

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2018

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury  
Internal Revenue Service

Check one:

**Part I** **Summary**

**Part II** **Supplemental Information**

1. **Organization's name**  
 Address: **CAL STATE EAST BAY EDUCATIONAL FOUNDATION**  
 Mailing address: **25600 CARLOS BEE BLVD, SA 2750**  
 Doing business as: **94-6128893**  
 Initial return: **Number and street for P.O. box if mail is not delivered to street address**  
 Final return: **25600 CARLOS BEE BLVD, SA 2750**  
 Amended return: **HAYWARD, CA 94542**  
 Application: **MARVIN REMATCH**  
**F** Name and address of principal officer: **MARVIN REMATCH**  
**J** Website: **WWW.CSUEASTBAY.EDU/GIVING/INDEX.HTML**

2. **Is this a group return?**  Yes  No

3. **Are all subordinates included?**  Yes  No

4. **Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

5. **Group exemption number:**  (b)  (c)

### Part I Summary

1. Briefly describe the organization's mission or most significant activities:

2. Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. **Number of voting members of the governing body (Part VII, line 1a)** **28**

4. **Total number of individuals associated with the organization (Part VII, column (A), lines 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)** **28**

5. **Total number of volunteers (estimate if necessary)** **0**

6. **Net unrelated business taxable income from Form 990-T, line 38** **0**

	Prior Year	Current Year
7. <b>Revenue</b>		
8. <b>Program service revenue (Part VIII, column (A), lines 5, 6, 7, and 8)</b>	1,992,656	2,465,762
9. <b>Membership dues and similar amounts (Part VIII, column (A), line 9)</b>	150,000	150,000
10. <b>Investment income (Part VIII, column (A), lines 10, 11, and 12)</b>	1,500,000	2,500,000
11. <b>Other revenue (Part VIII, column (A), lines 13, 14, 15, 16, 17, 18, and 19)</b>	0	0
12. <b>Total revenue (Add lines 8-11) (must equal Part VIII, column (A), line 7)</b>	3,722,425	5,179,995
13. <b>Expenses</b>		
14. <b>Salaries and other compensation (Part IX, column (A), line 4)</b>	0	0
15. <b>Benefits paid to or for members (Part IX, column (A), line 5)</b>	0	0
16. <b>Professional fees (Part IX, column (A), line 6)</b>	0	0
17. <b>Total fundraising expenses (Part IX, column (D), line 25)</b>	0	0
18. <b>Other expenses (Part IX, column (A), lines 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24)</b>	409,043	409,095
19. <b>Total expenses (Add lines 14-17) (must equal Part IX, column (A), line 4)</b>	2,153,943	2,336,917
20. <b>Total assets (Part X, line 15)</b>	20,142,140	20,927,796

10. **Signature of officer**  
 Sign: **DEBBIE CHAN, TREASURER**  
 Date: **11/15/19**

11. **Signature of preparer (other than officer)**  
 Sign: **MARVIN REMATCH**  
 Date: **11/15/19**

Part III Statement of Program Service Accomplishments

If "Yes," describe these changes on Schedule O.

Describe the contributions and program service accomplishments for each of the three largest program services, as measured by expenses.

Parties 501(c)(3) and 501(c)(29) 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.

RESTRICTED CONTRIBUTIONS EARMARKED FOR SPECIFIC COLLEGES AND AS UNIVERSITY SUPPORT.

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

	Yes	No
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1. In the organization described in section 501(c)(3) or 4047(c)(4) (other than a private foundation)?

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2. During the tax year (if "Yes," complete Schedule C, Part III)

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3. In the organization (section 501(c)(4), 501(c)(29), or 501(c)(6) organization that receives comparable dues assessments or

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4. Provide notice of the distribution of investment or annuities to such funds or accounts (if "Yes," complete Schedule D, Part III)

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5. Did the organization (Partnership must answer "No" if "Yes," complete Schedule D, Part III)

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8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

		X
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9. Did the organization report an amount in Part X, line 17, for section 501(c)(29) assets (including, but not limited to, a custodial for annuities not listed in Part X, or providing credit counseling, debt management, credit repair, or debt negotiation services)? If "Yes," complete Schedule D, Part III

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10. Did the organization, regardless of whether related or unrelated, hold assets in trust (including testamentary trusts) for

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11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X

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a. Did the organization report an amount for land, buildings, and equipment in Part X, line 102 (if "Yes," complete Schedule D, Part VI)

11a	X	
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b. Did the organization report an amount for investments other than securities in Part X, line 103 that is 5% or more of its total assets reported in Part X, line 167? If "Yes," complete Schedule D, Part VII

11b		X
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12. Did the organization report an amount for other assets in Part X, line 104 that is 5% or more of the total assets reported in Part X, line 167?

