** 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)

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.lrs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

| A | For ti | ie 2016 calendar year, or tax year beginning U | JL I, ZUI6 and | ending u | 7 MOT | 3U, ZUI/ | | | | |
|-----------------------------|--|---|---------------------------------------|------------------|---|-------------------|---------------------------------|--|--|--|
| В | Check i applica | C Name of organization CALIFORNIA STATE UNIVER | STUV EVSU BVA | | D Em | nployer identifi | ication number | | | |
| Г | Add char | ess FOUNDATION, INC. | DIII HADI DAI | | | | | | | |
| F | Nam Char | 9 | | | 1 | 94-1 | .524922 | | | |
| F | Initia | | ared to etreet address) | Room/suite | E Tol | | | | | |
| F | retur Final retur | מוזום שמם סווסת כאסות מ | | 1100m/suite | m/suite E Telephone number 510-885-3803 | | | | | |
| _ | term ated | City or town, state or province, country, and Z | G Gros | ss receipts \$ | 19,657,772. | | | | | |
| Г | Ame | מאס ממגעוערעד oded | | s this a group r | | | | | | |
| F | Appl | | JOHNSON | | | | s? Yes X No | | | |
| | pend | SAME AS C ABOVE | | | | | ncluded? Yes No | | | |
| $\overline{}$ | Tax-e | | (insert no.) 4947(a)(1) | or 527 | _ | | list. (see instructions) | | | |
| | | ite: WWW.CSUEASTBAY.EDU/FOUN | | 0 | ⊣ " | Froup exemption | | | | |
| | | | ociation Other | I Year | | | State of legal domicile: CA | | | |
| - | | Summary | | 1 = 1001 | OI IOIIIIQI | non, 2000 1 | VI Otato or logar dominino. C11 | | | |
| L | 1 | Briefly describe the organization's mission or most s | ignificant activities: TO P | ROVIDE | SER | VICES T | HAT AID. | | | |
| Activities & Governance | 1 | SUPPLEMENT, AND ADVANCE TH | | | | | | | | |
| 'n | 2 | Check this box if the organization discont | | | | | | | | |
| š | 3 | Number of voting members of the governing body (F | | | | | 10 | | | |
| Ğ | 4 | Number of independent voting members of the government | | | | 4 | 1 | | | |
| တို | 5 | Total number of individuals employed in calendar ye | | | | | 2 | | | |
| īŧie | 6 | Total number of volunteers (estimate if necessary) | | | | | $\bar{1}$ | | | |
| 휹 | _ | Total unrelated business revenue from Part VIII, colu | mn (C) line 12 | ••••• | | 7a | 0. | | | |
| Ă | | Net unrelated business taxable income from Form 99 | | | | | 0. | | | |
| | | Not difficulted business taxable from Form of | 50 T, III C O T | <u> </u> | | or Year | Current Year | | | |
| 4 | 8 | Contributions and grants (Part VIII, line 1h) | | | | 92,483. | 10,721,029. | | | |
| uge | 9 | | | | | 45,423. | 685,524. | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, a | | | | 48,847. | 1,302,655. | | | |
| æ | 111 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 | | | | 0. | 0. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal P | | 15.5 | 86,753. | 12,709,208. | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A) | | | | 62,739. | 1,392,903. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), | 11 41 | | ,_ | 0. | 0. | | | |
| w | 15 | Salaries, other compensation, employee benefits (Pa | | | 5.7 | 92,613. | 6,069,780. | | | |
| Expenses | 1 | Professional fundraising fees (Part IX, column (A), line | | | | 0. | | | | |
| þe | | Total fundraising expenses (Part IX, column (D), line 2 | | – | 0. | | | | | |
| Ж | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 1 | | | 7.5 | 80,924. | 4,940,690. | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, | | | | 36,276. | 12,403,373. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | | 50,477. | 305,835. | | | |
| -SS | 10 | ricvertae less experises. Oubtract line 10 from line 12 | | | | of Current Year | End of Year | | | |
| ets | 20 | Total assets (Part X, line 16) | | | | 09,182. | 27,556,622. | | | |
| ASS | 21 | Total liabilities (Part X, line 26) | •••••• | | | 25,950. | 12,873,289. | | | |
| Net Assets or Fund Balances | 22 | Net assets or fund balances. Subtract line 21 from lir | ne 20 | | | 83,232. | 14,683,333. | | | |
| P | art II | Signature Block | 10 20 | ******** | | | | | | |
| | | lities of perjury, I declare that I have examined this return, in | cluding accompanying schedules | and statem | ents, and | to the best of my | knowledge and belief, it is | | | |
| | | t, and complete. Declaration of preparer (other than officer) | | | | - | ,, ,, ,, , | | | |
| | | Alel R. Chan | | | | 11/14/ | | | | |
| Sig | n | Signature of officer | · · · · · · · · · · · · · · · · · · · | | | Date | | | | |
| Her | | ▶ DEBBIE CHAW, SECRETARY/ | TREASURER | | | | | | | |
| | - | Type or print name and title | | | | | egamen . | | | |
| | | Print/Type preparer's name | reparer's signature | 1 | Date | Check | PTIN | | | |
| Paid | i | | £ B | | 1/14/ | 1:4 | P01469618 | | | |
| | arer | Firm's name CLIFTONLARSONALLE | Ŧ | L | | Firm's EIN | 41-0746749 | | | |
| | Only | Firm's address 220 SOUTH SIXTH S' | | 00 | | | | | | |
| | • | MINNEAPOLIS, MN 5 | | | | Phone no.61 | 2-376-4500 | | | |
| | | RS discuss this return with the preparer shown above | | | | | X Ves No | | | |

CALIFORNIA STATE UNIVERSITY EAST BAY

| | CALIFORNIA STATE UNIVERSITY EAST BAY |
|-----------|--|
| | 1990 (2016) FOUNDATION, INC. 94-1524922 Page 2 |
| Pa | rt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: CSU EAST BAY FOUNDATION IS AN AUXILIARY ORGANIZATION OF CALIFORNIA |
| | STATE UNIVERSITY EAST BAY AND THE CALIFORNIA STATE UNIVERSITY SYSTEM. |
| | THE ORGANIZATION'S MISSION IS TO PROVIDE SERVICES THAT AID, |
| | SUPPLEMENT, AND ADVANCE THE EDUCATIONAL PURPOSES OF CSU EAST BAY. |
| 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. |
| 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. |
| 4a | (Code:) (Expenses \$10,791,529 . including grants of \$1,392,903 .) (Revenue \$) |
| | CSU EAST BAY FOUNDATION SERVES THE FACULTY, STUDENT BODY AND UNIVERSITY |
| | BY PROVIDING ADMINISTRATIVE AND FISCAL SERVICES FOR RESEARCH GRANTS AND |
| | CONTRACTS, AS WELL AS SPECIAL CAMPUS PROJECTS. |
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| 4b | (Code:) (Expenses \$ 0 • including grants of \$ 0 •) (Revenue \$ 685,524 •) |
| | CSU EAST BAY FOUNDATION SERVICES THE FACULTY AND STUDENT BODY BY |
| | PROVIDING SERVICES SUCH AS THE BOOK STORE TO SUPPORT CAMPUS NEEDS. |
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| | (Code: \(Expenses \\$ including grants of \\$ \) (Revenue \\$ \) |
| 4c | (Code:) (Expenses \$ |
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| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$\frac{\text{including grants of \$}}{10,791,529}\$. |
| <u>4e</u> | Total program service expenses ► 10 , 791 , 529 • Form 990 (2016) |

Part IV | Checklist of Required Schedules

Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Χ 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III Form 990 (2016)

