.
(44) DR. THOMAS WALLACE	0.50								100 -00	F
EX-OFFICIO MEMBER, V.P. FOR STUDENT	40.00	X	L	Ш		$oxed{oxed}$	L	0.	188,729.	57,639.
(45) MR. MICHAEL NEAL	0.50									
EX-OFFICIO MEMBER, V.P. FOR BUSINESS	40.00	X						0.	181,441.	54,206.
(46) MRS. CLAUDIA CATOTA	0.50			Н					,	,
	40.00	v						0.	19,260.	5,532.
EX-OFFICIO MEMBER	40.00	Δ				l		U •	17,400.	ა,აა⊿.
Total to Part VII, Section A, line 1c	<u></u>	<u></u> .	<u></u> .	<u></u>	<u></u> .	<u></u> .	<u></u>			

Form 990 FOUNDATION	ON							, DAKEROFIEL	95-264	3086
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours	(cł	neck	Pos			ly)	<b>(D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) MRS. EVELYN YOUNG	0.50 40.00	Х						0.	00 002	25 224
EX-OFFICIO MEMBER	40.00	Λ						0.	89,093.	35,324.
									051 066	260 071
Total to Part VII, Section A, line 1c									β5⊥,U66•	262,971.

		0 (2013) FOUND	ATION				95-2643	086 Page <b>9</b>
Pa	rt VI	/III Statement of Reven	ue					
		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII			<u>,</u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts 1	1 8	a Federated campaigns	1a					
is a	ŀ	<b>b</b> Membership dues		8,241.				
S, G		c Fundraising events						
를 를		d Related organizations	1					
ığ,		e Government grants (contribution						
rio i	1	f All other contributions, gifts, grants	s, and					
호텔		similar amounts not included above	e <b>1f</b>	6,767,421.				
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contributions included in lines	1a-1f: \$	52,158.				
		h Total. Add lines 1a-1f		<b>&gt;</b>	6,775,662.			
				Business Code				
Se	2 8	a CHILDREN'S CENTER		611710	1,078,907.	1,078,907.		
e Z	ŀ	b FEES FROM RELATED ENTIT	IES	611710	696,237.	696,237.		
en S	(	c CAMPUS PROGRAMS		611710	686,369.	686,369.		
le S	(	d OTHER PROGRAM REVENUE		611710	155,301.	155,301.		
Program Service Revenue	•	e ATHLETICS		611710	58,485.	58,485.		
۱ ۵	1	f All other program service rever	nue					
	9	g Total. Add lines 2a-2f		<b>&gt;</b>	2,675,299.			
	3	, 3	•					
		other similar amounts)		. г	614,288.			614,288.
	4				22.112			00.110
	5	Royalties			29,140.			29,140.
		_	(i) Real	(ii) Personal				
		a Gross rents	18,034.	1				
		<b>b</b> Less: rental expenses	0.	1				
		c Rental income or (loss)	18,034.		10.024			10.034
		d Net rental income or (loss)			18,034.			18,034.
	/ 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		$\vdash$				
	•	<b>b</b> Less: cost or other basis						
		and sales expenses		$\vdash$				
		c Gain or (loss)						
_		<ul><li>d Net gain or (loss)</li><li>a Gross income from fundraising</li></ul>						
ا ۾ ا	0 0	including \$						
§		contributions reported on line						
Ę		Part IV, line 18	-					
Other Revenue		<b>b</b> Less: direct expenses						
0		c Net income or (loss) from fundi						
		a Gross income from gaming act						
		Part IV, line 19						
	ŀ	<b>b</b> Less: direct expenses						
		c Net income or (loss) from gami						
		a Gross sales of inventory, less r						
		and allowances	а					
	ŀ	<b>b</b> Less: cost of goods sold						
		c Net income or (loss) from sales						
		Miscellaneous Revenue	·	Business Code				
	11 8	a						
		b						
		c						
	(	d All other revenue						
		e Total. Add lines 11a-11d		▶				

10,112,423.

2,675,299.

#### Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
33011	Check if Schedule O contains a respon				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	3,045,797.	3,045,797.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	946,502.	946,502.		
3	Grants and other assistance to governments,		-		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	narranna described in costion 40E0(a)(0)(D)				
7	Other salaries and wages	1,420,657.	565,071.	634,997.	220,589.
8	Pension plan accruals and contributions (include	_,,	303,071	552,557.	
0	section 401(k) and 403(b) employer contributions)	330,501.	58,792.	271,709.	
9	```	270,090.	186,412.	83,678.	
	Other employee benefits	68,659.	29,442.	39,217.	
10	Payroll taxes	00,000.	47, 444.	33,211	
11	Fees for services (non-employees):				
	Management				
	Legal	116,514.	33,514.	83,000.	
	Accounting	110,314.	33,314.	03,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	91,342.		91,342.	
f	Investment management fees	91,344.		91,344.	
g	Other. (If line 11g amount exceeds 10% of line 25,	E00 070	E 021	401 045	F 000
	column (A) amount, list line 11g expenses on Sch O.)	502,878.	5,931.	491,045.	5,902. 2,124.
12	Advertising and promotion	101,639.	94,382.	5,133.	
13	Office expenses	133,788.	48,951.	74,974.	9,863.
14	Information technology	92,007.	12,277.	36,684.	43,046.
15	Royalties	00 005	1 100	01 610	100
16	Occupancy	22,895.	1,100.	21,612.	183.
17	Travel	191,454.	159,521.	29,004.	2,929.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,280.		3,280.	
20	Interest	16,887.	5,850.	8,470.	2,567.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150,949.	3,288.	147,661.	
23	Insurance	23,320.	11,048.	12,272.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	OTHER ADMINISTRATIVE EX	1,072,596.	0.	1,072,596.	0.
b	SUPPLIES	476,094.	156,640.	302,630.	16,824.
С	ATHLETICS OTHER COST	211,729.	211,729.	0.	0.
d	REPAIRS AND MAINTENANCE	133,630.	112,610.	20,990.	30.
е	All other expenses	419,061.	164,410.	254,651.	
25	Total functional expenses. Add lines 1 through 24e	9,842,269.	5,853,267.	3,684,945.	304,057.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22201	0 10-29-13				Form <b>990</b> (2013)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to an	ny line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,280,958.	1	2,500,993.	
	2	Savings and temporary cash investments		1,205,985.	2	2,281,884.
	3	Pledges and grants receivable, net		772,013.	3	1,605,377
	4	Accounts receivable, net	313,150.	4	219,636	
	5	Loans and other receivables from current and former of		-	,	
	"	trustees, key employees, and highest compensated en	· ·			
		Part II of Schedule L	-		5	
	6	Loans and other receivables from other disqualified pe				
		section 4958(f)(1)), persons described in section 4958	•			
		employers and sponsoring organizations of section 50				
ß		employees' beneficiary organizations (see instr). Comp	· ·		6	
Assets	7	Notes and loans receivable, net		7		
¥	8	Inventories for sale or use			8	
	9			0.	9	500
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	3,768,589.			
	b	Less: accumulated depreciation 10b	2,669,800.	4,160,927. 23,382,497.	10c	1,098,789
	11	Investments - publicly traded securities		23,382,497.	11	27,312,744
	12	Investments - other securities. See Part IV, line 11		2,921,517.	12	2,953,922
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	91,670.	15	91,670	
	16	Total assets. Add lines 1 through 15 (must equal line	34,128,717.	16	38,065,515	
	17	Accounts payable and accrued expenses		567,903.	17	544,321
	18	Grants payable			18	
	19	Deferred revenue		647,793.	19	727,745
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former office				
≣		key employees, highest compensated employees, and				
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	). Complete Part X of	2 456 001		2 526 426
		Schedule D		2,456,991. 3,672,687.	25	2,536,436. 3,808,502.
	26	Total liabilities. Add lines 17 through 25		3,012,001.	26	3,000,302
"		Organizations that follow SFAS 117 (ASC 958), che	ck nere 🚩 🕰 and			
ĕ	07	complete lines 27 through 29, and lines 33 and 34.		7,790,975.	27	7,983,753.
lan	27	Unrestricted net assets		6,453,225.	28	12,596,567
B	28 29	Temporarily restricted net assets  Permanently restricted net assets		16,211,830.	29	13,676,693
Ĭ	29	Organizations that do not follow SFAS 117 (ASC 95	8) check here	10/211/000	25	13/0/0/033
F.		and complete lines 30 through 34.	b), check here			
ts c	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipme			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income,			32	
Ř	33	Total net assets or fund balances		30,456,030.	33	34,257,013.
	34	Total liabilities and net assets/fund balances		34,128,717.	34	38,065,515.
	, , ,	. 5.5. mapinetos aria riot abboto/faria balarioto		· ,==-,·=,•	'	

Form **990** (2013)

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>				Ш
1 2 3 4	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1 2 3 4	9	,11 ,84 27 ,45	2,2 0,1	69. 54.
5	Net unrealized gains (losses) on investments	5		$\frac{753}{53}$		
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 in Schedule O)	9				0.
10						13.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>
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 in Schedule		_		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
3а	If the organization changed either its oversight process or selection process during the tax year, explain in School As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	edule O.				
oa	Act and OMB Circular A-133?	•		За		х
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the requi		t	- 54		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD **Employer identification number** 95-2643086 FOUNDATION

The	organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1	Щ	A church, co	nvention of churche	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).					
2	Щ	A school des	scribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
3	Щ	A hospital or	a cooperative hospi	ital service organization o	described	in <b>section</b>	170(b)(1)	(A)(iii).						
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the h	ospital	s nam	ne,
		city, and stat	te:											
5	X	An organizat	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a govern	mental uni	t describ	ed in	1		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	Ш	A federal, sta	ate, or local governm	nent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).						
7		An organizati	ion that normally rec	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	publ	ic desc	ribed	in
		section 170(	(b)(1)(A)(vi). (Comple	ete Part II.)										
8	Ш	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9		An organizati	ion that normally rec	ceives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	ınd gı	ross red	eipts	from
		activities rela	ated to its exempt fu	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	t from	gross	invest	tment
		income and u	unrelated business t	axable income (less sect	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the orga	ınization	after	June 3	0, 197	75.
		See section	509(a)(2). (Complete	e Part III.)										
10	Щ	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	4).					
11		An organizat	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purp	oses o	f one	or
		more publicly	y supported organiza	ations described in section	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(	<b>a)(3).</b> Ch	eck t	he box	that	
				organization and comple		•								
		a Type	I <b>b</b> □ T	ype II	ype III - Fu	nctionally i	integrated	c	<b>ј</b> Ш Тур	e III - No	n-fun	ctionall	y inte	grated
е				at the organization is not		•		•						
		foundation m	nanagers and other t	than one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	sect	ion 509	(a)(2).	
f		•		tten determination from t		•			e III					
				his box										. Ш
g				organization accepted ar								1		
				directly controls, either ale									Yes	No
				upported organization?								11g(i)		
				n described in (i) above?								11g(ii)		
				a person described in (i) o							Ľ	11g(iii)		
h		Provide the f	ollowing information	about the supported org	ganization	(s).								
			i	1	la				(11) 10	tho	1			
(i)		of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the ion in col.	Torganizatio	on in col.	(vii)	Amount		netary
	orga	anization				document?			" " Go. I(i) organized in the			sup	oort	
				(see instructions))	Yes	No	Yes	No	Yes	No	ł			
					103	140	103	110	103	110				
					<del>                                     </del>									
					<del>                                     </del>	1			1					
Tota	ıl.													
		aperwork Re	eduction Act Notice	. see the Instructions fo	or				Schedul	e A (For	m 99	0 or 99	0-F7	2013

Form 990 or 990-EZ.