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13. Did the organization file a statement of financial condition in the determination for assets that address

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12a. Did the organization report separate, independent audited financial statements for the tax year (if "Yes," complete Schedule D, Parts XI and XII)

12a	X	
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b. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, or more? If "Yes," complete Schedule F, Parts I and IV

14b		X
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17. Did the organization report a total of more than \$10,000 of expenses for professional fundraising costs?

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18. Did the organization file a statement of financial condition in the determination for assets that address

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Yes No

Part IX, column (A), line 27 if "Yes," complete Schedule L, Parts I and III

22

23

Schedule K. If "No," go to line 25a

24a X

any tax-exempt bonds?

24c

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25a X

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

25b X

26 Did the organization report any amount on Part VII, line 5, 6, or 22 for royalties from 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

26

of any of these persons? If "Yes," complete Schedule L, Part III

27 X

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

28a X

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

28b X

director, trustee, or director/indirect owner? If "Yes," complete Schedule L, Part IV

28c X

29 Did the organization receive contributions of cash, land, or other assets from any of the persons listed on line 27?

29

CAL STATE EAST BAY EDUCATIONAL FOUNDATION

Form 990 (2018)

Part VII Statements Regarding Other IRS Filings and Tax Compliance

Yes No

1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 49

NOTE: If you claim a loss for a bad debt or a worthless security, you must file Form 1099-B.

any contributions that were not tax deductible as charitable contributions? 6a X

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X

8

9b

10 Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

12a

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13a

CAJ. STATE EAST BAY EDUCATIONAT.  
FOUNDATION

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Part VII. For each organization, enter the names of the individuals who are officers, directors, trustees, or members of the governing body, and for each, enter the organization's response to the questions in this part.

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Governing Body and Management

Yes No

1. Enter the number of volunteers or unpaid persons who are not officers, directors, trustees, or members of the governing body.

2. Enter the number of board members included on line 1a above who are independent.

persons other than the governing body?

7b

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

10a Did the organization have local chapters, branches, or affiliates?

10a  Yes  No

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

12a

b Other officers or key employees of the organization

15b







CAL STATE EAST BAY EDUCATIONAL

FOUNDATION

Part VIII Statement of Revenue

1	Contributions	1,121,121			
2	Membership dues	1,121,121			
3	Net income or (loss) from fundraising events	1,121,121			
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6	Gross rental income				
7	Less: rental expenses				
8	Net rental income or (loss)				
9	Gross income from sales of assets other than inventory				
10	Less: cost of other assets				
11	Net gain or (loss)	2,088,640			

12	Net income or (loss) from fundraising events				
13	Gross income from gaming activities				
14	Less: direct expenses				
15	Net income or (loss) from gaming activities				
16	Gross sales of inventory, less returns				
17	Less: cost of inventory				
18	Net gain or (loss)				

19	Net gain or (loss)	2,088,640			
20	Net gain or (loss)	2,088,640			

21	Net gain or (loss)	2,088,640			
22	Net gain or (loss)	2,088,640			

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IV

<p>9 Compensation for Board Officers, Directors, Officers, and Trustees</p>			
<p>10 Other employee benefits</p>			
<p>11 Payroll taxes</p>			
<p>12 Fees for services (for employees):</p>			
<p>a Management</p>			
<p>b Legal</p>			
<p>c Accounting</p>			
	15,820.		15,820.
<p>13 Other</p>			
	457,104.		457,104.
<p>14 Advertising and promotion</p>			
<p>15 Office expenses</p>			
	2,075.		2,075.
<p>16 Information technology</p>			
<p>17 Royalties</p>			
<p>18 Occupancy</p>			
<p>19 Travel</p>			
	2,020.		2,020.
<p>20 Payments of travel or entertainment expenses for any federal, state, or local public officials</p>			
<p>21 Conferences, conventions, and meetings</p>			
<p>22 Interest</p>			
<p>23 Payments to affiliates</p>			
<p>24 Depreciation, depletion, and amortization</p>			
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Part X Balance sheet

(A)	(B)
Part II of Schedule L	5
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f), persons described in section 4959(c)(1)(B), and contributing employers and sponsoring organizations of section 501(c)(3) voluntary	

7 Inventories for sale or use		
8 Prepaid expenses and deferred charges	9	
9 Cash, investments, and annuities for other basis. Complete Part VI of Schedule D	10a	112,000.