| 20a Did the organization operated one or more hospital facilities (if "Yes," complete Schedule II 20b X b" 1"Yes" to 10e 20a, dit the organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic government on Part IX. Column (A), line or 21 "Ves," complete Schedule (I, Part I and II) 22 IX 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. Column (A), line 21 "Yes," complete Schedule (I, Part I and II) 22 IX 23 Did the organization part more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. Column (A), line 21 "Yes," complete Schedule (I, Part I and II) 22 IX 23 Did the organization part of the part of part III (Part I and III) 24 Did the organization assert year to Part III. Science III. A line 32 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 Docember \$1, 2002 III "Yes," answere lizes 240 through 24d and complete Schedule K. II "No"; yor to line 25s 24a IX 24b I | | | | Yes | No |
|---|--------------|--|----------|------|--------------|
| 21 bit the organization report more than \$5,000 of grants or other assistance to any domeatic organization or domeatic organization report more than \$5,000 of grants or other assistance to or for domeatic individuals on Part IX, Column (A), Inte 27 if "Yes," complete Schedule I, Parts I and III and Interest and Imperimentation answer Yes' to Part VII, Section A, Inc 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 I. I and Imperimentation have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last at all yof the year, that was issued after Documents a1, 2002? If "Yes," answer lines 42th Intrust Part and complete Schedule K. If "No", go to line 25a bit 10 bit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last at all yof the year, that was usual after Documents a1, 2002? If "Yes," answer lines 42th Intrust Part and ord complete Schedule K. If "No", go to line 25a bit 10 bit the organization maintain an escrow account other than a refunding escrow at any time during the year? 24b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization report any any and the organization supplets of the part of the organization and was that it engaged in an excess benefit transaction w | 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| domastic government on Part IX, column (A), line 17 If "Fes," complete Schedule I, Parts I and II 22 IX 22 Did the organization report more than 50,000 of grant or of their assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 IX 23 Did the organization answer "Yes" to Part IVI, Soction A, line 3, 4, or subout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 23 IX 24 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 Docamber 31, 2002? If "Yes," anawer lines 24b through 24d and complete Schedule I, "Bart II and III and | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is as day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule Is II I'No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization excess benefit transaction with a disqualified person during the year II I'Ves, 'complete Schedule I, Part I 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year II I'Ves, 'complete Schedule I, Part I 25c Schedule I, Part II 25c II be organization avere that it engaged in an excess benefit transaction with a disqualified person of the organization or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons II I'Ves, 'complete Schedule I, Part II 25c II be the organization avere that it engaged in an excess benefit transaction with a disqualified persons II I'Ves, 'complete Schedule I, Part III 25c II I'Ves, 'complete Schedule I, Part III I'Ves, 'complete Schedule I, Part IIIVes, 'complete Schedule I, Part IIIVes | 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| 22 March Part IX, courney for the mass 3,000 of grants or other assistance to or for domestic individuals on Part IX, courney for "thes," complete Schedule Parts and ii | | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 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. 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 (*) "Yes," answer laws 24th through 24th and complete Schedule K. If "No", go to line 25a of tax-exempt bonds beyond a temporary period exception", 24b X. 25b Did the organization maintain an escrow account other than a rofunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d X. 25d Section 50 (1c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization organization aware that it engaged in an excess benefit transaction with a disqualified person of with person If "Yes," complete Schedule L, Part I year 'I wes, "complete Schedule L, Part II year 'I year 'I wes, "complete Schedule L, Part II year 'I year 'I year 'I year 'I year 'I year 'I year ' | 22 | | | | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 2 | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-excempt 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," anawer lines 24b through 24d and complete Schedule I, "No", go to line 25s 26b Did the organization invest any proceeds of tax-excempt bonds beyond a temporary period exception? 24b M X Did the organization invest any proceeds of tax-excempt bonds beyond a temporary period exception? 24d M X S 24b M X C Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-excempt bonds? 24d M X S Section 50 (1cgl.8), 501(cgl.8), and 501(cgl.8) erganizations, but the organization on agogic in an excess benefit transaction with a disqualified person during the year? 1/1 "Yes," complete Schedule L, Part I | 23 | | | | |
| Schedule J 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 "Fes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25s 5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds. 5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds. 6 Did the organization act as an on behalf of" issuer for bonds outstanding at any time during the year? 7 d Did the organization act as an on behalf of "issuer for bonds outstanding at any time during the year? 8 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are gains an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 8 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 organizations prior forms 590 or 95012-11 "Yes," organized sections or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 8 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable ling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable ling thresholds, conditions, and exceptions? a A current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member | | • | | | |
| 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 // "Yes," answer lines 24b through 24d and complete \$24b\$. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 24d X 25d Did the organization available of the substitution of the substi | | Schedule J | 23 | Х | |
| stat 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 24d X 24d | 24a | | | | |
| Schedule K. If *Nor*, go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization and an an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If *Ves*, complete Schedule L, Part I * 25a Scotton 501(c)[3], 601(c)[4], and 501(c)[29) organizations. Did the organization engage 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 prior Forms 990 or 990-E2? If *Ves*, complete Schedule L, Part I * 25b Ut 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, levy employees, highest compensated employees, or disqualified persons? If *Yes*, complete Schedule L, Part II * 25b 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 59% controlled entity or family member of any of these persons? If *Yes*, complete Schedule L, Part II * 28 Was the organization applicable filling thresholds, conditions, and exceptions; a A current or former officer, director, trustee, or key employee? If *Yes*, complete Schedule L, Part IV * 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If *Yes*, complete Schedule L, Part IV * 28b X 30 Did the organization receive more than \$25,000 in non-cash contributions? If *Yes*, complete Schedule I, Part II, II, or IV, and Part V, line 1 31 Did the organization have a controlled entity within the me | | | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 246 | | | 24a | Х | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d X 25d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are page in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b Zib L and 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 disquallified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27 A nemity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization reports more than contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization reports where the answers of the same and the second of the part IV in t | h | | | | Х |
| any tax-exempt bonds? dD dth eorganization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | | <u> </u> | | |
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| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 28 | 26 | | 200 | | 25 |
| complete Schedule L, Part II 26 | 20 | | | | |
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| of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a | 21 | | | | |
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| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 28b X 28b X 28c C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 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, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 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, Iine 2 36 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 f | 00 | | 21 | No.5 | 1111 |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M c Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M contributions? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 A 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 B Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 B 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 B Did the organization conduct more than 5% of its activities through an entity that | 28 | | | 144 | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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 32 X 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 55a X 55a 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 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 1 37 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 1 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O | | | 000 | | x |
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| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 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 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. | С | | 00- | | v |
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| If "Yes," complete Schedule N, Part I 31 | | | 30 | | |
| 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 X 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X | 31 | | ١ . ا | ĺ | v |
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| | 38 | | | ۱ ,, | |
| | | Note, All Form 990 filers are required to complete Schedule O | | | |

Form 990 (2016) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

94-1524922

Page 5

| | 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 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 1000 | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 2 | | 96. | 25.00 |
| 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) | 15.7% | 4.1.415 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | X |
| 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 | | |
| | 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 |
| h | If "Yes," enter the name of the foreign country: ▶ | 1,319.5 | 443 | 175 |
| ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 150 | | |
| 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 | | X |
| | | 5c | | |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | - 50 | | |
| oa | | 6a | | х |
| L | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | - Oa | | <u> </u> |
| D | | Gh. | | |
| - | were not tax deductible? | 6b | 5, 1, 544 | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | X |
| 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 | | -22 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | Х |
| | to file Form 8282? | 7c | . 4. 4 | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | · | X |
| 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 | | |
| 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 | 1111111 | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | 7.31 | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| 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 | | 1-1-24 | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | 14.4 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 1,112 | | |
| | amounts due or received from them.) | 1,545 | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| þ | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | - N | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 344 | | Post I |
| 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 | | | |
| С | Enter the amount of reserves on hand | | 133 | 100 |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | Form | 990 (| (2016) |

CALIFORNIA STATE UNIVERSITY EAST BAY

X

Form 990 (2016) FOUNDATION, INC. 94-1524922 Page 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.