332021 09-25-13

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2595485.	2896914.	2173994.	4490500.	6775662.	18932555.
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	2595485.	2896914.	2173994.	4490500.	6775662.	18932555.
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)						1658360.
6	Public support. Subtract line 5 from line 4.						17274195.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	2595485.	2896914.	2173994.	4490500.	6775662.	18932555.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	473,634.	556,916.	445,527.	653,922.	661,462.	2791461.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						21724016.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 13	,966,210.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						<u></u>
	tion C. Computation of Publ						<u> </u>
	Public support percentage for 2013 (I					14	79.52 %
	Public support percentage from 2012					15	85.87 %
16a	<b>33 1/3</b> % <b>support test - 2013.</b> If the o	-					
	<b>stop here.</b> The organization qualifies						
b	<b>33 1/3</b> % <b>support test - 2012.</b> If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				· ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		s <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	(=) 0000	(h) 0040	(5) 0044	(d) 0010	(4) 0040	(c) T-1-1
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
c Add lines 10a and 10b  11 Net income from unrelated business						
c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b,						
c Add lines 10a and 10b  11 Net income from unrelated business						
Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain						
Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital						
Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)	the organization	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	eation,
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here				•		
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)				•		
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Publi	c Support Pe	rcentage				
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Public 15 Public support percentage for 2013 (lines 10 to	c Support Pe	rcentage livided by line 13, o	column (f))			<u></u>
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here	c Support Pe ne 8, column (f) d Schedule A, Part	rcentage ivided by line 13, o	column (f))		15	<u>*************************************</u>
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Public Public support percentage for 2013 (life Public support percentage from 2012)	c Support Pe ne 8, column (f) o Schedule A, Part	rcentage livided by line 13, o III, line 15	column (f))		15	<u>*************************************</u>
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Public Public support percentage for 2013 (lines 1)  15 Public support percentage from 2012  Section D. Computation of Investigation of Investigation 1.	c Support Pe ne 8, column (f) o Schedule A, Part stment Incom 13 (line 10c, colur	ivided by line 13, of lll, line 15  e Percentage mn (f) divided by line	column (f))		15 16	% %
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Public Public support percentage for 2013 (limes 1)  15 Public support percentage from 2012  Section D. Computation of Inves	c Support Pe ne 8, column (f) of Schedule A, Part stment Incom 13 (line 10c, colur 2012 Schedule A,	ircentage ivided by line 13, of the line 15 in the line 15 in the line 17 in the	ne 13, column (f))		15 16 17 18	% % %
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Publi  15 Public support percentage for 2013 (li  16 Public support percentage from 2012  Section D. Computation of Investment income percentage from 2  18 Investment income percentage from 2  19a 33 1/3% support tests - 2013. If the	c Support Pene 8, column (f) of Schedule A, Partstment Incom 13 (line 10c, colume 2012 Schedule A, organization did recomposition of the support of the supp	ircentage iivided by line 13, of the line 15 incomplete Percentage mn (f) divided by line Part III, line 17 incomplete line line line line line line line lin	ne 13, column (f))	e 15 is more than	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Public Public support percentage for 2013 (lines 10 Public support percentage from 2012 Section D. Computation of Investing Investment income percentage from 2018 Investment income percentage from 2019 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box are	c Support Pe ne 8, column (f) of Schedule A, Partstment Incom 13 (line 10c, colum 2012 Schedule A, organization did rand stop here. The	ircentage livided by line 13, of lill, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box e organization qual	ne 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than supported organi	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Publi  15 Public support percentage for 2013 (li  16 Public support percentage from 2012  Section D. Computation of Investment income percentage from 2  18 Investment income percentage from 2  19a 33 1/3% support tests - 2013. If the	c Support Pe ne 8, column (f) of Schedule A, Part stment Incom 13 (line 10c, colun 2012 Schedule A, organization did r nd stop here. The organization did r	ircentage livided by line 13, or lill, line 15  e Percentage mn (f) divided by line 17 not check the box a organization qualitation check a box or	on line 14, and line ifies as a publicly so line 14 or line 19a	e 15 is more than supported organia	15 16 17 18 33 1/3%, and line 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	% % % 7 is not

## CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Schedule A	(Form 990 or 990-EZ) 2013 <b>FOUNDATION</b>	95-2643086 Page 4
Part IV	(Form 990 or 990-EZ) 2013 FOUNDATION  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	ne 17a or 17b; and Part III. line 12.
	Also complete this part for any additional information. (See instructions).	
	Alloo complete this part for any additional information, joec instructions).	
-		

#### ** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Name of the organization

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Employer identification number

95-2643086

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)( 3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> 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						
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.						
Special	Rules							
X	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	total contributions	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.						
	the prevention of cruelty to children or animals. Complete Parts I, II, and III.  For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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 add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
FOUNDATION

Employer identification number

95-2643086

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		\$	000 E7 or 000 PE\ /2012

Name of organization

Employer identification number

## CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

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OUNDA!	TION			95-2643086						
Part III	Exclusively religious, charitable, etc., indiv	vidual contributions to section	501(c)(7), (8),	or (10) organizations that total more than \$1,000 for the leting Part III, enter - (Enter this information once.) \$						
	the total of exclusively religious, charitable, etc	c contributions of <b>\$1.000 or I</b>	ess for the vear.	- (Enter this information once ) \$						
	Use duplicate copies of Part III if addition	al space is needed		- (Enter this information once.)						
(a) No.	os aplicato opico er i are in il addition	ar opaco lo riccaca.								
from	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held						
Part I	.,,,	. ,								
-										
		(e) Transfer	of gift							
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee						
		-								
(-) N -										
(a) No. from	(b) Purpose of gift	(a) Has of wift	. 1	(d) Description of how sift is hold						
Part I	(b) Furpose of gift	(c) Use of gift	·	(d) Description of how gift is held						
		<u> </u>								
		(e) Transfer	of gift							
	Transferee's name, address, a	nd 7IP ± 4	R	elationship of transferor to transferee						
<u> </u>	Transici ee 3 name, addi e33, di	10211 + 4	110	ciationship of transfer of to transfer co						
1.										
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	: <b> </b>	(d) Description of how gift is held						
1 arti										
.										
		(e) Transfer	of aift							
		`,	Ū							
	Transferee's name, address, a	ad 71D . 4	D.	alationahin of two afores to two afores						
<del>                                     </del>	Transferee's flame, address, at	10 ZIF + 4	ne	elationship of transferor to transferee						
(a) No. from Part I		•	I							
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
Parti										
] ,										
.										
		· · · · · · · · · · · · · · · · · · ·								
	(e) Transfer of gift									
	(e) transier or girt									
	Turn 6	- 1 <b>7</b> 10 4	_	aladian abin address of the control						
⊢	Transferee's name, address, a	10 ZIP + 4	Re	elationship of transferor to transferee						
1.		_								
1										

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545-0047

2013
Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Employer identification number 95-2643086

Pai	t I Organizations Maintaining Donor Advised	<b>Funds or Other Similar Funds</b>	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	S.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<b>-</b>		ا م ا
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organization's accounting for
D.	conservation easements.	And Historical Transcruss on O	the au Cincilan Access
Pai	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	·	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		01 670
_			
2	If the organization received or held works of art, historical treas		ı gaın, provide
	the following amounts required to be reported under SFAS 116	·	<b>▶</b> •
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🏲 🠧

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Schedule D (Form 990) 2013

	dule D (Form 990) 2013 FOUNDAT						95-26			age <b>2</b>	
Pai	rt III   Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or C	ther	Simil	ar Asse	<b>ts</b> (contir	nued)		
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are	a sign	ificant	use of its	collectio	n item	าร	
	(check all that apply):										
а	a X Public exhibition d X Loan or exchange programs										
b	b X Scholarly research e Other										
С	X Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	n how they further t	ne organization's	exemp	t purp	ose in Par	t XIII.			
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	llection?			$\square$	Yes		□No	
Pai	rt IV Escrow and Custodial Arran							ine 9, or			
	reported an amount on Form 990, Pa		· ·								
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for contribution	s or other assets	not inc	cluded					
	on Form 990, Part X?		•					Yes		□No	
b	If "Yes," explain the arrangement in Part XIII										
	, ,	•	J					Amoun	t		
С	Beginning balance					1c					
	Additions during the year					1d					
	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on F							Yes		No	
	If "Yes," explain the arrangement in Part XIII									]	
Pai											
	·	(a) Current year	(b) Prior year	(c) Two years bad	-	Three	years back	(e) Four	vears	back	
1a	Beginning of year balance	20,795,387.	17,363,475.	17,887,34	<del>- ' '</del>		42,510.			,485.	
	Contributions	863,235.	1,591,521.				776,399.			,235.	
	Net investment earnings, gains, and losses	3,047,133.	2,413,754.	-731,05	_		23,588.	1		,509.	
	Grants or scholarships	460,382.		, , , ,	$\exists$				,	,	
	Other expenditures for facilities	,									
C	•	431,958.	573,363.			1 3	355,156.		513	,719.	
	and programs Administrative expenses	315,307.	0,0,000,				, 200,			, ,	
		23,498,108.	20,795,387.	17,363,47	15	17 8	387,341.	14	542	,510.	
g 2	End of year balance  Provide the estimated percentage of the cur				٠٠	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	,	
	Board designated or quasi-endowment	17.00	e (iiile 19, coluitiii (a %	ij) Heiu as.							
	Permanent endowment 58.00	<del></del> %									
	Temporarily restricted endowment   2										
C											
2-	The percentages in lines 2a, 2b, and 2c short	· ·			مالد سد						
Sa	Are there endowment funds not in the posse	ession of the organiza	ation that are neid a	na administered	ior trie	organi	zation	ſ	V	N.	
	by:							2-(:)	Yes	No X	
	(i) unrelated organizations							3a(i)		X	
	(ii) related organizations							3a(ii)		Α_	
	If "Yes" to 3a(ii), are the related organization							3b			
4 Do	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		wment funds.								
Pai			D 1 1 1 1 1 1 0	5 000 B		40					
	Complete if the organization answere						, 1	/ N D			
	Description of property	(a) Cost or of	1 ' '	,	,	umulate		( <b>d</b> ) Boo	k valu	е	
		basis (investn	nent) basis	, ,	depre	ciation			2 1	30	
	Land		1 40	3,139.	16	0 0	40			39. 71.	
	Buildings			6,711.		9,0					
	Leasehold improvements			0,546. 7,832.		05,5 04,8				$\frac{04.}{03.}$	
~	Equipment	1	1 1.04	U.J Z . l	L , U U	· · · · · · · · · · · · · · · · · · ·	اولات	4	U	U .) .	

Schedule D (Form 990) 2013

1,098,789.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

10,361.