| Section A. Governing Body and Management Ves No | | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | |
|--|-----|---|--------|--------|---------|--|--|--|--|--|
| to be the number of voting members of the governing body at the end of the tax year if there are material differences in worting rights among members of the governing body, or life the governing body delegated broad authority to an executive committee or similar committee, explain in Schedulo 0. □ District the number of voting members of the governing body. □ District the number of voting members included in line 1a, above, who are independent □ District, or life, | Sec | tion A. Governing Body and Management | | | | | | | | |
| If there are material differences in valing rights among markers or the governing body, of if the governing body delegated troad authority to an executive committee or similar committee, soptial in Schedule 0. District fire number of voting members included in line 1st, above, who are independent | | | | Yes | No | | | | | |
| If there are material differences in voting rights arroup members of the governing body, of if the governing body diegated bread durbrichy or an escurity committee, organic and included in line 1st, above, who are independent. 1 Did any officer, director, frustee, or key employee Parent and the provided of the committee of the control of officers, director, frustee, or key employee Parent and of officers, directors, or trustees, or key employees to a management durbes outstonably by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members of the governing body? 10 Did the organization have members of the governing body? 2 Did the organization have members of the governing body? 3 Did the organization have members of the governing body? 4 Did the organization have the prior the meetings let or written actions undertaken during the year by the following: 8 Did the organization have written be meetings let or written actions undertaken during the year by the following: 9 Did the organization have written prior the governing body? 10 Did the organization have written prior the governing body? 11 Sistema you officer, director, rustee, or law organization the prior | 1a | Enter the number of voting members of the governing body at the end of the tax year | | | - 17.V. | | | | | |
| body delegated tread authority to an executive committee or shinks committee, explain in Schedule 0. b Enter the number or voting members included in line 1a, above, who are independent . 2 | | | | | 3.5 | | | | | |
| b Enter the number of voling members included in line 1a, above, who are independent | | | | | | | | | | |
| 2 Did the organization belogate control over management duties outdonast relationship with any other officer, director, trustee, or key employees to a management duties outdonastly performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management duties outdonastly performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management during out of the person? 3 | b | | | 100 | | | | | | |
| afficer, director, trustee, or key employee? 3 Did the organization delegate control over management dutiles customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant charges to its governing documents since the prior Form 990 was filed? 5 Did the organization have members across the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 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? 8 Did the organization in the power in the properties of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization between the meetings held or written actions undertaken during the year by the following: 8 To a The governing body? 9 Did the organization interporations by document the meetings held or written actions undertaken during the year by the following: 9 Did the organization interporations of the governing body? 9 Did the organization interporation of the governing body? 9 Did the organization interporation about potices not required by the Internal Revenue Codo.) 8 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 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 exampt purposes? 10 Did the organization have a written conflict of interest policy? If 'No, 'go to line 13 11 Did the organization have a written conflict of interest policy? If 'No, 'go | _ | | | 11.55 | 1.34.3 | | | | | |
| 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 | _ | | 2 | | х | | | | | |
| of officers, directors, or trustees, or key employees to a management company or other person? 4 | 2 | | | | | | | | | |
| A Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | 0 | | 3 | | x | | | | | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses in Schedule O 9 Ves No 8 Bot II "Yes," by the internal Flevenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b 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 Bescribe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its governing body before filling the form? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11b Bescribe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its governing body before filling the form? 11a Did the organization review and approved by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 12c X 12b Wres," did the organiza | | | | | | | | | | |
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| b Are any governance decisions of the organization reserved to (or subject to approval by) membors, stockholders, or persons other than the governing body? a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, floretor, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling 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? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12c Did the organization have a written conflict of interest policy? If "No," go to line 13 12d It he organization have a written whistleblower policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability date, and contemporaneous substantiation of the deliberation and decision? 15 The organization have a written work of the organization of the deliberation and decision? 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," black the organization follow a wr | 7a | | _ | · | | | | | | |
| Because other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustees, 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 Is there any officer, director, trustees, 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 8 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 8 Ves No 10a Did the organization have local chapters, branches, or affiliates? 10b 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 Describe in Schedule O the process, if any, used by the organization's exempt purposes? 10c Did the organization have a written conflict of interest policy? If "No," go to line 13 10c Did the organization have a written conflict of interest policy? If "No," go to line 13 10c Did the organization than awa a written of the standard of the standard of the policy? If "Yes," describe in Schedule O how this was done 10c Did the organization have a written whistleblower policy? 10c Did the organization have a written own and the standard of the deliberation and decision? 10c Did the organization have a written own and the standard of the deliberation and decision? 10c 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? 10c Did the organization in Security of the process in Schedule O (see instructions). 10c Did the organization | | | /a | | | | | | | |
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| Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DEBBIE CHAW - 510-885-3803 | | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | 1. 1. | | | | | | |
| 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 Own website Another's website X Upon request 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, address, and telephone number of the person who possesses the organization's books and records: ► DEBBIE CHAW - 510-885-3803 | | | 16b | | | | | | | |
| 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. | Sec | | | | | | | | | |
| for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request 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, address, and telephone number of the person who possesses the organization's books and records: DEBBIE CHAW - 510-885-3803 | 17 | | | | | | | | | |
| X Own website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DEBBIE CHAW - 510-885-3803 | 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailab | le | | | | | | |
| 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, address, and telephone number of the person who possesses the organization's books and records: ► DEBBIE CHAW - 510-885-3803 | | | | | | | | | | |
| 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, address, and telephone number of the person who possesses the organization's books and records: ► DEBBIE CHAW - 510-885-3803 | | | | | | | | | | |
| statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEBBIE CHAW - 510-885-3803 | 19 | , , | financ | cial | | | | | | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► | - | | | | | | | | | |
| DEBBIE CHAW - 510-885-3803 | 20 | | | | | | | | | |
| 25800 CARLOS BEE BLVD, SA 2750, HAYWARD, CA 94542 | | DEBBIE CHAW - 510-885-3803 | | | | | | | | |
| | | 25800 CARLOS BEE BLVD, SA 2750, HAYWARD, CA 94542 | | | | | | | | |

FOUNDATION, INC.

94-1524922

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.

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

| Check this box if neither the organization nor any related or | | | | | CO | mpe | nsal | | | | | |
|---|-----------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|----------|---------------------------------|-----------------|--------------------------|--|--|
| (A) | (B) | (C) Position | | | | | | (D) | (E) | (F) | | |
| Name and Title | Average | (do not check m | | | more | than | one | Reportable | Reportable | Estimated | | |
| | hours per | box | , unle cer an | ss pe | rson | is bot | h an | compensation | compensation | amount of | | |
| | week | ⊢ | l an | 10 4 0 | il dol | Jiru us | 1 | from | from related | other | | |
| | (list any | recto | | | | | | the | organizations | compensation | | |
| | hours for | or di | as | | | ated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | | |
| | related organizations | nstee | frust | | es: | ben | | (44-2/1099-141150) | | and related | | |
| | below | ual tr | ional | | ploy | t con | ١ | | | organizations | | |
| | line) | Individual trustee or director | Institutional frustee | Officer | Key employee | Highest compensated employee | Former | | | organization o | | |
| (1) TANYA HAUCK | 2.00 | | | | | | | | 000 450 | CE 400 | | |
| CHAIR (THROUGH FEB 2017) | | Х | _ | X | | _ | | 0. | 222,450. | 65,492. | | |
| (2) DON SAWYER | 2.00 | | | l | | | | | 00 470 | • | | |
| CHAIR (AS OF APRIL 2017) | 40.00 | Х | | X | | | | 0. | 90,170. | 0. | | |
| (3) EDWARD INCH | 2.00 | | | | | | | _ | | | | |
| VICE CHAIR | 40.00 | Х | | X | | | | 0. | 79,480. | 24,216. | | |
| (4) DEBBIE CHAW | 2.00 | | | | | | | | 225 225 | 60 HE0 | | |
| SECRETARY/TREASURER | 40.00 | Х | | X | _ | _ | | 0. | 226,036. | 68,753. | | |
| (5) JEANNE DITTMAN | 2.00 | ., | | | | | | | 00 700 | 21 060 | | |
| BOARD MEMBER (THROUGH OCT 2016) | 40.00 | A | | | _ | | <u> </u> | 0. | 80,780. | 31,069. | | |
| (6) HENDRIX ERHAHON | 2.00 16.00 | х | | | | | | 0. | 8,702. | 0. | | |
| BOARD MEMBER | | Δ | | | ļ | <u> </u> | _ | 0. | 0,702. | 0. | | |
| (7) KIM HUGGETT | 2.00 | ٠,, | | | | | | 0. | 0. | 0. | | |
| BOARD MEMBER | 0.00 | Х | | | <u> </u> | | | U • | V • | <u> </u> | | |
| (8) REZA KHORASANI | 2.00 6.00 | x | | | | | | 0. | 1,272. | 0. | | |
| BOARD MEMBER | 2.00 | _ | | | - | _ | | 0. | 1,414. | <u> </u> | | |
| (9) MONIQUE MANOPOULOS | 40.00 | х | | | | İ | | 0. | 89,175. | 29,821. | | |
| BOARD MEMBER (10) MICHAEL MOON | 2.00 | ^ | | | | | | V • | 09,173. | 29,021. | | |
| BOARD MEMBER | | x | | | | | | 0. | 100,066. | 32,660. | | |
| (11) SAMANTHA QUIAMBAO | 2.00 | <u> </u> | | \vdash | \vdash | | | • | 100,0001 | 02,0001 | | |
| BOARD MEMBER | | x | | | İ | | | 0. | 325. | 0. | | |
| (12) JEFF SEITZ | 2.00 | | | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 195,354. | 43,357. | | |
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|-----|---|-------------------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|----------|--|----------------------|---------------------------------------|------------|-----------------|------|
| Par | 990 (2016) FOUNDATI | | | | | | | | | | 5249 | 44 | Р | age |
| Par | | | ploy | /ees | | | ighe | st (| | | | | | |
| | (A) | (B) Average | | | Pos | C) sition | 1 | | (D) | (E) | _ | ۳. | (F) | ام ـ |
| | Name and title | hours per | | not c | heck | more | than is bot | | Reportable compensation | Reportabl compensati | | | timate างนทt | |
| | | week | | | | | or/trus | | from | from relate | | | other | OI. |
| | | (list any | žģ | | | | | | the | organization | | | pensa | tion |
| | | hours for | dire | | | | pa | | organization | (W-2/1099-M | ISC) | fr | om th | е |
| | | related | stee o | ustee | | l | ensa | | (W-2/1099-MISC) | | | _ | anizat | |
| | | organizations below | al tru | onal t | | loyee | comit se | | | | | | d relat | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | ınizati | ons |
| | | | 트 | 트 | ō | ᇂ | 모등 | 윤 | | | -+ | | | |
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| | A.C. | | - | | | - | | ┢ | | | | | | |
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| | | | | | | | | | | | | | | |
| 1h | Sub-total | L | | Li | | | <u> </u> | _ | 0. | 1,093,8 | 10. | 29! | 5,3 | 68 |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | • | 0 |
| | Total (add lines 1b and 1c) | | | | | | _ | | 0. | 1,093,8 | 10. | 29! | 5,3 | 68 |
| | Total number of individuals (including but n | | | | | | | | eceived more than \$100 | 0,000 of reportal | ole | | | |
| | compensation from the organization | | | | | | | | | | | | | (|
| | | | | | | | | | | | _ | | Yes | No |
| 3 | Did the organization list any former officer, | director, or tru | stee | e, ke | y en | nplo | yee, | or l | highest compensated e | mployee on | | As a N | | |
| | ine 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | <u>L</u> | 3 | | X |
| | For any individual listed on line 1a, is the su | • | | • | | | | | • | the organization | · | | | |
| ; | and related organizations greater than \$150 | 0,000? <i>If "Yes,"</i> | " coi | mple | ete S | Sche | edule | J f | for such individual | | ' | 4 | X | |
| | Did any person listed on line 1a receive or a | • | | | | | | elat | ed organization or indiv | idual for services | 1. | | | |
| | rendered to the organization? If "Yes," com | plete Schedule | J fo | or st | ıch | oers | on . | | | | t | 5 | | X |
| | on B. Independent Contractors | | | | | | | | | | | | | |
| | Complete this table for your five highest co | | | | | | | | | | npensati | on fi | om | |
| | the organization. Report compensation for | the calendar ye | ear e | endir | ng w | /ith c | or wi | thir | ±************************************* | year. | · · · · · · · · · · · · · · · · · · · | | | |
| | (A) Name and business | address | | | | | | | (B) Description of s | ervices | Con | C) nper |) Isatior | า |
| HAV | WARD UNIFIED SCHOOL D | | | | | | | \dashv | 2000 April Of G | | | | | • |
| | 11 AMADOR STREET, HAYV | | , c | 4 - | 44 | Į. | | | EDUCATIONAL | SUPPORT | 2.6 | 686 | 5,9 | 49. |
| | | 1 02. | | | | | | | | | | (| - , - | ' |

| and organization, rioport componing and the calculating war of war | | |
|--|--|--------------|
| (A) | (B) | (C) |
| Name and business address | Description of services | Compensation |
| HAMMADD INTETED COLLOCK DICEDION | - | |
| HAYWARD UNIFIED SCHOOL DISTRICT | | |
| 24411 AMADOR STREET, HAYWARD, CA 94544 | EDUCATIONAL SUPPORT | 2,686,949. |
| ALAMEDA COUNTY OFFICE OF EDUCATION | | |
| 313 W WINTON AVENUE, HAYWARD, CA 94544 | EDUCATIONAL SUPPORT | 981,874. |
| CHABOT LOS POSITAS COMMUNITY | | |
| 25555 HESPERIAN BLVD, HAYWARD, CA 94545 | EDUCATIONAL SUPPORT | 520,432. |
| CITY OF HAYWARD | NEIGHBORHOOD | |
| 777 B STREET, HAYWARD, CA 94542 | SERVICES | 386,708. |
| COMMUNITY CHILDCARE COORDINATING COUNCIL, | | |
| 22351 CITY CENTER DR, #200, HAYWARD, CA | FAMILY SERVICES | 364,960. |
| 2 Total number of independent contractors (including but not limited to those lister | | |
| \$100,000 of compensation from the organization > 7 | | |

Form **990** (2016)

FOUNDATION, INC.

| | | | Check if Schedule O cont | tains a re | sponse | or note to any lin | e in this Part VIII | | | |
|--|----|----------|--|------------|--------|--------------------|--|--|--------------------------------|--|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts | 1 | а | Federated campaigns | | 1a | | | | | |
| irar | | | Membership dues | | 1b | | | | | |
| Am A | | | Fundraising events | | 1c | | | | | |
| E E | | | Related organizations | | 1d | | | | | |
| in. | | е | Government grants (contribut | tions) | 1e | 8,795,848. | | | | |
| tion S | | f | All other contributions, gifts, gran | its, and | | | | | | |
| 를 | | | similar amounts not included abo | ve | 1f | 1,925,181. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | g | Noncash contributions included in lines | 1a-1f: \$ | | | | | | |
| <u>2 g</u> | | h | Total. Add lines 1a-1f | | | <u> </u> | 10,721,029. | | ggs aftalt to the fell | |
| | | | | | | Business Code | A second and the second | film man an | Baseline a serie of 197 | |
| 9 | 2 | а | COMMERCIAL SERVICES | | | 900099 | 537,268. | | | |
| P S | | b | MANAGEMENT FEES | | | 900099 | 148,256. | 148,256. | | |
| n S | | С | | | | | | | | |
| Program Service Revenue | | d | | | | | | | | |
| 5 | | е | | | | | | | | *************************************** |
| - | | f | All other program service reve | | | | 605 504 | | | Figure 19 |
| | | g | Total. Add lines 2a-2f | | | | 685,524. | | | |
| | 3 | | Investment income (including | | | | 201 021 | | | 391,031. |
| | | | other similar amounts) | | | . Г | 391,031. | | | 331,031. |
| | 4 | | Income from investment of ta | • | | · - | | | | |
| | 5 | | Royalties | | | | e in the law of Miller and Health | Aggrega, alique, sess, | | Residence of the |
| | _ | | 0 | (i) F | eai | (ii) Personal | 그 기사 남을 하다 | | | |
| | | | Gross rents | <u> </u> | | - | | | | |
| | | | Less: rental expenses | | | | | | | |
| 1 | | | Rental income or (loss) Net rental income or (loss) | | | <u></u> | | · | | |
| l | | | Gross amount from sales of | (i) Sec | | (ii) Other | terral college and | er i de AddeNia | | the straight of the |
| | ′ | а | assets other than inventory | | 0,188, | | | | | |
| | | h | Less: cost or other basis | 1,00 | , 200, | | | | | |
| | | D | and sales expenses | 6,94 | 8 564 | | | | | ing in |
| | | _ | Gain or (loss) | 91 | 1.624 | | | . 1 | | |
| | | A | Net gain or (loss) | <u> </u> | , | • | 911,624. | | | 911,624. |
| | | | Gross income from fundraising | | | | | | | and services |
| enue | Ū | <u>.</u> | including \$ | - | • | | | | | |
| Š | | | contributions reported on line | | | | | | | |
| Other Rev | | | Part IV, line 18 | | | | | | | |
| ţ. | | b | Less: direct expenses | | | | | | 1 1 1- , - 1 1 | |
| ٥ | | | Net income or (loss) from func | | | | | | | |
| | | | Gross income from gaming ac | | | | | | | N. H. NIJAHAT |
| | | | Part IV, line 19 | | | | | | | |
| | | b | Less: direct expenses | | | 1 1 | | | | |
| | | С | Net income or (loss) from gam | ing activ | ities | | | | | |
| | 10 | а | Gross sales of inventory, less | returns | | | | | | BELLINE TO |
| | | | and allowances | | а | | | | | |
| | | b | Less: cost of goods sold | | b | | 1 新型 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | evap Arr | |
| L | | С | Net income or (loss) from sale | s of inve | ntory | | | | | |
| | | | Miscellaneous Revenu | e | | Business Code | in the interpolation from | NAMES OF THE PARTY AND | | |
| [| 11 | а | | | ***** | | | | | |
| | | b | | | | | | | | |
| | | С | | | | | | | | |
| | | | All other revenue | | | | | Tarrier de la companya della companya della companya de la companya de la companya della company | ., | |
| | | е | Total. Add lines 11a-11d | | | | | -and he propriet | | |
| | 12 | | Total revenue. See instructions. | | | | 12,709,208. | 685,524. | 0. | 1,302,655. |

94-1524922 Page **10**

Form 990 (2016) FOUNDATION, INC. Part IX | Statement of Functional Expenses

| Sec | tion 501(c)(3) and 501(c)(4) organizations must con | | | omplete column (A). | 137 |
|-----------------|---|-----------------------|------------------------------------|---|--|
| | Check if Schedule O contains a respo | | | | [X] |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 70,500. | 70,500. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 1,322,403. | 1,322,403. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 3,768,106. | 3,785,606. | -17,500. | |
| 7 | Other salaries and wages | 3,700,100. | 3,763,000. | -17,300· | |
| 8 | Pension plan accruals and contributions (include | 1,346,438. | 573,908. | 772,530. | |
| ^ | section 401(k) and 403(b) employer contributions) | 783,385. | 728,952. | 54,433. | |
| 9 | Other employee benefits | 171,851. | 171,851. | 34,433. | |
| 10 | Payroll taxes Fees for services (non-employees): | 1/1,001 | 1/1/001. | | |
| 11 | | | | | |
| a | 9 | -87. | | -87. | |
| b | | 39,400. | | 39,400. | |
| ۲. C | | 33,1000 | | 05,7000 | |
| e | Lobbying | | | | |
| f | Investment management fees | 135,584. | | 135,584. | |
| g g | (10) 44 | | | | |
| 3 | column (A) amount, list line 11g expenses on Sch O.) | 2,586,261. | 2,584,862. | 1,399. | |
| 12 | Advertising and promotion | | **** | | |
| 13 | Office expenses | 311,690. | 308,421. | 3,269. | |
| 14 | Information technology | 558. | 558. | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 177,228. | 177,228. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 27,501. | 27,501. | | |
| 20 | Interest | 71,792. | | 71,792. | |
| 21 | Payments to affiliates | 450 400 | | 450 400 | |
| 22 | Depreciation, depletion, and amortization | 150,108. | | 150,108. | |
| 23 | Insurance | 57,220. | | 57,220. | |
| 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.) OVERHEAD EXPENSES | 1,122,104. | 780,406. | 341,698. | |
| a | ACTIVITIES AND EVENTS | 259,333. | 259,333. | J#I,030• | |
| b | OTHER EXPENSES | 1,998. | 200,000. | 1,998. | |
| C . a | OTHER EVERINDED | T, 220 • | | ±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | and the second of the second o |
| ď | All other evenesses | | | | |
| 0E | All other expenses | 12,403,373. | 10,791,529. | 1,611,844. | 0. |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | | ,, | | |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | 0 11-11-16 | | | | Form 990 (2016) |