Part VIII Investments - Other Securities.	to Form OOC Dest N. P.	11h O F 000 5	David V. Bins. 40	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	to Form 990, Part IV, lir <b>(b)</b> Book value			nd-of-year market value
(1) Financial derivatives	(=, ====	(2) modiod of ve		s. yea. manor value
(2) Closely-held equity interests	2,953,922	2. END-OF-Y	EAR MARKE	r value
(3) Other	, , -			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	0 050 00			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,953,922	2.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"  (a) Description of investment	to Form 990, Part IV, lir (b) Book value			nd-of-year market value
	(b) book value	(c) Method of Va	aluation. Cost of el	iu-or-year market value
(1)				
(2)				
<u>(3)</u> (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"		ne 11d. See Form 990, F	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )			
Part X Other Liabilities.			······	
Complete if the organization answered "Yes"	to Form 990, Part IV, lir	ne 11e or 11f. See Form	990, Part X, line 2	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) CALIFORNIA STATE UNIVERSI	TY,			
(3) BAKERSFIELD		43,430.		
(4) ACCRUED POST RETIREMENT C	OSTS	2,493,006.		
(5)				
(6)				
(7)				
(8)				
(9)		0 506 406		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►	2,536,436.		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 FOUNDATION			2643086 Page 4
Part XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue pe	r Returi	า.
Complete if the organization answered "Yes" to Form 990, Part IV,	ine 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	13,702,352.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a 3,530,82 2b 59,10	9.	
<b>b</b> Donated services and use of facilities	2b 59,10	0.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	3,589,929.
3 Subtract line 2e from line 1		3	10,112,423.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	10,112,423.
Part XII Reconciliation of Expenses per Audited Financial S		oer Retu	ırn.
Complete if the organization answered "Yes" to Form 990, Part IV,			0.001.000
Total expenses and losses per audited financial statements		1	9,901,369.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	l l 50.10	_	
a Donated services and use of facilities		<u> </u>	
<b>b</b> Prior year adjustments		_	
c Other losses		_	
d Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		FO 100
e Add lines 2a through 2d			59,100. 9,842,269.
3 Subtract line 2e from line 1		3	9,844,269.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		0.
c Add lines 4a and 4b			9,842,269.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	16.)	5	J, 0 42, 20J.
	d 4: Port IV lines 1b and 2b: Port V	line 1: Dort	V line 2: Dort VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 3d and 4b, and Part VII, lines 2d and 4b, Alas complete this part to provide		ine 4, Part	A, IIIIe 2, Part AI,
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 INCLU	DING: ARTWORK,		
SCULPTURES, AFRICAN ANTELOPE, AND A ROCK	COLLECTION. THES	E ITE	MS ARE
AVAILABLE FOR VIEWING, STUDY AND RESEARC	н.		
PART V, LINE 4:			
MILE HOUNDAMION OF ENDOUNCEMEN OF E	IIIDA BAMADI TAUBD B	O.D.	
THE FOUNDATION'S ENDOWMENTS CONSIST OF F	UNDS ESTABLISHED F	OR	
A VARIETY OF PURPOSES TO SUPPORT THE ORG	ANTZATTON'C EVEMDT	ססוום	OCE
A VARIETI OF PURPOSES TO SUPPORT THE ORG	ANIZATION S EXEMPT	PURP	Ope.
PART X, LINE 2:			
THE FOUNDATION FOLLOWS ACCOUNTING STANDA	RDS GENERALLY		
ACCEPTED IN THE UNITED STATES OF AMERICA	RELATED TO THE RE	COGNI	TION OF

Part XIII Supplemental Information (continued)
UNCERTAIN TAX POSITIONS. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND
PENALTIES 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, 2014 AND 2013 AND
THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CALIFORNI FOUNDATION		JNIVERSITY,	BAKERSFIE	LD	Ü		Employer identification number $95-2643086$
Part I General Information on Grants a	and Assistance						
Does the organization maintain records     criteria used to award the grants or assi     Describe in Part IV the organization's pr  Part II Grants and Other Assistance to	stance? ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
recipient that received more than		=			anization answered	103 101 01111 000,1 art	TV, III C Z I, TOI arry
Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - 9001 STOCKDALE							
HIGHWAY - BAKERSFIELD, CA 93311	77-0314545	115	3,045,797.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a  5 Enter total number of other organization			he line 1 table				1. 0.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	227	946,502.	0.		
SCHOLLARGHIFS	221	940,302.			
Part IV Supplemental Information. Provide the information	on required in Part Llin	o 2 Port III. column	(b) and any other a	dditional information	
	orrequired in Farti, iiii	e z, Fait III, coluiiii	r (b), and any other a	dutional information.	
PART I, LINE 2:					
REQUESTS ARE TRANSFERRED TO THE	OFFICE OF	FINANCIAL	AID. THE		
FINANCIAL AID OFFICE MATCHES SP	ECIFIC SCHO	LARSHIPS W	ITH REQUES	TS THEN FUNDS	
ARE DISTRIBUTED WITHIN COMPLIAN	CE OF DONOR	INTENT.			

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Part I Questions Regarding Compensation

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Employer identification number 95-2643086

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		Λ
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		Х
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Bedulations Section 33 4930-ptCl/			1

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

Schedule J (Form 990) 2013

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD 95-2643086 FOUNDATION

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) DR. HORACE MITCHELL	i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/UNIVERSITY PRESIDENT		349,027.	0.	0.	59,265.	16,942.	425,234.	0.
(2) DR. SORAYA COLEY	i)	0.	0.	0.	0.	0.		0.
EX-OFFICIO MEMBER, PROVOST AND V.P. (i		198,460.	0.	0.	41,231.	15,983.	255,674.	0.
(3) MR. DAVID MELENDEZ	i)	0.	0.	0.	0.	0.		0.
EX-OFFICIO MEMBER, V.P. FOR UNIV		174,083.	0.	0.	36,392.	16,664.	227,139.	0.
(4) DR. THOMAS WALLACE	i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO MEMBER, V.P. FOR STUDENT (i	i)	188,729.	0.	0.	39,509.	18,130.		0.
(5) MR. MICHAEL NEAL	i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO MEMBER, V.P. FOR BUSINESS	i)	181,441.	0.	0.	37,630.	16,576.	235,647.	0.
(1	i) 🖳							
(i	i)							
(1	i) 🖳							
(i	i)							
<b>(</b> i	i) 🖳							
(i	<u>i)                                    </u>							
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(i	<u>i)                                    </u>							
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(i	i)							

## CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Schedule J (Form 990) 2013	FOUNDATION	95-2643086	Page 3
Part III Supplemental Informa	tion		
Provide the information, explanat	ion, 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 informa	ation.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

Attach to Form 990.

FOUNDATION

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Employer identification number 95-2643086

		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 10	noncash contrib	ution ai	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	52,158.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for							
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?					30a		_X_
b	<b>b</b> If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?							_X_
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						_	
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which column (a) is o	hecked,			
	describe in Part II.							
ΙЦΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Earm 00	Λ	Schodula M	(Earm	000\ (	20121

#### CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Schedule M (Form 990) (2013) FOUNDATION 95-2643086 Page 2 Part II Supplemental Information. Provide 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 contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: THE ORGANIZATION'S BROKERAGE FIRM SELLS THE DONATED STOCK.

332142 09-03-13

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD Emplo Name of the organization FOUNDATION

**Employer identification number** 95-2643086

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND ADVISING THE ADMINISTRATIONS OF CALIFORNIA STATE UNIVERSITY AND THE
UNIVERSITY.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 WILL BE PROVIDED TO THE CHAIRMAN AND TREASURER
FOR REVIEW AND APPROVAL PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY ALL BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A
CONFLICT OF INTEREST FORM AND ITS REVIEWED BY MANAGEMENT FOR ANY CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:
THE FOUNDATION FOLLOWS THE SAME PROCEDURES AS CALIFORNIA STATE
UNIVERSITY, BAKERSFIELD WITH REGARDS TO DETERMINING APPOINTMENT AND
COMPENSATION OF EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE POSTED TO A LINK ON THE WEBSITE FOR
REPORTING TRANSPARENCY.

### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

**Employer identification number** 95-2643086

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity
				1	

organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD -							
77-0314545, 9001 STOCKDALE HIGHWAY,							
BAKERSFIELD, CA 93311	HIGHER EDUCATION	CALIFORNIA	115		N/A		X
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD							
STUDENT UNION - 77-0375841, 9001 STOCKDALE							
HIGHWAY, BAKERSFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(C)(3)	LINE 9	N/A		X
ASSOCIATED STUDENTS CALIFORNIA STATE							
UNIVERSITY, BAKERSFIELD - 77-0293800, 9001	1						
STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	STUDENT CAMPUS ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 9	N/A		X
CALIFORNIA STATE UNIVERSITY, AUXILIARY FOR							
SPONSORED PROGRAMS ADMIN - 32-029, 9001	1						
STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(C)(3)	LINE 5	N/A		Х

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

Schedule R (Form 990) 2013

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(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	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	partner	?   • • • • • • • • • • • • • • • • • •
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	0
	]										
	]										
	]										
	]										
	]										
	1										
	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>(b)</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	Sec 512(k contr ent	(i) ction (b)(13) rolled tity?
		country)		or tracty		400010			No
									<u> </u>
-									
								igsqcurve	<u> </u>
								<u>                                     </u>	Ļ—
								<b> </b>	Ļ—
		30							

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s				11		Х
	n Performance of services or membership or fundraising solicitations by related organization(s				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				<b>1</b> s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete th	nis line, including covered r	elationships and transaction thresholds.			
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
(1) C	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD E	3	3,045,797.				
(2)	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD C	)	715,921.				
(3) (	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD E	£	43,430.				
(4) (	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD F		2,043,594.				
(5) ⁽	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD R	ર	703,313.				

J

69,333.

(6) CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) (b) (c) Transaction Amount involved Method of determining Name of other organization type (a-r) amount involved 84,783. (7)CALIFORNIA STATE UNIVERSITY, BAKERSFIELD 0 (8) CALIFORNIA STATE UNIVERSITY, BAKERSFIELD S 1,854,839. (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23)(24)

Schedule R (Form 990) 2013

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

## CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Schedule R (Fo	rm 990) 2013 <b>FOUND</b>	TION	95-2643086	Page 5
Part VII S	m 990) 2013 FOUNDA upplemental Information			
		anno de avioatione en Calabalula Difesa instruct		
<u>Pr</u>	ovide additional information for resp	onses to questions on Schedule R (see instruct	oris).	
<del></del>				

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STATE COPY

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500 CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

TAXABLE YEAR

California Exempt Organization **Annual Information Return** 

328941 11-14-13 FORM

2013

199

				100
	2013 or fiscal year beginning (mm/dd/yyyy) $07/01/2013$ , and ending (mm/dd/		06/30	/2014 .
-		California corp	oration number	
	RNIA STATE UNIVERSITY, BAKERSFIELD	0562	270	
FOUNDA		0562	370	
	TOCKDALE HIGHWAY		643086	
City	State ZIP Code	75 2	043000	
BAKERS	1 1			
A First Retu		3701d has	the organization	n
	Information Return  • Yes X No during the year: (1) participated		-	
	on 4947(a)(1) trust Yes X No or (2) attempted to influence legi			ıre.
	rmation Return? or (3) made an election under Re		-	
	Dissolved • Surrendered (Withdrawn) (relating to lobbying by public ch			• Yes X No
• 🔲	Merged/Reorganized Enter date: (mm/dd/yyyy)   If "Yes," complete and attach forr			
	counting method: K Is the organization exempt under			• Yes X No
(1)				
<b>F</b> Federal re	sturn filed? sources			\$
(1) ●	990T (2) ● 990 PF (3) ● Sch H (990) L If organization is exempt under F	R&TC Sectio	n 23701d and	is
<b>G</b> Is this a g	roup filing for the subordinates/affiliates? $\dots ullet$ Yes $X$ No exclusively religious, educational	l, or charitab	le, and is	
	ttach a roster. See instructions supported primarily (50% or mo			
	ganization in a group exemption?			• X
If "Yes," v	that is the parent's name? M Is the organization a Limited Liab			• Yes X No
	N Did the organization file Form 10			
	ganization have any changes in its activities, governing report taxable income?			• Yes X No
	nt, articles of incorporation, or bylaws that have  0 Is the organization under audit by			• Yes X No
	reported to the Franchise Tax Board? • Yes X No IRS audited in a prior year?			● L Yes A No
	xplain, and attach copies of revised documents.  omplete Part I unless not required to file this form. See General Instructions B and C.			
raiti c	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1 3	,336,761.00
	2 Gross dues and assessments from members and affiliates		2	8,241.00
	3 Gross contributions, gifts, grants, and similar amounts received STM			,767,421.00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		<u> </u>	7 7 7 7 1 2 2 3 6 6
and	<b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B	•	4 10	,112,423.00
Revenues	5 Cost of goods sold • 5	00		, , , , , , , , , , , , , , , , , , , ,
	6 Cost or other basis, and sales expenses of assets sold   6	00		
	7 Total costs. Add line 5 and line 6		7	00
	8 Total gross income. Subtract line 7 from line 4		8 10	,112,423. ₀₀
Fynanaaa	9 Total expenses and disbursements. From Side 2, Part II, line 18	•	9 9	,842,269. ₀₀
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	270,154. ₀₀
	11 Filing fee \$10 or \$25. See General Instruction F		11	N/A 00
Filing	12 Total payments		12	00
Fee	13 Penalties and Interest. See General Instruction J		13	00
	14 Use tax. See General Instruction K		14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result		f my knowledge	00
01	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, anit is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	is any knowled		
Sign	Signature of officer VICE PRESIDENT	te	Telep	ohone -654-2287
Here	Date		● PTIN	
	Propararia	eck if f-employed		
Paid	•	Cinployed	● FEIN	
Preparer's	Firm's name (or yours, AKT LLP		93-	0623286
Use Only	if self- employed) 7676 HAZARD CENTER DRIVE, STE 1300		● Telep	
	and address SAN DIEGO, CA 92108		(61	9) 810-4940
	May the FTB discuss this return with the preparer shown above? See instructions	• X		No Service Ser