FOUNDATION, INC.

| | n 990 (I rt X | | · · · · · · · · · · · · · · · · · · · | 74 | T3Z43ZZ Page II |
|-----------------------------|--------------------------|---|--|-------|-------------------------------------|
| 1.0 | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | Oncorn Conducto Contains a response or note to any line in this rate X | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | 304,338. | 1 | 280,950. |
| | 2 | Savings and temporary cash investments | 495,013. | 2 | 307,063. |
| | 3 | Pledges and grants receivable, net | • | 3 | |
| | 4 | Accounts receivable, net | 4,028,652. | 4 | 1,627,659. |
| | 5 | Loans and other receivables from current and former officers, directors, | | 40.40 | PRINTER PROPERTY OF THE PROPERTY OF |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | (4.3) | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| Ŋ | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 40,770. | 9 | 0. |
| | ı | Land, buildings, and equipment: cost or other | | | |
| | | hasis Complete Part VI of Schedule D 10a 8, 210, 796 | | | |
| | b | Less: accumulated depreciation 10b 3,910,212. | 4,450,692. | 10c | 4,300,584. |
| | 11 | Investments - publicly traded securities | 18,445,738. | 11 | 19,907,942. |
| | 12 | Investments - other securities. See Part IV, line 11 | 2,543,979. | 12 | 573,098. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 559,326. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 30,309,182. | 16 | 27,556,622. |
| | 17 | Accounts payable and accrued expenses | 3,173,751. | 17 | 853,363. |
| | 18 | Grants payable | | 18 | • |
| | 19 | Deferred revenue | 1,539,916. | 19 | 1,266,531. |
| | 20 | Tax-exempt bond liabilities | 2,592,009. | 20 | 2,343,168. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| s | 22 | Loans and other payables to current and former officers, directors, trustees, | the state of the s | | |
| itie | | key employees, highest compensated employees, and disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| Ï | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | l | |
| | | Schedule D | 9,420,274. | 25 | 8,410,227. |
| | 26 | Total liabilities. Add lines 17 through 25 | 16,725,950. | 26 | 12,873,289. |
| | | Organizations that follow SFAS 117 (ASC 958), check here and | | | |
| S | | complete lines 27 through 29, and lines 33 and 34. | * ** | | |
| Ë | 27 | Unrestricted net assets | | 27 | |
| 3ale | 28 | Temporarily restricted net assets | | 28 | |
| β | 29 | Permanently restricted net assets | | 29 | |
| Ξ | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓 | | | |
| 9 | | and complete lines 30 through 34. | \\ | | _ |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| let, | 32 | Retained earnings, endowment, accumulated income, or other funds | 13,583,232. | 32 | 14,683,333. |
| Z | 33 | Total net assets or fund balances | 13,583,232. | 33 | 14,683,333. |
| | 34 | Total liabilities and net assets/fund balances | 30,309,182. | 34 | 27,556,622. |

Form **990** (2016)

CALIFORNIA STATE UNIVERSITY EAST BAY

| Forn | 1990 (2016) FOUNDATION, INC. | 94-15 | 24922 | Page | <u> 12 :</u> |
|------|---|----------|-----------------|-----------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | _ | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | L | <u></u> |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 3 | 12,709 | 9,20 | 8. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,403 | 3,37 | 3. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 5,83 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 13,583 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 794 | 1,26 | <u>6.</u> |
| 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 | 1 4, 683 | 3,33 | <u>3.</u> |
| Pa | rt XII Financial Statements and Reporting | | | _ | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | 丄 |
| | | | | Yes I | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2a | , | | 2a | | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l 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 | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | э basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | - 1 | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | 4, | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | | | - | |
| | Act and OMB Circular A-133? | | За | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | ., | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | X | |
| | | | Form \$ | 990 (20 | J16) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.lrs.gov/form990.

CALIFORNIA STATE UNIVERSITY EAST BAY Emplo

2016

Open to Public Inspection

Employer identification number

94-1524922 FOUNDATION, INC. 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 12, 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 (Form 990 or 990-EZ).) 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: 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). 6 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN ur governing document (described on lines 1-10 support (see instructions) organization support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 94-15249 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | Section A. Public Support | | | | | | | |
|------|--|---------------------------|-------------------------|------------------------|--------------------|--|-----------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 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 | | | | | | | |
| | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | The party party and the | | | | | |
| | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | | | | | | |
| | and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | · | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | The same Mangarage of Man | - 14 M | | | Maria Maria San San San San San San San San San San | | |
| | Gross receipts from related activities, | , etc. (see instruction | ons) | | | 12 | | |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, thir | d, fourth, or fifth ta | x year as a sectio | n 501(c)(3) | | |
| | organization, check this box and stop | | | | | | <u></u> | |
| Sec | ction C. Computation of Publ | ic Support Per | rcentage | | | | | |
| 14 | Public support percentage for 2016 (| line 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | % | |
| 15 | Public support percentage from 2015 | Schedule A, Part | II, line 14 | | | 15 | % | |
| | 33 1/3% support test - 2016. If the | | | | | nore, check this bo | x and | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | | |
| b | 33 1/3% support test - 2015. If the | | | | | | | |
| | and stop here. The organization qual | iifies as a publicly s | supported organiza | ation | | | ▶□ | |
| 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | |
| | Schedule A (Form 990 or 990-EZ) 2016 | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

| Se | ction A. Public Support | | | | | | |
|------------|--|---------------------------|-----------------|---------------------------|---------------------|---|---------------------------------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | • | | | |
| | include any "unusual grants.") | 12,900,581. | 18,654,648. | 15,454,161. | 14,292,483. | 10,721,029. | 72,022,902. |
| 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 | 1,633,095. | 909,088. | 899.959. | 845,423. | 685,524. | 4,973,089. |
| 2 | Gross receipts from activities that | | | | , | , | |
| 3 | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 1 | Tax revenues levied for the organ- | | | | | | |
| 7 | 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 | 14,533,676. | 19,563,736. | 16,354,120. | 15,137,906. | 11,406,553. | 76,995,991. |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | | | | | | 0. |
| _ | amount on line 13 for the year Add lines 7a and 7b | | | | | | 0. |
| | | nga a Najirak na ng na | | randa area digi reservici | | Areanina, see A | 76,995,991. |
| Sec | Public support. (Subtract line 7c from line 6.) | <u> </u> | | | | I. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | 14,533,676. | 19,563,736. | 16,354,120. | 15,137,906. | 11,406,553. | 76,995,991. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 434,187. | - | · | | 391,031. | 2,158,437. |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | 434,187. | 439,694. | 449,039. | 444,486. | 391,031. | 2,158,437. |
| | 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 | | | | | | |
| 13 | assets (Explain in Part VI.) | 14,967,863. | 20,003,430. | 16,803,159. | 15,582,392. | 11,797,584. | 79,154,428. |
| | First five years. If the Form 990 is for | | | d, fourth, or fifth ta | x vear as a section | n 501(c)(3) organiza | ation, |
| | check this box and stop here | ************************* | | | | | <u> </u> |
| | Public support percentage for 2016 (| | | olumn (fl) | | 15 | 97.27 % |
| | Public support percentage from 2015 | | - | | | 16 | 97.25 % |
| | ction D. Computation of Inves | | | | | | _ , , |
| _ | Investment income percentage for 20 | | | e 13 column (fl) | | 17 | 2.73 % |
| | Investment income percentage for 20 | • | | | | 18 | 2.75 % |
| | 33 1/3% support tests - 2016. If the | | | | | T | |
| 198 | | | | | | | |
| h | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and | | | | | | |
| ~ | line 18 is not more than 33 1/3%, che | | | | | | . [] |
| 20 | Private foundation. If the organization | | | | | | |
| _ | | | | | | dula A /Cares 000 | |

Part IV **Supporting Organizations**

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

| Section A. All Supporting Organization | S |
|--|---|

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

| | Yes | No |
|----------|---------|-----------|
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| 9c | | |
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| 10a | -475-24 | |
| | | |
| 10b | | |

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).

Section E. Type III Functionally Integrated Supporting Organizations

| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
|---|--|-----------|---|----|
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions | <u>). </u> | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | _2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | 423 | |

- of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b За

CALIFORNIA STATE UNIVERSITY EAST BAY

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

94-1524922 Page 6

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orga | anizations | |
|------|--|----------------|--------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust o | n Nov. 20, 1970 (explain in F | Part VI.) See instructions. Al |
| | other Type III non-functionally integrated supporting organizations must co | omplete : | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | • | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | 4.3 | | |
| | instructions for short tax year or assets held for part of year): | 100 | | |
| а | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | WIII. |
| e | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | : | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| - | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integra | ted Type III supporting orga | nization (see |
| • | instructions) | , | 71 11 3 - 3 - | • |

Schedule A (Form 990 or 990-EZ) 2016

CALIFORNIA STATE UNIVERSITY EAST BAY Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 94-1524922 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) Underdistributions Distributable **Excess Distributions** Amount for 2016 Section E - Distribution Allocations (see instructions) Pre-2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Schedule A (Form 990 or 990-EZ) 2016

Part VI. See instructions

Breakdown of line 7:

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

and 4c

Excess distributions carryover to 2017. Add lines 3j

CALIFORNIA STATE UNIVERSITY EAST BAY

| Schedule A | (Form 990 or 990-EZ) 2016 FOUNDATION, INC. | 94-1524922 Page |
|------------|---|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this p (See instructions.) | Part II, line 17a or 17b: Part III, line 12: |
| | (See Instructions.) | 1. (April 1994) |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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 www.lrs.gov/form990.

OMB No. 1545-0047

2016

Employer identification number

| | | DUNDATION, INC. | 94-1524922 | | | | |
|--|---|--|------------------------------|--|--|--|--|
| Organiza | Organization type (check one): | | | | | | |
| Filers of: | | Section: | | | | | |
| Form 990 | or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 990 | -PF | 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| Note: Onl | y a section 501(c)(| s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul | e. See instructions. | | | | |
| | General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or | | | | | | |
| ţ | property) from any | one contributor. Complete Parts I and II. See instructions for determining a contributor's | total contributions. | | | | |
| Special R | ules | | | | | | |
| s | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| У | For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\int \frac{1}{2}\$\$ | | | | | | | |
| Caution: | An organization th | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo | orm 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) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Employer identification number

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|--------------|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | Hame, address, and Zir +4 | \$4,986,581. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$ <u>1,297,672.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$1,167,653. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | | \$ 509,795. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 623452 10-18 | | \$\$ 233,707. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |

Name of organization CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Employer identification number

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|--|--|--|
| (a) | (b) | (c) | (d) | | |
| | Name, address, and ZIP + 4 | * 222,577. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 8 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 9 | | \$168,497. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 10 | | \$152,862. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 11 | | \$132,005. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 12 | | \$ 113,088. | Person X Payroll | | |

Name of organization CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Employer identification number

| Part I | Contributors (See instructions). Use duplicate copies of Part I if add | ditional space is needed. |
|------------|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 13 | | 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 |
| 14 | | 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 |
| 15 | | 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 |
| 16 | | 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 |
| 17 | | 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 |
| 18 | 16 | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2016 |

Name of organization CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Employer identification number

| Part I | Contributors (See instructions). Use duplicate copies of Part I if addit | ional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | | - - \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | - \$ 63,863. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21 | | - - \$\$61,463. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | | 58,203. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | | - - \$\$37,461. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 24 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Employer identification number

94-1524922

| Part I | Contributors (See instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|---|----------------------------|--|
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | Name, address, and ZIP + 4 | \$ 34,549. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | | \$ 34,049. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 27 | | \$ 32,153. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 29 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 30 | | \$ 26,669. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

623452 10-18-16

Name of organization CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Employer identification number

| Part I Cor | ntributors (See instructions). Use duplicate copies of Part I i | f additional space is needed. | |
|------------|---|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | | \$24,216. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | | \$\$ <u>23,697.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 34 | | \$\$ \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 35 | | \$\$. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 36 | | \$\$\$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.)' 990, 990-EZ, or 990-PF) (2016) |

Name of organization CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Employer identification number

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional | Il space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 37 | | \$6,304. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 38 | | \$6,131. | 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 Oncash Occash (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 EAST BAY
FOUNDATION, INC.

Employer identification number

| Part II | Noncash Property (See instructions). Use duplicate copies of Part | Il 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 |
| | | \$ | |
| 623453 10-18- | -16 | Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2016) |

Name of organization

Employer identification number

CALIFORNIA STATE UNIVERSITY EAST BAY

| F | ΟŪ | ND | AΤ | ION | . IN | IC. |
|---|----|----|----|-----|------|-----|
| | | | | | | |

| Part III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete (completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition | columns (a) through (e) and the fo s, charitable, etc., contributions of \$1,00 | bed in section 501(c)(7), (8), or (10) that total more than ollowing line entry. For organizations on or less for the year. (Enter this info. once.) | |
|---------------------------|--|--|--|---|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is | held |
| - | | (e) Transfer of | gift | *************************************** |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is I | held |
| | Transferee's name, address, ar | (e) Transfer of and ZIP + 4 | gift Relationship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is h | held |
| | | | | |
| | Transferee's name, address, ar | (e) Transfer of s | gift Relationship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is h | neld |
| | | (e) Transfer of | gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.gov/form990.

CALIFORNIA STATE UNIVERSITY EAST BAY Emplo

16 Open to Public Inspection

Name of the organization

FOUNDATTON TNC Employer identification number 94-1524922

OMB No. 1545-0047

| Pa | rt I Organizations Maintaining Donor Advised Fu | nds or Other Similar Funds o | r Accounts. Complete if the |
|-----|---|--|--|
| | organization answered "Yes" on Form 990, Part IV, line 6. | | • |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | - | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing | that the assets held in donor advised | funds |
| | are the organization's property, subject to the organization's exclus | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors | | |
| | for charitable purposes and not for the benefit of the donor or dono | | |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the organization | on answered "Yes" on Form 990, Parl | t IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (che | eck all that apply). | |
| | Preservation of land for public use (e.g., recreation or education | on) | ally important land area |
| | Protection of natural habitat | Preservation of a certified | d historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified cor | servation contribution in the form of a | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easements | | |
| | Number of conservation easements on a certified historic structure | | 2c |
| d | Number of conservation easements included in (c) acquired after 8/ | 17/06, and not on a historic structure | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, released, | extinguished, or terminated by the or | ganization during the tax |
| | year - | | |
| 4 | Number of states where property subject to conservation easement | | |
| 5 | Does the organization have a written policy regarding the periodic m | | |
| _ | violations, and enforcement of the conservation easements it holds' | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handlin | ig of violations, and enforcing conserv | ation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of | violations, and enforcing consequation | easements during the year |
| 7 | | violations, and emorcing conservation | reasements during the year |
| 8 | ▶ \$ Does each conservation easement reported on line 2(d) above satis | ty the requirements of section 170(h)(a | 1)(R)(i) |
| 0 | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation ease | | |
| J | include, if applicable, the text of the footnote to the organization's fi | | |
| | conservation easements. | | |
| Pai | t III Organizations Maintaining Collections of Art, | Historical Treasures, or Othe | er Similar Assets. |
| L | Complete if the organization answered "Yes" on Form 990, P | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958) | , not to report in its revenue statemen | t and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exhibition, | | |
| | the text of the footnote to its financial statements that describes the | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958) | | d balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, educatio | n, or research in furtherance of public | service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treasures, | or other similar assets for financial ga | in, provide |
| | the following amounts required to be reported under SFAS 116 (ASC | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instructions for Fo | | Schedule D (Form 990) 2016 |

632051 08-29-16

CALIFORNIA STATE UNIVERSITY EAST BAY 94-1524922 Page 2 FOUNDATION, INC. Schedule D (Form 990) 2016 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs ☐ Public exhibition Scholarly research Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ______ **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year Ending balance _____ No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V | Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment ► c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: 3a(i) (i) unrelated organizations |3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other (c) Accumulated (d) Book value (a) Cost or other Description of property

Schedule D (Form 990) 2016

35,000.

4,405.

4,261,179.

4,300,584.

1a Land ______

b Buildingsc Leasehold improvements

d Equipment

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

basis (other)

7,649,921.

35,000.

525,875.

depreciation

3,388,742.

521,470.

basis (investment)

| ١. |
|----|
| |

| Part VII Investments - Other Securities. | | | | |
|--|--|---|--|--------------------------|
| Complete if the organization answered "Yes" | | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v | /aluation: Cost or end | -of-year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | 140000000000000000000000000000000000000 | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV | / line 11c. See Form 990. | Part X. line 13. | |
| (a) Description of investment | (b) Book value | | /aluation: Cost or end | -of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | - 1,000000000000000000000000000000000000 | |
| (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" | | /, line 11d. See Form 990, | Part X, line 15. | (L) D = -1 · · · · · · · |
| (a) I | Description | | | (b) Book value |
| <u>(1)</u> | ***** | | | |
| (2) | ····· | | | |
| (3) | ····· | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 9 15) | | | |
| Part X Other Liabilities. | , , 0, , , , , , , , , , , , , , , , , | *************************************** | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV | , line 11e or 11f. See Forr | n 990, Part X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) AGENCY LIABILITIES | | 2,971,755. | | |
| (3) OTHER POSTEMPLOYMENT BENE | FITS | | | |
| (4) OBLIGATION | | 1,597,627. | | |
| (5) NET PENSION LIABILITIES | | 3,612,002. | | |
| (6) DEFERRED INFLOWS OF RESOU | RCES | 197,265. | | |
| (7) OTHER LIABILITIES | | 31,578. | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | 8,410,227. | | |

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 X

FOUNDATION, INC.