328951 11-14-13

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	business	activities. See instru	ctions				1		00
		2	Interest						•	2		614,288. ₀₀
			Dividends							3		00
Receip	ts		•							4		18,034. ₀₀
from		5	Gross royalties							5		29,140. ₀₀
Other		6	Gross amount received from sal	le of asset	ts (See Instructions)					6		00
Source	s	7	Other income				SEE STA	TEMENT	2•	7		2,675,299. ₀₀
		8	Total gross sales or receipts fro	m other s	ources. Add line 1 th	rough	line 7. Enter here and	on Side 1, Part	I, line 1	8		3,336,761. ₀₀
		9	Contributions, gifts, grants, and	similar ar	mounts paid		STA	TEMENT	3 •	9	3	3,992,299. ₀₀
		10	Disbursements to or for member	ers					•	10		00
		11	Compensation of officers, direct	tors, and t	rustees		SEE STA	TEMENT	4•	11		0.00
		12	Other salaries and wages						•	12	1	1,420,657. ₀₀
Expens	ses		Interest							13		16,887. ₀₀
and		14	Taxes							14		68,659. ₀₀
Disbur	se-	15	Rents							15		22,895. ₀₀
ments		16	Depreciation and depletion (See	instructio	ons)					16		150,949. ₀₀
		17	Other Expenses and Disburseme	ents			SEE STA	TEMENT	5 •	17		4,169,923. ₀₀
		18	Total expenses and disburseme	ents. Add I	ine 9 through line 17	7. Enter	here and on Side 1, P	art I, line 9		18		9,842,269. ₀₀
Sche	dule	e L	Balance Sheets		Beginning of	taxabl	e year		End	of tax	cable	e year
Assets					(a)		(b)	1	c)			(d)
<b>1</b> Ca	sh .						2,486,943.				•	4,782,877.
<b>2</b> Ne	t acco	unts	receivable				313,150.				•	219,636.
			ceivable								•	
<b>4</b> Inv	ventor	ies									•	
			state government obligations								•	
			in other bonds								•	
<b>7</b> In	vestm	ents	in stock STMT 6			2	3,382,497.				•	27,312,744.
8 M	ortgag	je loa	ans								•	
<b>9</b> Ot	her inv	vestr	ments STMT 7				2,921,517.				•	2,953,922.
10 a	Depre	ciabl	le assets	7	,728,823.			3,7	65,45			
b	Less a	accui	mulated depreciation	(3,	567,896.)		4,160,927.	(2,66	9,800	• )		1,095,650.
<b>11</b> La	nd										•	3,139.
<b>12</b> Ot	her as	sets	STMT 8				863,683.				•	1,697,547.
						3	4,128,717.					38,065,515.
			et worth									
			yable				567,903.				•	544,321.
<b>15</b> Co	ntribu	ıtions	s, gifts, or grants payable								•	
			otes payable								•	
17 M	ortgag	jes p	ayable								•	
			es STMT 9				3,104,784.					3,264,181.
<b>19</b> Ca	pital s	tock	or principle fund								•	
			tal surplus. Attach reconciliation								•	24 255 242
			nings or income fund				0,456,030.				•	34,257,013.
			s and net worth				4,128,717.					38,065,515.
Sche	edule	e M	I-1 Reconciliation of income Do not complete this sche				e 13, column (d), is le	ss than \$50,00	0.			
<b>1</b> Ne	t inco	me p	oer books		3,800,9	83.	7 Income recorded	d on books this	year			
			ne tax				not included in t	his return.	STMT	10	•	3,530,829.
<b>3</b> Ex	cess o	of cap	pital losses over capital gains				8 Deductions in th	is return not ch	arged			
			ecorded on books this year				against book inc	ome this year			•	
			corded on books this year not				9 Total. Add line 7					3,530,829.
	-		this return	垣			10 Net income per r	eturn.				
<b>6</b> To	tal. Ad	dd lin	ne 1 through line 5		3,800,9	83.	Subtract line 9 fr	rom line 6				270,154.

FORM 199 CAS	H CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	s	TATEMENT	1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT			
CHEVRON COMPANIES	9525 CAMINO MEDIA BAKERSFIELD, CA 93311		660,00	00.		
COLLEGE ACCESS FOUNDATIO	N ONE FRONT STREET, SUITE 1325 SAN FRANCISCO, CA 94111		582,30	00.		
COYOTE CLUB	PO BOX 9865 BAKERSFIELD, CA 93389-9865		251,60	00.		
KEGLEY, JACQUELYN A	7312 KROLL WAY BAKERSFIELD, CA 93309		117,10	06.		
TRUST OF MARY JO KASSELMAN	5111 ANTARES COURT BAKERSFIELD, CA 93306		120,00	00.		
TOTAL INCLUDED ON LINE 3			1,731,00	06.		
FORM 199	OTHER INCOME	S	TATEMENT	2		
DESCRIPTION			AMOUNT			
ATHLETICS CHILDREN'S CENTER OTHER PROGRAM REVENUE CAMPUS PROGRAMS FEES FROM RELATED ENTITI	ES		58,48 1,078,90 155,30 686,30 696,23	07. 01. 69.		
TOTAL TO FORM 199, PART	2,675,299.					

FORM 199 (	CASH CONTRIBUTIONS, GIFTS, GRAN AND SIMILAR AMOUNTS PAID	TTS S	STATEMENT 3
ACTIVITY CLASSIFICA	ATION: SCHOLARSHIPS		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SCHOLARSHIPS TO STUDENTS	9001 STOCKDALE - BAKERSFIELD, CA 93311	NONE	946,502.
ACTIVITY CLASSIFICA	TOTAL FOR THIS ACTIVITY ATION: PROGRAM SUPPORT		946,502.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	9001 STOCKDALE - BAKERSFIELD, CA 93311	NONE	3,045,797.
	TOTAL FOR THIS ACTIVITY		3,045,797.
TOTAL INCLUDED ON I	FORM 199, PART II, LINE 9		3,992,299.

FORM 199 COMPENSA	ATION OF	OFFICERS,	DIRECTORS AND TRUSTEES	S STATEMENT 4
NAME AND ADDRESS			TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MR. THOMAS DENATALE 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9331			CHAIRMAN OF THE BOARD 2.50	0.
DR. HORACE MITCHELL 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9333			SECRETARY/UNIVERSITY E 2.50	PRESI 0.
MR. MORGAN CLAYTON 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9333			DIRECTOR 2.50	0.
MR. GAURDIE BANISTER, 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9333	ΑY		DIRECTOR 2.50	0.
MRS. SHERYL BARBICH 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9333			DIRECTOR 2.50	0.
MR. RICHARD BEENE 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9331			DIRECTOR 2.50	0.
MR. ROGERS BRANDON 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9331			DIRECTOR 2.50	0.
MR. GREG BYNUM 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9331			DIRECTOR 2.50	0.
MRS. SHERYL CHALUPA 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9333			DIRECTOR 2.50	0.
DR. VIPUL DEV 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9333			DIRECTOR 2.50	0.
MR. BRUCE FREEMAN 9001 STOCKDALE HIGHWA BAKERSFIELD, CA 9331			DIRECTOR 2.50	0.

CALIFORNIA STATE UNIVERSITY, I	BAKERSFIELD	95-2643086
MS. JUDITH HARNIMAN 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MRS. MIKIE HAY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. DAVID HERNANDEZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
DR. JACQUELINE KEGLEY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. SHAWN KERNS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. GEOFFREY B. KING 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MRS. GRETA LYDECKER 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
DR. JOSEPH C. MACILVAINE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. ANGELO MAZZEI 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. JOHN NILON 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. GREG PALLA 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. VINCE ROJAS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. JON VAN BOENING 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.

CALIFORNIA STATE UNIVERSITY, B	AKERSFIELD	95-2643086
MR. E.L. "SKEET" VARNER 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MS. LISA WONG 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. LES CLARK 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MS. HILDA NIEBLAS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. MILTON YOUNGER 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR 2.50	0.
MR. MELVIN ATKINSON 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MRS. JOAN DEZEMBER 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MRS. JUDY FRITCH 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. EDWARDS HOPPLE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. ROBERT W. KARPE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. ROBERT C. MARSHALL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. DAVID R. MARTIN 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. GEORGE MARTIN 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.

CALIFORNIA STATE UNIVERSITY, BAKERS	FIELD	95-2643086
MR. JERRY STANNERS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. BEN F. STINSON 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MR. GENE VOILAND 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
MRS. MARGARET E. MOORE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	LIFE MEMBER 2.50	0.
DR. SORAYA COLEY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO MEMBER, PROVOST 0.50	0.
MR. DAVID MELENDEZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO MEMBER, V.P. FO 0.50	0.
DR. THOMAS WALLACE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO MEMBER, V.P. FO 0.50	0.
MR. MICHAEL NEAL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO MEMBER, V.P. FO 0.50	0.
MRS. CLAUDIA CATOTA 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO MEMBER 0.50	0.
MRS. EVELYN YOUNG 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EX-OFFICIO MEMBER 0.50	0.
TOTAL TO FORM 199, PART II, LINE 11	-	0.

FORM 199	ОТІ	HER EXPENSES		STATEMENT	5
DESCRIPTION				AMOUNT	
OTHER ADMINISTRATIVE EX				1,072,59	96.
SUPPLIES				476,09	
ATHLETICS OTHER COST				211,7	
REPAIRS AND MAINTENANCE				133,63	
PENSION PLAN CONTRIBUTIONS				330,50	
OTHER EMPLOYEE BENEFITS ACCOUNTING FEES				270,09 116,5	
INVESTMENT MANAGEMENT FEES				91,34	
OTHER PROFESSIONAL FEES				502,8	
ADVERTISING AND PROMOTION				101,63	
OFFICE EXPENSES				133,78	
INFORMATION TECHNOLOGY				92,00	07.
TRAVEL				191,4	
CONFERENCES AND CONVENTIONS				3,28	
INSURANCE				23,32	
ALL OTHER EXPENSES				419,00	ЬΙ.
TOTAL TO FORM 199, PART II,	LINE 17			4,169,92	23.
FORM 199	INVESTM	ENTS IN STOCK		STATEMENT	6
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
PUBLICLY TRADED SECURITIES			23,382,497.	27,312,7	44.
TOTAL TO FORM 199, SCHEDULE	L, LINE	7	23,382,497.	27,312,74	44.
FORM 199	OTHER	INVESTMENTS		STATEMENT	7
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
ALERNATIVE INVESTMENTS			2,921,517.	2,953,92	22.
				2,953,92	

FORM 199 OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES COLLECTIONS	772,013. 0. 91,670.	1,605,377. 500. 91,670.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	863,683.	1,697,547.
FORM 199 OTHER LIABILITIES		STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD ACCRUED POST RETIREMENT COSTS DEFERRED REVENUE	71,292. 2,385,699. 647,793.	43,430. 2,493,006. 727,745.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,104,784.	3,264,181.
FORM 199 INCOME RECORDED ON BOOKS THIS NOT INCLUDED IN THIS RETU		STATEMENT 10
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTMENTS		3,530,829.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		3,530,829.
FORM 199 FUND BALANCES		STATEMENT 11
FORM 199 FUND BALANCES  DESCRIPTION	BEG. OF YEAR	END OF YEAR
	7,790,975. 6,453,225. 16,211,830.	

022		
Date Accepted		

Date Accepted			DO NO	OT MAIL TH	IS FORM TO THE FTB
2013	ifornia e-file Retu empt Organizatio		on for		8453-EO
Exempt Organization name  CALIFORNIA STATE  FOUNDATION	TE UNIVERSITY, B	AKERSFIELD			ntifying number 5 - 2 6 4 3 0 8 6
Part I Electronic Return  1 Total gross receipts (For  2 Total gross income (For	Information (whole dollars only m 199, line 4)				1 10,112,42300
4 Electronic funds wi	nt Electronically for Taxable \( \) thdrawal 4a Amount on (Have you verified the exem		4b Withdrawal da	ite (mm/dd/yyyy	)
5 Routing number 6 Account number Part IV Declaration of Off		. <b>7</b> Ty	pe of account:	Checking	Savings
California electronic return. To the balance due return, I understan organization will remain liable for statements be transmitted to the delayed, I authorize the FTB to delayed.	ce provider and the amounts in Part e best of my knowledge and belief, t d that if the Franchise Tax Board (F' the fee liability and all applicable int FTB by the ERO, transmitter, or inte disclose to my ERO, intermediate s	the exempt organization's retu TB) does not receive full and ti terest and penalties. I authorize rmediate service provider. If the service provider, the reason(s	n is true, correct, and mely payment of the e the exempt organiza e processing of the e	d complete. If the exempt organizati tion return and ac exempt organizat	exempt organization is filing on's fee liability, the exempt ccompanying schedules and
I declare that I have reviewed the am only an Intermediate Service laccurately reflects the data on the provided the organization officer 1345, 2013 e-file Handbook for A the exempt organization return is I declare that I have examined the	ctronic Return Originator (ER above exempt organization's return Provider, I understand that I am not be return.) I have obtained the organic with a copy of all forms and information authorized e-file Providers. I will kee filed, whichever is later, and I will me above exempt organization's return the this declaration based on all information.	O) and Paid Preparer.  In and that the entries on form For responsible for reviewing the zation officer's signature on for ation that I will file with the FTE p form FTB 8453-EO on file for nake a copy available to the FT n and accompanying schedule	exempt organization's rm FTB 8453-EO befo , and I have followed four years from the o B upon request. If I ar s and statements, and	s return. I declare ore transmitting th all other requirem due date of the ret m also the paid pr	, however, that form FTB 8453-EO his return to the FTB; I have hents described in FTB Pub. turn or four years from the date eparer, under penalties of perjury,
ERO's-signature  Must Firm's name (or yours if self-employed) and address	AKT LLP 5946 PRIESTLY	DRIVE	Check if also paid preparer		ERO'S PTIN EIN 93-0623286
	CARLSBAD , CA are that I have examined the above of and complete. I make this declaration		vhich I have knowled	and statements, a	nd to the best of my knowledge    Paid preparer's PTIN

For Privacy Notice, get FTB 1131 ENG/SP.

Firm's name (or yours if self-employed) and address

AKT LLP

SAN DIEGO, CA

FTB 8453-EO 2013

93-0623286

 $\mathsf{ZIP}\,\mathsf{Code}\,9\,2\,1\,0\,8$ 

**Preparer** 

Must

Sign

7676 HAZARD CENTER DRIVE, STE 1300

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: ct 10317	Check if:	and address		
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION Name of Organization		nge of address		
9001 STOCKDALE HIGHWAY Address (Number and Street)	Corporate (	or Organization No. 0562370		
BAKERSFIELD, CA 93311 City or Town, State and ZIP Code	Federal Em	ployer I.D. No. 95-2643086		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R				
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u> </u>
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	25
PART A - ACTIVITIES				
For your most recent full accounting period (beginning $\frac{07/01/20}{10,112,423}$ Total assets \$	13_ endi 38,	ng <u>06/30/2014</u> ) list: 065,515•		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	PORT		
Note: If you answer "yes" to any of the questions below, you must attach a so and details for each "yes" response. Please review RRF-1 instructions				
			Yes	No
<ol> <li>During this reporting period, were there any contracts, loans, leases or other fi and any officer, director or trustee thereof either directly or with an entity in whany financial interest?</li> </ol>		<u> </u>		х
2. During this reporting period, was there any theft, embezzlement, diversion or r or funds?	misuse of th	e organization's charitable property		х
3. During this reporting period, did non-program expenditures exceed 50% of gro	oss revenue	s?		Х
4. During this reporting period, were any organization funds used to pay any pen with the Internal Revenue Service, attach a copy.	nalty, fine or	judgment? If you filed a Form 4720		Х
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone number 1.	•	·		X
6. During this reporting period, did the organization receive any governmental fur name of the agency, mailing address, contact person, and telephone number.	•	provide an attachment listing the SEE STATEMENT 12	Х	
7. During this reporting period, did the organization hold a raffle for charitable putthe number of raffles and the date(s) they occurred.	rposes? If "	yes," provide an attachment indicating		Х
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commerce				Х
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?				
Organization's area code and telephone number $\underline{661-664-2251}$				
Organization's e-mail address				_
I declare under penalty of perjury that I have examined this report, including accompanyin correct and complete.	g documents	, and to the best of my knowledge and belief,	t is true	e,
MICHAEL A. NEAL		ICE PRESIDENT BAS		
Signature of authorized officer Printed Name	Tit	e Date		

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 12
PART B, LINE 6

CALIFORNIA DEPARTMENT OF EDUCATION 1430 N STREET SACRAMENTO, CA 95814

## ** PUBLIC DISCLOSURE COPY **

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990

Α	For th	e 2013 calendar year, or tax year beginning $$ J $$ U $$ L $$	ı I, 2013 and	ور ending	UN 30, 2014	•		
В	Check if applicab	CALIFORNIA STATE UNIVERS	ITY, BAKERSFI	ELD	D Employer identifi	ication number		
Ļ	chan	ge   FOUNDALION						
L	Name chan	Doing Business As		95-2643086				
	Initial returr Term ated	Number and street (of P.O. box if mail is not delivered by 9001 STOCKDALE HIGHWAY	E Telephone number 661-664-2251					
	Amer returr	<ul> <li>City or town, state or province, country, and ZIP</li> </ul>	or foreign postal code		<b>G</b> Gross receipts \$ 10,112,423.			
	Appli tion	BAKERSFIELD, CA 93311			H(a) Is this a group return			
	pend	F Name and address of principal officer:MICHA	EL A. NEAL		for subordinates	s? Yes X No		
		SAME AS C ABOVE			H(b) Are all subordinates i	included? Yes No		
T	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1	a list. (see instructions)		
		te: WWW.CSUBFOUNDATION.ORG	, , , ,		H(c) Group exemption			
		f organization: X Corporation Trust Associ	iation Other	L Year		M State of legal domicile: CA		
	art I	Summary			<u> </u>	···		
	Τī	Briefly describe the organization's mission or most sig	nificant activities: PROV	IDE SU	PPORT FOR C	ALIFORNIA		
Activities & Governance	'	STATE UNIVERSITY, BAKERSFIE						
nai	2	Check this box if the organization discontin				seats		
Ķ	3	Number of voting members of the governing body (Pa	·			26		
යි	4	Number of independent voting members of the govern				24		
ళ						53		
ţį	5	Total number of individuals employed in calendar year				45		
<u>`</u>	6	Total number of volunteers (estimate if necessary)				0.		
Ą		Total unrelated business revenue from Part VIII, colum						
_	<del>  р</del>	Net unrelated business taxable income from Form 990	J-1, line 34					
		0 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year 4,490,500.	Current Year 6,775,662.		
ne	8	Contributions and grants (Part VIII, line 1h)			2,246,498.			
Revenue	9							
Be		Investment income (Part VIII, column (A), lines 3, 4, an			883,467.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			0.	/		
_	12	Total revenue - add lines 8 through 11 (must equal Par			7,620,465.			
	13	Grants and similar amounts paid (Part IX, column (A), I			189,148.			
	14	Benefits paid to or for members (Part IX, column (A), li			0.	• •		
es	15	Salaries, other compensation, employee benefits (Part			835,178.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)	<u></u>	0.	0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line 25	$\rightarrow 304,0$	<u>57.</u>				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11			5,085,165.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, c	olumn (A), line 25)		6,109,491.			
	19	Revenue less expenses. Subtract line 18 from line 12			1,510,974.	270,154.		
Net Assets or	3			Be	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)			34,128,717.	38,065,515.		
ASS	21	Total liabilities (Part X, line 26)			3,672,687.	3,808,502.		
	22	Net assets or fund balances. Subtract line 21 from line	20		30,456,030.	34,257,013.		
	art II	Signature Block						
Und	der pen	alties of perjury, I declare that I have examined this return, incl	uding accompanying schedule	s and statem	ents, and to the best of m	ny knowledge and belief, it is		
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is	based on all information of wl	nich preparer	has any knowledge.			
Sig	ın	Signature of officer			Date			
He		MICHAEL A. NEAL, VICE PR	ESIDENT BAS					
	. •	Type or print name and title						
_		Print/Type preparer's name Pre	eparer's signature	1	Date Check	PTIN		
Pai	id	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1	1/13/14 if self-employ	ued		
	parer	Firm's name AKT LLP			Firm's EIN	93-0623286		
	e Only	Firm's address 7676 HAZARD CENTER	DRIVE STE 1	300	THIII 3 LIN	30 00000		
-50	,	SAN DIEGO, CA 9210			Phone no 16	19) 810-4940		
Ma	ıv the I	RS discuss this return with the preparer shown above?			11 110110 110. ( 0	X Yes No		
ivia	احتنبرا	aloodoo aho rotaini waan alo picparei ollowii abuve :	(000 111011 40110110)		<u></u>	103 110		