| Pai | <u>t XI Reconciliation of Revenue per Audited Financial Statements</u> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | 2 AAITII | nevellue per n | eturi | 1. |
|-------|--|---|---|-----------------|---------------------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 13,367,890. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | • | | | |
| a | · | 2a | 794,266. | 150.00 50.00 | |
| b | | 2b | | | |
| c | | 2c | · · | | |
| d | | 2d | | 14.55 | |
| e | Add lines 2a through 2d | | | 2e | 794,266. |
| 3 | Subtract line 2e from line 1 | | | 3 | 12,573,624. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | *************************************** | 1089 | · · · · · · · · · · · · · · · · · · · |
| | | 4a | 135,584. | 10.00 | |
| b | , , , | 4b | | N. O. | |
| | Add lines 4a and 4b | | | 4c | 135,584. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>) | | | 5 | 12,709,208. |
| | t XII Reconciliation of Expenses per Audited Financial Statement | ts Wit | n Expenses per | Retu | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | • | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 12,267,789. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | | 2a | | | |
| | | 2b | | | |
| | | 2c | | | |
| | | 2d | | | |
| | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 12,267,789. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | N. S. | |
| - | , , , , , | 4a | 135,584. | | |
| | , | 4b | , | | |
| | Add lines 4a and 4b | | | 4c | 135,584. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 12,403,373. |
| _ | t XIII Supplemental Information. | | • | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I | | | 1; Part | X, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition | al inforr | nation. | | |
| | | | | | |
| PAF | T X, LINE 2: | | | | |
| THE | FOUNDATION RECOGNIZES ACCRUED INTEREST AND | PEN | ALTIES ASS | OCI | ATED WITH |
| UNC | ERTAIN TAX POSITIONS AS PART OF THE INCOME | TAX | PROVISION, | WH | EN |
| | LICABLE. THERE ARE NO AMOUNTS ACCRUED IN TH | | | | |
| | | | | | |
| KEI | ATED TO UNCERTAIN TAX POSITIONS. | | | | aranteen |
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| | | | | | |
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| | | | | | - 1/4 7 - 1/47 - 1/4 |
| | ALCONOMIC ACCUSATIONS AND ACCUSATION AND ACCUSATION ACC | | | | |

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public OMB No. 1545-0047

Inspection

Employer identification number 2 94-1524922 UBLIC RELATIONS SUPPORT (h) Purpose of grant or assistance MIVERSITY SUPPORT X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) 0 。 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 000,09 10,500 STATE UNIVERSITY EAST BAY (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 94-6128893 95-6123757 General Information on Grants and Assistance INC. (p) EIN criteria used to award the grants or assistance? CALIFORNIA FOUNDATION етн BLVD, SA 2750 - HAYWARD, CA 94542 1 (a) Name and address of organization FOUNDATION - 401 GOLDEN SHORE, STATE EAST BAY EDUCATIONAL FOUNDATION - 25800 CARLOS BEE FLOOR - LONG BEACH, CA 90802 CALIFORNIA STATE UNIVERSITY or government Name of the organization Part Part II CAL

Schedule I (Form 990) (2016)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

CALIFORNIA STATE UNIVERSITY EAST BAY

Schedule I (Form 990) (2016) FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

94-1524922

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---------------------------------------|
| SUNBALLS | c. | 0 0 0 0 0 0 0 0 0 | c | | |
| SCHOLARSHIPS | 55 | | o | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | luired in Part I, lin | e 2; Part III, column | (b); and any other ad | iditional information. | |
| PART I, LINE 2: | *************************************** | Library (Inc.) | | | |
| THE ONLY TRANSFER TO ANOTHER ORGANIZ | ATION | WAS TO ANO | ANOTHER AUXILIARY | IARY OF | |
| CALIFORNIA STATE UNIVERSITY EAST B | BAY. THE | ORGANIZATIONS | ARE | UNDER COMMON | |
| MANAGEMENT AND CONTROL WHO ENSURE | THAT ALL | TRANSFERRED | FUNDS | ARE USED | |
| APPROPRIATELY. | | | 111777777777777777777777777777777777777 | | |
| | | | are a | | |

Schedule I (Form 990) (2016)

THE PRINCIPAL

WHICH PROVIDES

INVESTIGATOR OF EACH GRANT IS PRIMARILY RESPONSIBLE FOR RUNNING THE GRANT 652102 11-01-16

RULES AND PROCEDURES FOR THE RESPONSIBLE CONDUCT OF GRANTS.

THE FOUNDATION HAS A DETAILED SPONSORED PROGRAMS GUIDE,

| Schedule | I (Form | 990) |
|----------|---------|------|

Schedule I (Form 990)

SCHEDULE J (Form 990)

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.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Employer identification number 94-1524922

| 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 on Form 990, | | 17/25 | |
| | 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 (such as, maid, chauffeur, chef) | | | 194 |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | 7.7% | |
| | 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, | NASA | 111/2 | 1234 3 |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | NA N | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | 19.34 | |
| | 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | 1 | - 1 | |
| á | 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 |
| | 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. | | 1114 | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | 1 114 | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | 130 | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | 2.5 | |
| | contingent on the net earnings of: | | | 1,111 |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | 1 | 10,000 | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | : Na-a-h | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | <u></u> |

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Schedule J (Form 990) 2016

FOUNDATION,

Schedule J (Form 990) 2016

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

94-1524922

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

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

| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|-------|--------------------------|--|---|--------------------|----------------|---------------------------------------|--|
| | | | | | other deferred | | (D)-(D) | in column (B) |
| . (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) TANYA HAUCK | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | Ü |
| P | 3 | 222 45 | C | | 55 99 | 907 6 | 787 94 | |
| (2) DEBBIE CHAW | Ē | 1 | | | 100 | -1 | ١- | 0 |
| ₩. | E | 226,03 | | | 58,63 | 10,117. | 294,789. | 0 |
| (3) JEFF SEITZ | Ξ | | 0 | 0 | | 0 | 0 | 0 |
| BOARD MEMBER | Ξ | 195,35 | 0 | 0 | 26,74 | 16,610. | 238,711. | 0. |
| | Ξ | | | | | | | |
| | (iii) | | | | | | | |
| | (i) | | | | | | | |
| | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | Ξ | | | | | | | |
| The state of the s | Ξ | | | | | | T T T T T T T T T T T T T T T T T T T | The state of the s |
| | (i) | ; | | | | | | |
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Schedule J (Form 990) 2016

CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Part III Supplemental Information

Schedule J (Form 990) 2016

94-1524922

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. CALIFORNIA STATE UNIVERSITY EAST BAY USES WRITTEN EMPLOYMENT CONTRACTS AND ALL COMPENSATION IS DETERMINED BY CALIFORNIA STATE UNIVERSITY EAST BAY. COMPENSATION SURVEYS OR STUDIES IN SETTING EMPLOYEE COMPENSATION. 3: LINE PART I,

| Schedule J (Form 990) 2016 |
|----------------------------|
| |
| • |
| |

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► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. CALIFORNIA STATE UNIVERSITY EAST BAY Supplemental Information on Tax-Exempt Bonds Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

2016 Open to Public Inspection

OMB No. 1545-0047

ŝ (i) Pooled financing Employer identification number Yes × (g) Defeased (h) On behalf of issuer 94-1524922 ž × Yes ž × Yes (f) Description of purpose REFUND SERIES 1998 BONDS ,000 SEE PART VI FOR COLUMN (A) CONTINUATIONS (e) Issue price 710 (d) Date issued 08/07/13 UNIVERS|91-2155587|13077CZS6| (c) CUSIP# (b) Issuer EIN INC FOUNDATION CALIFORNIA STATE (a) Issuer name TRUSTEES OF THE **Bond Issues** Partl

Proceeds

Part II

Ω

ပ

| | ٧ | | 8 | | O | | ۵ | |
|--|------------|----------|-----|----|-----|----------------|-----|---|
| 1 Amount of bonds retired | 615, | 615,000. | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | |
| 3 Total proceeds of issue | 2,710,000. | ,000, | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | |
| 7 Issuance costs from proceeds | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | |
| 11 Other spent proceeds | 2,710,000. | ,000, | | | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | 2013 | 13 | | | | | | |
| The state of the s | Yes | No | Yes | No | Yes | N _o | Yes | ě |
| 14 Were the bonds issued as part of a current refunding issue? | X | | | | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | × | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |
| Part III Private Business Use | | | | | | | | |

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 41

Are there any lease arrangements that may result in private business use of

bond-financed property?

1 Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

Schedule K (Form 990) 2016

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Yes

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Yes

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Yes

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Yes

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CALIFORNIA STATE UNIVERSITY EAST BAY

Page 2

94-1524922

Schedule K (Form 990) 2016 FOUNDATION, INC.