Form 9	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
	990 (2013) FOUNDATION 95-2643086 Page 2
Part	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:  THE FOUNDATION SUPPORTS THE UNIVERSITY BY ADVOCATING FOR THE
	UNIVERSITY TO GOVERNMENT & TO THE COMMUNITY, FUNDRAISING FOR
	UNIVERSITY PROGRAMS & ACTIVITIES, MANAGING THE FINANCES OF THE
	FOUNDATION & 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
	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 \$ 5,162,144 • including grants of \$ 3,992,299 • ) (Revenue \$ 1,596,392 • )
	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 8,000 STUDENTS.
•	
	(Code:) (Expenses \$691,123 • including grants of \$) (Revenue \$1,078,907 • )
	THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD CHILDREN'S CENTER PROVIDES
	THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD CHILDREN'S CENTER PROVIDES QUALITY CHILDCARE PROGRAMS FOR STUDENT-PARENTS, FACULTY, STAFF AND THE
	THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD CHILDREN'S CENTER PROVIDES QUALITY CHILDCARE PROGRAMS FOR STUDENT-PARENTS, FACULTY, STAFF AND THE BAKERSFIELD COMMUNITY, CHILDREN AGES EIGTHEEN MONTHS THROUGH FIVE
:	THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD CHILDREN'S CENTER PROVIDES QUALITY CHILDCARE PROGRAMS FOR STUDENT-PARENTS, FACULTY, STAFF AND THE BAKERSFIELD COMMUNITY, CHILDREN AGES EIGTHEEN MONTHS THROUGH FIVE YEARS OF AGE (WHO ARE NOT ATTENDING KINDERGARTEN) ARE ELIGIBLE FOR
;	THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD CHILDREN'S CENTER PROVIDES QUALITY CHILDCARE PROGRAMS FOR STUDENT-PARENTS, FACULTY, STAFF AND THE BAKERSFIELD COMMUNITY, CHILDREN AGES EIGTHEEN MONTHS THROUGH FIVE YEARS OF AGE (WHO ARE NOT ATTENDING KINDERGARTEN) ARE ELIGIBLE FOR ADMISSION. PRIORITY FOR ENROLLMENT IS GIVEN TO CHILDREN OF CSUB
:	THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD CHILDREN'S CENTER PROVIDES QUALITY CHILDCARE PROGRAMS FOR STUDENT-PARENTS, FACULTY, STAFF AND THE BAKERSFIELD COMMUNITY, CHILDREN AGES EIGTHEEN MONTHS THROUGH FIVE YEARS OF AGE (WHO ARE NOT ATTENDING KINDERGARTEN) ARE ELIGIBLE FOR ADMISSION. PRIORITY FOR ENROLLMENT IS GIVEN TO CHILDREN OF CSUB STUDENTS, FACULTY, AND STAFF. HALF-DAY AND FULL-DAY PROGRAMS ARE
:	THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD CHILDREN'S CENTER PROVIDES QUALITY CHILDCARE PROGRAMS FOR STUDENT-PARENTS, FACULTY, STAFF AND THE BAKERSFIELD COMMUNITY, CHILDREN AGES EIGTHEEN MONTHS THROUGH FIVE YEARS OF AGE (WHO ARE NOT ATTENDING KINDERGARTEN) ARE ELIGIBLE FOR ADMISSION. PRIORITY FOR ENROLLMENT IS GIVEN TO CHILDREN OF CSUB
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including grants of \$ 5 , 853 , 267 .

4e Total program service expenses ▶

332002
10-29-13

Form **990** (2013)

) (Revenue \$

95-2643086

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
	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	х	
c	the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	s reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			Х
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	11c		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	X	
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		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
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_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	Х	
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		<u> </u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	William Brown and Control of the Con	28c		Х
29	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			
-	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	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	77	

Form **990** (2013)

95-2643086

Page 5

## Form 990 (2013) FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5а	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	١.		v
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2013)

Form 990 (2013)

**FOUNDATION** 

95-2643086 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	, , , , , , , , , , , , , , , , , , , ,			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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	X	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
46 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	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	4Ch		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 12	List the states with which a copy of this Form 990 is required to be filed ►CA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailah	lo	
18		ıvallaD	ıe	
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website			
10		d fina-	oicl	
19	Describe in 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.	u iiiiar	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate	ion: 🕨		
20	DOUGLAS WADE - 661-654-2251	.1011.	_	
	9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311			

14231113 310575 20067.000

### F

Form 990 (2013)

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Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title	(A)	(B)	l	111120			npei	isai	(D)	(E)	(F)
No.   December   No.			(do		Pos	ition		one			
Name		1	box	, unle	ss pe	rson	is bot	h an	· '	•	
Nours for related organizations   Page   P							,, a.c	,			
Delow   Name   Delow   Name   Delow   Name   Delow   Name   Delow   Name   Delow   Name   Delow   De		, ,	rdirec				pa			•	•
Delow   Fine   Delow   Fine   Delow   Delow			stee o	rustee			pensat		(W-2/1099-MISC)		•
THOMAS DENATALE		"	ual tru	io nal t		ploye	t com				
THOMAS DENATALE			ndivid	nstituti	Officer	(ey em	Highest amploy	ormer			organizations
C2	(1) MR. THOMAS DENATALE	2.50	_								-
SECRETARY/UNIVERSITY PRESIDENT	CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(3) MR. MORGAN CLAYTON	(2) DR. HORACE MITCHELL										
Director   X	SECRETARY/UNIVERSITY PRESIDENT		Х		Х				0.	349,027.	76,207.
(1) MR. GAURDIE BANISTER, JR.   2.50   X	(3) MR. MORGAN CLAYTON	2.50									
Director   X	DIRECTOR		Х						0.	0.	0.
Column	,	2.50									
DIRECTOR			X						0.	0.	0.
Column		2.50									•
DIRECTOR   X		0.50	X						0.	0.	<u> </u>
Column		2.50									0
DIRECTOR   X		2 50	X						0.	0.	<u> </u>
Carrector   Carr		2.50	٠,,							0	0
DIRECTOR   X		2 50	X						0.	0.	<u> </u>
O		2.50	v						0	0	0
DIRECTOR   X		2 50	^						0.	0.	<u>U•</u>
Column		2.50	v						0	n	n
DIRECTOR   X		2.50							0.	0.	
DIRECTOR		2.50	x						0.	0.	0.
DIRECTOR   X		2.50								•	
DIRECTOR   X			x						0.	0.	0.
DIRECTOR   X	(12) MS. JUDITH HARNIMAN	2.50									
DIRECTOR   X	DIRECTOR		x						0.	0.	0.
DIRECTOR   X   D.   O.   O.   O.   O.	(13) MRS. MIKIE HAY	2.50									_
DIRECTOR   X   0. 0. 0.	DIRECTOR		х						0.	0.	0.
Column	(14) MR. DAVID HERNANDEZ	2.50									
DIRECTOR         40.00 X         0. 107,076. 36,435.           (16) MR. SHAWN KERNS         2.50         0. 0. 0.           DIRECTOR         X         0. 0. 0.           (17) MR. GEOFFREY B. KING         2.50         0. 0. 0.           DIRECTOR         X         0. 0. 0.	DIRECTOR		Х						0.	0.	0.
Column   C	(15) DR. JACQUELINE KEGLEY										
DIRECTOR X 0. 0. 0. (17) MR. GEOFFREY B. KING 2.50 X 0. 0. 0.	DIRECTOR		Х						0.	107,076.	36,435.
(17) MR. GEOFFREY B. KING 2.50 X 0. 0. 0.	(16) MR. SHAWN KERNS	2.50									
DIRECTOR X 0. 0.			Х						0.	0.	0.
		2.50									_
	DIRECTOR		X						] 0.	0.	

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95-2643086

	-		 	 ,	
Form 990 (2013)	FOUNI	DATION			

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	not c , unle	heck ss pe	erson	than is bot or/trus	th an	Reportable compensation from	Reportable compensation from related	am	timate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensa om the anizati d relate inizatio	e ion ed
(18) MRS. GRETA LYDECKER	2.50	1										_
DIRECTOR		Х						0.	0.			0.
(19) DR. JOSEPH C. MACILVAINE DIRECTOR	2.50	x						0.	0.			0.
(20) MR. ANGELO MAZZEI	2.50											
DIRECTOR		X						0.	0.			0.
(21) MR. JOHN NILON	2.50											
DIRECTOR		Х						0.	0.			0.
(22) MR. GREG PALLA	2.50											
DIRECTOR		Х						0.	0.			0.
(23) MR. VINCE ROJAS	2.50											
DIRECTOR		Х						0.	0.			0.
(24) MR. JON VAN BOENING	2.50	1						_	_			_
DIRECTOR		Х						0.	0.			0.
(25) MR. E.L. "SKEET" VARNER	2.50	1						_	_			_
LIFE MEMBER		Х						0.	0.			0.
(26) MS. LISA WONG DIRECTOR	2.50	x						0.	0.			0.
1b Sub-total		_					┢	0.	456,103.	11:	2,6	<del>42.</del>
c Total from continuation sheets to Part \								0.	851,066.			
d Total (add lines 1b and 1c)								0.	1,307,169.		<del>5,6</del> 3	
2 Total number of individuals (including but							ho r	eceived more than \$100			<u> </u>	
compensation from the organization						-,			-,			1
											Yes	No
3 Did the organization list any <b>former</b> office line 1a? If "Yes." complete Schedule J for			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	3		х

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

#### **Section B. Independent Contractors**

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

LANDSCAPING SERVICES	103,549.
	above) who received more than

\$100,000 of compensation from the organization ► 1
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

Form 990 FOUNDATIO										3000
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee			ligh	est		ees (continued)	
(A) Name and title	(B) Average hours	(c		<b>(C</b> Posi all t	ition		lv)	(D)  Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MR. LES CLARK DIRECTOR	2.50	x						0.	0.	0.
(28) MS. HILDA NIEBLAS DIRECTOR	2.50	x						0.	0.	0.
(29) MR. MILTON YOUNGER	2.50	^		Н				0.	0.	0
DIRECTOR		х						0.	0.	0.
(30) MR. MELVIN ATKINSON	2.50									
LIFE MEMBER	2.50	Х						0.	0.	0
(31) MRS. JOAN DEZEMBER LIFE MEMBER	2.50	x						0.	0.	0
(32) MRS. JUDY FRITCH	2.50									
LIFE MEMBER		Х						0.	0.	0
(33) MR. EDWARDS HOPPLE	2.50	х						0.	0.	0
LIFE MEMBER (34) MR. ROBERT W. KARPE	2.50	^		Н				0.	0.	0
LIFE MEMBER	2.30	х						0.	0.	0
(35) MR. ROBERT C. MARSHALL	2.50									
LIFE MEMBER		Х						0.	0.	0
(36) MR. DAVID R. MARTIN	2.50	,,							0	0
LIFE MEMBER	2 50	Х						0.	0.	0
(37) MR. GEORGE MARTIN LIFE MEMBER	2.50	x						0.	0.	0
(38) MR. JERRY STANNERS	2.50									
LIFE MEMBER		Х						0.	0.	0
(39) MR. BEN F. STINSON	2.50									
LIFE MEMBER (40) MR. GENE VOILAND	2.50	Х		Н				0.	0.	0
LIFE MEMBER	2.50	х						0.	0.	0
(41) MRS. MARGARET E. MOORE	2.50	-								
LIFE MEMBER		Х						0.	0.	0
(42) DR. SORAYA COLEY	0.50									
EX-OFFICIO MEMBER, PROVOST AND V.P.	40.00	Х						0.	198,460.	57,214
(43) MR. DAVID MELENDEZ EX-OFFICIO MEMBER, V.P. FOR UNIV	0.50 40.00	v						0.	174,083.	53,056
(44) DR. THOMAS WALLACE	0.50	<del>  ^``</del>		$\vdash$		<del>                                     </del>		0.	I/=;000•	33,030
EX-OFFICIO MEMBER, V.P. FOR STUDENT	40.00	х						0.	188,729.	57,639
(45) MR. MICHAEL NEAL	0.50									
EX-OFFICIO MEMBER, V.P. FOR BUSINESS	40.00	Х						0.	181,441.	54,206
(46) MRS. CLAUDIA CATOTA	0.50	_								
EX-OFFICIO MEMBER	40.00	ľV	I	ıl	1	l	I	0.	19,260.	5,532

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Form 990 FOUNDAT:	ION							, britting rul	95-264	3086	
		mplo	oyee			ligh	est	Compensated Employ		•	
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)				oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(47) MRS. EVELYN YOUNG	0.50								00 003	25 224	
EX-OFFICIO MEMBER	40.00	X						0.	89,093.	35,324	
		-									
Fotal to Part VII, Section A, line 1c	I								851,066.	262,971	

FOUNDATION Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 8.241. 1b **b** Membership dues **c** Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 6,767,421 52,158 g Noncash contributions included in lines 1a-1f: \$ 6,775,662 Total. Add lines 1a-1f Business Code Program Service Revenue CHILDREN'S CENTER 611710 1.078.907 1,078,907 FEES FROM RELATED ENTITIES 611710 696,237 696,237. CAMPUS PROGRAMS 611710 686,369 686,369. OTHER PROGRAM REVENUE 611710 155,301 155,301 58,485 ATHLETICS 611710 58,485 All other program service revenue 2,675,299 Total. Add lines 2a-2f Investment income (including dividends, interest, and 614,288 614,288. other similar amounts) Income from investment of tax-exempt bond proceeds 29.140 29.140. 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... 18,034. c Rental income or (loss) ..... 18,034 18,034. d Net rental income or (loss) ... (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses ...... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses **c** Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b

Form 990 (2013)

661,462.

Total revenue. See instructions.

All other revenue

Total. Add lines 11a-11d

10,112,423.

2,675,299

9<u>5-2</u>643086 Page **10** 

### Part IX | Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	molete column (A)	
0000	Check if Schedule O contains a respon		_		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	3,045,797.	3,045,797.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	946,502.	946,502.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,420,657.	565,071.	634,997.	220,589.
8	Pension plan accruals and contributions (include	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	-,
5	section 401(k) and 403(b) employer contributions)	330,501.	58,792.	271,709.	
9	Other employee benefits	270,090.	186,412.	83,678.	
10	Payroll taxes	68,659.	29,442.	39,217.	
11	Fees for services (non-employees):	0070331	23,1124	33 / 2 1 / 4	
a	Management				
	Legal	116,514.	33,514.	83,000.	
	Accounting	110,314.	33,311.	03,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e		91,342.		91,342.	
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	71,342.		71,342.	
g		502,878.	5,931.	491,045.	5,902.
40	column (A) amount, list line 11g expenses on Sch 0.)	101,639.	94,382.	5,133.	2,124.
12	Advertising and promotion	133,788.	48,951.	74,974.	9,863.
13	Office expenses	92,007.	12,277.	36,684.	43,046.
14	Information technology	92,007.	14,411.	30,004.	43,040.
15	Royalties	22,895.	1,100.	21,612.	183.
16	Occupancy	191,454.	159,521.	29,004.	2,929.
17	Travel	191,434.	139,321.	29,004.	4,949.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 200		2 200	
19	Conferences, conventions, and meetings	3,280.	E 0E0	3,280.	2 567
20	Interest	16,887.	5,850.	8,470.	2,567.
21	Payments to affiliates	150,949.	3,288.	117 661	
22	Depreciation, depletion, and amortization	23,320.	3,288.	147,661.	
23	Insurance	43,340.	11,040.	12,2/2.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1 072 506		1 072 506	^
а	OTHER ADMINISTRATIVE EX	1,072,596.	0.	1,072,596.	16 924
b	SUPPLIES	476,094.	156,640.	302,630.	16,824.
С	ATHLETICS OTHER COST	211,729.	211,729.	0.	0.
d	REPAIRS AND MAINTENANCE	133,630.	112,610.	20,990.	30.
	All other expenses	419,061.	164,410.	254,651.	204 055
25	Total functional expenses. Add lines 1 through 24e	9,842,269.	5,853,267.	3,684,945.	304,057.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33301	0 10-29-13				Form <b>990</b> (2013)

Form 990 (2013)
Part X Balance Sheet

Pa	rt X	Balance Sheet							
		Check if Schedule O contains a response or not	e to an	y line in this Part X					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing			1,280,958.	1	2,500,993.		
	2	Savings and temporary cash investments			1,205,985. 772,013.	2	2,281,884.		
	3		dges and grants receivable, net						
	4	Accounts receivable, net			313,150.	4	1,605,377. 219,636.		
	5	Loans and other receivables from current and fo							
		trustees, key employees, and highest compensa							
		Part II of Schedule L		5					
	6	Loans and other receivables from other disquali							
	-	section 4958(f)(1)), persons described in section							
		employers and sponsoring organizations of sect							
Ø		employees' beneficiary organizations (see instr).		·		6			
Assets	7	Notes and loans receivable, net				7			
As	8	Inventories for sale or use				8			
	9	B ::			0.	9	500.		
	1	Land, buildings, and equipment: cost or other	 						
		basis. Complete Part VI of Schedule D	10a	3,768,589.					
	Ь	Less: accumulated depreciation	10b	2,669,800.	4,160,927.	10c	1,098,789.		
	11	Investments - publicly traded securities			23,382,497.	11	27,312,744.		
	12	Investments - other securities. See Part IV, line 1	2,921,517.	12	2,953,922.				
	13	Investments - program-related. See Part IV, line		13					
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11		91,670.	15	91,670.			
	16	Total assets. Add lines 1 through 15 (must equal			34,128,717.	16	38,065,515.		
	17	Accounts payable and accrued expenses			567,903.	17	544,321.		
	18	Grants payable				18			
	19	Deferred revenue	647,793.	19	727,745.				
	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability. Complete I			21				
Se	22	Loans and other payables to current and former	officer	s, directors, trustees,					
≅		key employees, highest compensated employee	s, and	disqualified persons.					
Liabilities		Complete Part II of Schedule L				22			
_	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23			
	24	Unsecured notes and loans payable to unrelated	d third	oarties		24			
	25	Other liabilities (including federal income tax, pa	yables '	to related third					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	0 456 004		0 506 406		
		Schedule D			2,456,991.		2,536,436.		
	26	Total liabilities. Add lines 17 through 25			3,672,687.	26	3,808,502.		
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and					
Sec		complete lines 27 through 29, and lines 33 an			7 700 075		7 000 750		
<u>a</u> u	27	Unrestricted net assets			7,790,975.	27	7,983,753.		
Ba	28	Temporarily restricted net assets			6,453,225.	28	12,596,567.		
nd In	29	•			16,211,830.	29	13,676,693.		
Ę		Organizations that do not follow SFAS 117 (A							
S 0		and complete lines 30 through 34.				00			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30			
As	31	Paid-in or capital surplus, or land, building, or eq				31			
Net	32	Retained earnings, endowment, accumulated in			30,456,030.	32	34,257,013.		
_	33	Total net assets or fund balances			34,128,717.	33 34	38,065,515.		
	34	Total liabilities and net assets/fund balances			J4,140,/1/•	ა <del>4</del>	30,003,313.		

Form **990** (2013)

Form 990 (2013) FOUNDATION

Pa	TEXT RECONCILIATION OF NET ASSETS					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			Ш
			1.0	11	<b>2</b> 4	22
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,11</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,84		
3	Revenue less expenses. Subtract line 2 from line 1	3				54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				30.
5	Net unrealized gains (losses) on investments	5	3	,53	0,8	29.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	34	, 25	7,0	13.
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		Ī			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	te basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis 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 in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	nt [			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CALIFORNIA STATE UNIVERSITY, BAKERSFIELD Employer identification number 95-2643086 FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. organization in col. in col. (i) listed in your (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

95-2643086 Page 2

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2595485.	2896914.	2173994.	4490500.	6775662.	18932555 <b>.</b>
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	2595485.	2896914.	2173994.	4490500.	6775662.	18932555.
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)						1658360.
	Public support. Subtract line 5 from line 4.						17274195.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2595485.	2896914.	2173994.	4490500.	6//5662.	18932555.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	452 624	FFC 016	445 505	652 000	661 460	0001461
	and income from similar sources	473,634.	556,916.	445,527.	653,922.	661,462.	2791461.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						21724016.
	Total support. Add lines 7 through 10		,				$\frac{21724010.}{966,210.}$
	Gross receipts from related activities,			-l f		<u> </u>	, 900 , 210 •
13	First five years. If the Form 990 is for	~			-		. □
Sec	organization, check this box and stop ction C. Computation of Publ						·····
	Public support percentage for 2013 (I			column (f))		14	79.52 %
	Public support percentage from 2012					15	85.87 %
	33 1/3% support test - 2013. If the o						
	<b>stop here.</b> The organization qualifies	-					
b	33 1/3% support test - 2012. If the o						
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				=	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		<b></b> ▶□
18	Private foundation. If the organization						s
							000 E7\ 0040

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed l	pelow, please com	plete Part II.)				
Section A. Public Support					,	
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
<ul> <li>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>3 Gross receipts from activities that</li> </ul>						
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>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
***************************************						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain</li> </ul>						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						<u></u> ▶□
Section C. Computation of Pub	lic Support Pe	ercentage				
<b>15</b> Public support percentage for 2013	(line 8, column (f) c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 201	2 Schedule A, Parl	t III, line 15			16	%
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 2	013 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2013. If the						
more than 33 1/3%, check this box						
<b>b 33 1/3% support tests - 2012.</b> If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						

### CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Schedule A	(Form 990 or 990-E	EZ) 2013 FOUNDATION	95-2643086 Page 4
Part IV	Supplemental	Z) 2013 FOUNDATION  I Information. Provide the explanations required by Part II, line 10; Pa	art II. line 17a or 17b: and Part III. line 12
	Also complete this	s part for any additional information. (See instructions).	, ,
	, 430 complete till	o part for any additional information. (Occ Instructions).	
-			
-			
-			

#### ** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Name of the organization

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION

Employer identification number

95-2643086

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.				
Special	Rules				
X	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year				

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 660,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 582,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 251,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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

**Employer identification number** 

95-2643086

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(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
		\$	
		Oahadula D /Farma (	100 000 E7 ar 000 DE\ /2012\

Name of organization

Employer identification number

## CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Part III	Exclusively, religious, charitable, etc., indi	vidual contributions to sect	tion 501(c)(7), (8)	or (10) organizations that total more than \$1,000 for the
	the total of exclusively religious, charitable, et	ne following line entry. For c c., contributions of <b>\$1,000</b>	organizations comportions of the sea	, or (10) organizations that total more than \$1,000 for the pleting Part III, enter  r. (Enter this information once.)  \$
(a) No	Use duplicate copies of Part III if addition	al space is needed.		Г
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
.				
-				
		(e) Trans	fer of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
-		_		
(a) No				T
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
1				
-				
-	_			
		(e) Trans	fer of gift	
			-	
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
-				
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Tarti				
:				
-				
		(e) Trans	fer of gift	<u> </u>
		( )	J	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
-				
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
raiti				
:				
-		-		
-		(e) Trans:	fer of gift	<u> </u>
		(5)		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
-				
-				
-				

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990

2013 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

CALIFORNIA STATE UNIVERSITY, BAKERSFIELĎ Name of the organization FOUNDATION 95-2643086 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 FOUNDAT						64308		age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or	Other \$	Similar Ass	ets(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	re a signi	ficant use of its	s collectio	n item:	s
	(check all that apply):								
а	X Public exhibition	d	X Loan or exc	hange program:	3				
b	X Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further t	ne organization	s exemp	t purpose in Pa	art XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	sures, or other :	similar as	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		J				,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iarv for contribution	s or other asse	ts not inc	luded			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
_	gg		g				Amoun	·	
С	Beginning balance					1c	7 11 10 511 1	-	
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.								]
Par									
-		(a) Current year	(b) Prior year	(c) Two years b		Three years back	(e) Four	vears	hack
12	Beginning of year balance	20,795,387.	17,363,475.	17,887,3		14,542,510	<del>- ` '</del>	,013,	
	Contributions	863,235.	1,591,521.			776,399		624,	
	Net investment earnings, gains, and losses	3,047,133.	2,413,754.			3,923,588		,418,	
d	Grants or scholarships	460,382.	_,,	,		-,,	<del>† -</del>	, ,	
	Other expenditures for facilities	233,3320							
-	· ·	431,958.	573,363.			1,355,156		513,	719
f	and programs Administrative expenses	315,307.	,			_,,	1	,	
		23,498,108.	20,795,387.	17,363,4	175	17,887,341	14	,542,	510
g	End of year balance Provide the estimated percentage of the cur				.,,,,	17,007,011	•1	, , ,	310.
2 a	Board designated or quasi-endowment	17.00	%	i)) Held as.					
b	Permanent endowment > 58.00	%							
	Temporarily restricted endowment   2								
C	The percentages in lines 2a, 2b, and 2c shou	·							
2-	Are there endowment funds not in the posse	· ·	tion that are hold a	nd administars	d for the	arachi-ation			
Sa		ssion of the organiza	ilion inal are nelu a	nu auministeret	i lor tile t	organization	ſ	Yes	No
	by:						20(1)	162	No X
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations		- Cabadula DO				3a(ii)		-22
	If "Yes" to 3a(ii), are the related organizations						3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.						
Fai			D-+ N/ B 44- 0	F 000 D	- + V - !	10			
	Complete if the organization answere						( ) > -		
	Description of property	(a) Cost or ot	',	or other (other)	(c) Accu	I .	( <b>d</b> ) Bool	k value	9
		basis (investm	Dasis	,	depred	JIALIUII		<u>) 1 '</u>	2 0
	Land		1 40	3,139.	1.0	0 040		$\frac{3}{7}, \frac{1}{6}$	
	Buildings			6,711.		9,040.		7,6	
	Leasehold improvements			0,546.		5,542.		5,00	
	Equipment			7,832.	Ι,60	4,829.		$\frac{3,0}{0}$	
6	Other	1	ı 1	0,361.		389.		9,9'	14.