Schedule K (Form 990) 2016 % å ŝ Δ Yes Yes % % % % ž å O Yes Yes % % % % £ å Ω ω Yes Yes % % % % 윈서 윈ద M × × × M M Yes Yes × × counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? ▲ d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Total of lines 4 and 5 Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified 8a Has there been a sale or disposition of any of the bond-financed property to a nonentities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1.141-12 and 1.145-2? business use of bond-financed property? If "No" to line 1, did the following apply? Is the bond issue a variable rate issue? Part III Private Business Use (Continued) hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 1.141-12 and 1.145-2? Exception to rebate? Rebate not due yet? b Name of provider c No rebate due? c Term of hedge Part IV Arbitrage performed 632122 10-19-16 ₽ g Ω Ŋ O N ო 4 9

CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

94-1524922 Schedule K (Form 990) 2016

Part IV Arbitrage (Continued)

| | A | | | B | | ၁ | | D |
|---|-------------|---------------|---------|----|-------------------|----|---|---|
| | Yes | 2 | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | × | | | ı | | | G. T. |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | Page and a second |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | × | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | A | | | В | | O | | <u>ا</u> |
| | Yes | S S | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable requiations? | × | - | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to questions | on Schedule | K. See instri | uctions | | | | | |
| EDULE K, PART I, BOND ISSUES: | | | | | | | | |
| (A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY | 3 UNIVE | RITY | | | | | | |
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| 632123 10-19-16 | | | | | | SS | hedule K (Fo | Schedule K (Form 990) 2016 |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

แาธ Open to Public

Employer identification number

94-1524922

OMB No. 1545-0047

Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

SECTION A, LINE 1: FORM 990, PART VI,

THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD AND THE CHAIR THE AUDIT COMMITTEE. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT IN ALL MATTERS IN WHICH THE FULL BOARD HAS AUTHORITY TO ACT, EXCEPT AS FOLLOWS: (A) FILLING VACANCIES IN THE BOARD OF DIRECTORS; (B) FIXING COMPENSATION OF ANY DIRECTOR FOR SERVING AS AN OFFICER OR ON ANY COMMITTEE, OR OTHERWISE PROVIDING SERVICES TO THE FOUNDATION; (C) AMENDMENT OR REPEAL OF ANY BYLAW OR ADOPTION OF ANY NEW BYLAW; (D) AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD OF DIRECTORS THAT BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE; AND (E) APPROVAL OF A POTENTIAL CONFLICT-OF-INTEREST TRANSACTION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE FOLLOWING INDIVIDUALS RECEIVE VOTING POSITIONS ON THE FOUNDATION'S BOARD OF DIRECTORS BY VIRTUE OF THEIR POSITION AT CSU EAST BAY: (A) THE PRESIDENT OF THE UNIVERSITY OR THEIR DESIGNEE; (B) THE VICE PRESIDENT FOR ADMINISTRATION AND FINANCE/CHIEF FINANCIAL OFFICER; AND (C) THE PROVOST/VICE PRESIDENT OF ACADEMIC AFFAIRS. THE UNIVERSITY PRESIDENT ALSO APPOINTS TWO MEMBERS OF THE BOARD OF DIRECTORS; ONE FROM ADMINISTRATION/STAFF AND ANOTHER FROM NON-CAMPUS PERSONNEL. FINALLY, THE CSU EAST BAY PRESIDENT HAS THE RIGHT TO APPROVE ALL DIRECTORS ELECTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDMENTS TO THE ARTICLES AND BYLAWS AND THE REMOVAL OF ANY MEMBER OF THE

BOARD OF DIRECTORS MUST BE APPROVED BY THE CSU EAST BAY PRESIDENT.

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

Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number 94-1524922

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

THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE SECRETARY/TREASURER AND WAS PROVIDED TO THE OTHER BOARD MEMBERS BEFORE FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO BOARD

MEMBERS, MANAGERS, EMPLOYEES AND CONTRACTED CONSULTANTS. BOARD MEMBERS ARE

REQUIRED ANNUALLY TO SIGN AND FILE THE CONFLICT OF INTEREST STATEMENT.

OTHERS ARE REQUIRED ANNUALLY TO FILE A STATEMENT OF ECONOMIC INTERESTS.

TRANSACTIONS IN WHICH A BOARD MEMBER HAS A CONFLICT OF INTEREST ARE

PROHIBITED UNLESS (A) THE CONFLICT IS DISCLOSED TO THE BOARD AND NOTED IN

THE MINUTES, (B) THE TRANSACTION IS JUST AND REASONABLE TO THE

ORGANIZATION, AND (C) THE BOARD THEREAFTER VOTES TO APPROVE THE

TRANSACTION. THE INDIVIDUAL WITH THE CONFLICT MAY NOT ATTEMPT TO INFLUENCE

THE OTHER BOARD MEMBERS IN RELATION TO THE TRANSACTION AND DOES NOT

PARTICIPATE IN THE VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION DOES NOT PAY ANY EMPLOYEES.

CALIFORNIA STATE UNIVERSITY EAST BAY, A RELATED ORGANIZATION, DOES

COMPENSATE EMPLOYEES AND HAS FORMAL COMPENSATION POLICIES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

| Schedule O (Form 990 or 990-EZ) (2016) Name of the organization CALIFORNIA STATE UNIVERSITY EAST BAY | Page 2 Employer identification number |
|---|--|
| Name of the organization | 94-1524922 |
| INDEPENDENT CONTRACTORS: | |
| PROGRAM SERVICE EXPENSES | 2,584,862. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,584,862. |
| | and the second s |
| BANK FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 1,399. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,399. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 2,586,261. |
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2016

OMB No. 1545-0047

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

STATE UNIVERSITY EAST BAY FOUNDATION, INC. CALIFORNIA Name of the organization

Employer identification number 94-1524922

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) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------|
| | | | | | |
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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. Part II

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

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2016

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CALIFORNIA STATE UNIVERSITY EAST BAY Schedule R (Form 990) 2016 FOUNDATION, INC.

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.

Page 2

94-1524922

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | Predomina (related, u excluded fro | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | | ortionate ions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | (j) (k) General or Percentage managing ownership |
|--|-----------------------|--------------------------------------|-------------------------------|---|---|---------------------------------|---|---------------------------------|-----------------|---|--------------------------------|--|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| 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. | yanizations Taxable a | us a Corporing the tax) | vration or Trust. Co | omplete if th | ne organization | answered "Y | es" on Form | 1990, Part IV | , line 34 | because it had | one or m | ore related |
| (a) Name, address, and EIN of related organization | Z c | Prim | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | | (g) Share of Poend-of-year o | (h) Percentage ownership | Section 512(b)(13) controlled entity? |
| | | | | | | | | | | | | 3 |
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CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION, INC.

Schedule R (Form 990) 2016

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

Page 3

94-1524922

| | | | A CONTRACTOR OF THE PARTY OF TH | | - | I |
|---|----------------------------------|---|--|------------------|--------------|--------------|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | ۶ | Yes | ę |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more re | lated organizations listed | in Parts II-IV? | V | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | controlled entity | | | 1 a | PXI | M |
| b Gift, grant, or capital contribution to related organization(s) | | | | 9 | ×i | M |
| c Gift, grant, or capital contribution from related organization(s) | | | | ٤ | × | M |
| | | | | 107 | PXI | _M |
| | | | | 10 | PXI | × |
| | | | | | | |
| f Dividends from related organization(s) | | | | # | PY | × |
| g Sale of assets to related organization(s) | | | | 1g | 24 | _M |
| h Purchase of assets from related organization(s) | | | | 두 | × | × |
| | | | | į= | 24 | k |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | į | P | M |
| | | | | | ľ | |
| K Lease of facilities, equipment, or other assets from related organization(s) | | | *************************************** | ¥ | 4 | ۵ |
| I Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | *************************************** | | = | | M |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | 1m 2 | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | ion(s) | | | t L | × | |
| Sharing of paid employees with related organization(s) | | | | 9 | × | |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 4 | | × |
| Reimbursement paid by related organization(s) for expenses | | | | - 1 _a | <u> </u> | × |
| | | | | <u> </u> | - | |
| cutter transfer of cash or property to related organization(s) | | | | = 4 | ╀ | × |
| outlet transfer of cast of property from related organization (s) | | | | 2 | 1 | 4 |
| 2 If the answer to any of the above is "Yes," see the instructions for information on v | who must complete the | is line, including covered | information on who must complete this line, including covered relationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | volved | | |
| (1) | : | | | | | |
| (2) | | | | | | • |
| (6) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| 101 | | | | | | |
| (o) 632763 08-06-16 | 49 | | Schedule B (Form 990) 2016 | R (Form 6 | 000 | 191 |
| 21-00-60 201720 | 1 | | 7,117,117,117,117,117,117,117,117,117,1 | (E.5) | 1,000 | 2 |

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Schedule R (Form 990) 2016 FOUNDATION, INC.

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

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.

Schedule R (Form 990) 2016

CALIFORNIA STATE UNIVERSITY EAST BAY FOUNDATION. INC.

| Schedule R (Form 990) 2016 FOUNDATION, INC. | 94-1524922 Page 5 |
|--|---------------------------------------|
| Part VII Supplemental Information. | |
| Provide additional information for responses to questions on Schedule R. See instructions. | |
| PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATI | ONS: |
| | |
| | |
| NAME OF RELATED ORGANIZATION: | |
| NAME OF REHATED ORGANIZATION: | |
| CALIFORNIA STATE UNIVERSITY, HAYWARD RETIREE HEALTH TRUS | Γ |
| PRIMARY ACTIVITY: PROVIDE HEALTHCARE BENEFITS FOR RETIRE | D EMPLOYEES OF CSII |
| PRIMARI ACTIVITI: PROVIDE MEADIMEANE DEMERTID FOR RETIRE | D EMI HOTHED OF CDC |
| EAST BAY FOUNDATION | |
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