Schedule D (Form 990) 2013

1,098,789.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013

FOUNDATION

95-2643086 Page 3

Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See For	
	hod of valuation: Cost or end-of-year market value
(1) Financial derivatives	OF VEAD MADIZER VALUE
(=)	OF-YEAR MARKET VALUE
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E) (C)	
(F)	
(G) (H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See For	m 990 Part X line 13
	hod 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" to Form 990, Part IV, line 11d. See For	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
<u>(6)</u>	
<u>(7)</u>	
(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" to Form 990, Part IV, line 11e or 11f. S	see Form 990 Part X line 25
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2) CALIFORNIA STATE UNIVERSITY,	
	430.
(4) ACCRUED POST RETIREMENT COSTS 2,493,	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	436.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

FOUNDATION

95-264<u>3086 Page</u>4

Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" to Form 990, Part IV, lir	_	Returr	า.
		1	13,702,352.
Total revenue, gains, and other support per audited financial statements		1	13,702,332.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 2 1 3 530 829		
a Net unrealized gains on investments		1	
b Donated services and use of facilities		1	
c Recoveries of prior year grants		1	
d Other (Describe in Part XIII.)		١	3,589,929.
e Add lines 2a through 2d		2e	10,112,423.
3 Subtract line 2e from line 1		3	10,112,425.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45		
a Investment expenses not included on Form 990, Part VIII, line 7b		1	
b Other (Describe in Part XIII.) c Add lines 4a and 4b		1	0
<ul> <li>c Add lines 4a and 4b</li> <li>5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12</li> </ul>		4c 5	10,112,423.
Part XII Reconciliation of Expenses per Audited Financial St			
Complete if the organization answered "Yes" to Form 990, Part IV, lir			
Total expenses and losses per audited financial statements		1	9,901,369.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a   59,100.		
<b>b</b> Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	•	2e	59,100.
3 Subtract line 2e from line 1		3	9,842,269.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
<b>b</b> Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	(8.)	5	9,842,269.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		4; Part	X, line 2; Part XI,
PART III, LINE 4: WORKS OF ART AND OTHER COLLECTIONS INCLUI	OING. ARTWORK		
SCULPTURES, AFRICAN ANTELOPE, AND A ROCK		יאייד.	MS ARE
Beoli ionib, Ainiem Aniilloil, And A nock	COLLECTION: IIILDE		HD MILL
AVAILABLE FOR VIEWING, STUDY AND RESEARCH	f.		
PART V, LINE 4:			
THE FOUNDATION'S ENDOWMENTS CONSIST OF FU	JNDS ESTABLISHED FOR	Ł	
A VARIETY OF PURPOSES TO SUPPORT THE ORGA	ANIZATION'S EXEMPT E	URP	OSE.
PART X, LINE 2:			
THE FOUNDATION FOLLOWS ACCOUNTING STANDAR	RDS GENERALLY		
ACCEPTED IN THE UNITED STATES OF AMERICA	RELATED TO THE RECO	GNI	TION OF
332054 09-25-13		Sche	dule D (Form 990) 2013

Part XIII Supplemental Information (continued)
UNCERTAIN TAX POSITIONS. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND
PENALTIES 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, 2014 AND 2013 AND
THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD Name of the organization Employer identification number 95-2643086 FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. or government if applicable cash grant non-cash assistance or assistance non-cash FMV, appraisal, assistance other) CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - 9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311 77-0314545 3,045,797. PROGRAM SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	227	946,502.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2, Part III, column	ı (b), and any other a	dditional information.	
PART I, LINE 2:					
REQUESTS ARE TRANSFERRED TO THE	OFFICE OF	FINANCIAL	AID. THE		
FINANCIAL AID OFFICE MATCHES SPI	ECIFIC SCHO	LARSHIPS W	ITH REQUES	TS THEN FUNDS	
ARE DISTRIBUTED WITHIN COMPLIANCE	CE OF DONOR	INTENT.			

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

Department of the Treasury Internal Revenue Service Name of the organization

### **Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number** 95-2643086

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	g are entered, more and g are entered and	_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Ŭ	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 committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7				
_	organization or a related organization:	4a		х
	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
		4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		- 25
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
2		5a		х
h		5b		X
D	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.			<u> </u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
		6a		Х
	The organization?	6b		X
D	Any related organization?	OD		- 23
7	If "Yes" to line 6a or 6b, describe in Part III.			
7		7		Х
0	not described in lines 5 and 6? If "Yes," describe in Part III	7		Α.
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		$\vdash^{\Delta}$
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	POGLISTIONS SOCTION 63 /U68 6/67/	· u		

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FOUNDATION

Schedule J (Form 990) 2013

95-2643086

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC comper		SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title	Ī	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990
(1) DR. HORACE MITCHELL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	349,027.	0.	0.	59,265.	16,942.	425,234.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	198,460.	0.	0.	41,231.	15,983.	255,674.	0.
·	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,083.	0.	0.	36,392.	16,664.	227,139.	0.
·	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	188,729.	0.	0.	39,509.	18,130.	246,368.	0.
(5) MR. MICHAEL NEAL	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO MEMBER, V.P. FOR BUSINESS	(ii)	181,441.	0.	0.	37,630.	16,576.	235,647.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Schedule J (Form 990) 2013 FOUNDA'L'LON	95-2643086	Page 3
Cohedule J (Form 990) 2013 F'OUNDA'I'ION  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 comple	ete this part for any additional information.	

## SCHEDULE M (Form 990)

Noncash Contributions

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

2013

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Land the organizations answered the officer 1930, Fait IV, lines 29 of 30.

Attach to Form 990.

FOUNDATION

► Information about Schedule M (Form 990) and its instructions is at www irs gov/form990 CALIFORNIA STATE UNIVERSITY, BAKERSFIELD Employ

Inspection
Employer identification number

95-2643086

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ilion an	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	52,158.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
<u>28</u> 29	Other ( )  Number of Forms 8283 received by the organize	zation durin	a the tax year for a	ontributions				
29	for which the organization completed Form 828							
	for which the organization completed form 626	oo, Fait IV,	Donee Acknowled	gement 23			Yes	No
30a	During the year, did the organization receive by	, contributio	on any property re	norted in Part I lines 1 - 28 t	hat it must hold for		163	140
oou	at least three years from the date of the initial of							
	the entire holding period?			•		30a		Х
b	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any non-standard contrib	utions?	31		Х
	Does the organization hire or use third parties of							
	contributions?			•		32a	х	
b	If "Yes," describe in Part II.							
	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.				<u>.                                    </u>			
	accombe in rait ii.							

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Schedule M (Form 990) (2013)

#### CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Schedule M (Form 990) (2013) FOUNDATION 95-2643086 Page 2 Part II Supplemental Information. Provide 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 contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: THE ORGANIZATION'S BROKERAGE FIRM SELLS THE DONATED STOCK.

Schedule M (Form 990) (2013)

## **SCHEDULE 0**

(Form 990 or 990-EZ)

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 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD Emplo

FOUNDATION

**Employer identification number** 95-2643086

70 2010000
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND ADVISING THE ADMINISTRATIONS OF CALIFORNIA STATE UNIVERSITY AND THE
UNIVERSITY.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 WILL BE PROVIDED TO THE CHAIRMAN AND TREASURER
FOR REVIEW AND APPROVAL PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY ALL BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A
CONFLICT OF INTEREST FORM AND ITS REVIEWED BY MANAGEMENT FOR ANY CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:
THE FOUNDATION FOLLOWS THE SAME PROCEDURES AS CALIFORNIA STATE
UNIVERSITY, BAKERSFIELD WITH REGARDS TO DETERMINING APPOINTMENT AND
COMPENSATION OF EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE POSTED TO A LINK ON THE WEBSITE FOR
REPORTING TRANSPARENCY.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2013

Department of the Treasury Internal Revenue Service

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Name of the organization CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

FOUNDATION

Employer identification number 95-2643086

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD -							
77-0314545, 9001 STOCKDALE HIGHWAY,							
BAKERSFIELD, CA 93311	HIGHER EDUCATION	CALIFORNIA	115		N/A		X
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD							
STUDENT UNION - 77-0375841, 9001 STOCKDALE							
HIGHWAY, BAKERSFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(C)(3)	LINE 9	N/A		X
ASSOCIATED STUDENTS CALIFORNIA STATE							
UNIVERSITY, BAKERSFIELD - 77-0293800, 9001	1						
STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	STUDENT CAMPUS ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 9	N/A		X
CALIFORNIA STATE UNIVERSITY, AUXILIARY FOR							
SPONSORED PROGRAMS ADMIN - 32-029, 9001	1						
STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(C)(3)	LINE 5	N/A		Х

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

Schedule R (Form 990) 2013

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	te or   entity (related, unleated, income   end-or-year				ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	l or Percenta ing ownersh	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
										Ш	
	_										
	_										
										$\sqcup$	
	_										
	_										
	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion (b)(13) (rolled tity?
								res	NO

Schedule R (Form 990) 2013 FOUNDATION

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

Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with o	one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organization	n(s)			11		X
	Performance of services or membership or fundraising solicitations by related organization				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) $\dots$				1n		Х
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				<b>1</b> s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who mus	st complete th	nis line, including covered r	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
		nsaction pe (a-s)	Amount involved	Method of determining amount inve	olved		
	tyl	pe (a-s)					
~	NATEGORIA COMME INITIONAL DAVEDCETEID	ъ	2 045 707				
1) (	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	В	3,045,797.				
~ C	TRODUTA CHAME INTUEDCINY DAVEDCETEID	0	715 021				
2) (	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	-	715,921.				
~ C	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	E	43,430.				
3) (	ADIFORNIA STATE UNIVERSITI, DARERSFIEDD		43,430•				
Δ C	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	P	2,043,594.				
4)	ALLI OMIN DINIL ON VENDILI, DANDINGTIEDD	-	2,043,334.				
E) (	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	R	703,313.				
ح رد	ALLE CHALLE GITTE CHARGETT, DIMENSI ILLE		700,010				
6) C	CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	J	69,333.				

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)  Name of other organization	<b>(b)</b> Transaction type (a-r)	(c) Amount involved	(d)  Method of determining  amount involved
(7)CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	Q	84,783.	
(8)CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	S	1,854,839.	
(9)			
(10)			
_ (14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

95-2643086

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	(k) l or Percentage ownership
	1										

Schedule R (Form 990) 2013

# CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Schedule R	(Form 990) 2013 FOUNDATION	95-2643086	Page 5
Part VII	(Form 990) 2013 FOUNDATION  Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions).		

Schedule R (Form 990) 2013

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