12 Investments - program-related. See Part IV, line 13		13
--	--	----

17 Accounts payable and accrued expenses	4,359.	17	6,027.
18 Grants payable		18	
19 Deferred revenue		19	

21 Estrow or custodial account liability. Complete Part IV of Schedule D		21	
22 Grants and other receivables on a non-recurring basis from other			

24 Unsecured notes and loans payable to unrelated third parties		24	
parties, and other liabilities not included on lines 17-24. Complete Part X of			

Schedule D	708,733.	25	687,683.
26 Total liabilities. Add lines 17 through 25	713,092.	26	693,710.

27 Restricted net assets		27	
--------------------------	--	----	--

28 Total net assets or fund balances	20,192,190.	34	20,927,796.
--------------------------------------	-------------	----	-------------

Part XI Reconciliation of Net Assets

6 Donated services and use of facilities

6

7

column (B)

10

20,434,086.

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XIII

Yes No

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

2b

X

Check a box below to indicate whether the financial statements for the year were audited on a separate basis

Act and OMB Circular A-133?

3a

X

**Public Charity Status and Public Support**

Form 990 or 990-EZ 2010

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

Open to Public

Name of the organization: CAL STATE EAST BAY EDUCATIONAL

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ)).

**4** A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name:

section 170(b)(1)(A)(vi). (Complete Part II.)

or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

**10** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from

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.

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

Enter the number of supported organizations:

Describe the supported organization(s) (as described on lines 1, 11) above (see instructions)

Organization Name	Organization EIN	Organization Address	Organization City	Organization State	Organization ZIP

**Part II** General Schedule for Organizations Described in Sections 170(b)(1)(A)(ii) and 170(b)(1)(A)(iii)

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

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities						

amount shown on line 11.

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
---	----------	----------	----------	----------	----------	-----------

10 Other income. Do not include gain

11 Total support

12 Gross receipts from related activities, etc. (see instructions)

13 For the year, if the organization is a 501(c)(29) or 501(c)(28)(A) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 11, column (f) divided by line 12, column (f))	14	61.82%
15 Public support percentage from 2017. See 2017 Schedule A, Part II, line 14	15	60.55%

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.  X

16b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% - facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

17b 10% - facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**Part III Support Schedule for Organizations Described in Section 501(c)(3)**

qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1. Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")						
2. Gross receipts from admissions						
3. Royalties						
4. Tax-exempt interest for the organization or expended on the behalf of						
5. The value of services or facilities provided by the organization						
6. Amounts included on lines 2 and 3, but not from other than disqualified persons, whether acting individually or as a corporation						
7. Amounts included on lines 2 and 3, but not from other than disqualified persons, whether acting individually or as a corporation						
c. Add lines 7a and 7b						

**Section B. Tax-Exempt Business Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9. Amounts from line 6						
10a. Gross income from interest, dividends, annuities, royalties, and income from similar sources						
10b. Net capital gain (less section 179(e) tax) from business acquired after June 30, 1975						
c. Add lines 10a and 10b						
11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12. Other income. Do not include gain						
13. Total support. (Add lines 9, 10c, 11, and 12.)						

**Section C. Computation of Public Support Percentage**

15. Public support percentage for 2018 (line 9, column (f), divided by line 13, column (f))	15	%
---	----	---

Part IV Supporting Organizations

(Complete only if you checked 12a on Part I. If you checked 12a of Part I, complete Sections A

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 Organizations

Yes No

1. Were all of the organization's supported organizations listed by name in the organization's governing

2. Did the organization maintain that each supporting organization qualified under section 170(c)(2)(B)?

3. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," specify in Part V the purposes of each supported organization.

If "Yes," and if you checked 12d of 12b in Part I, answer (a) and (b) below.

4a. Are the assets being controlled, managed, or in connection with its supported organizations

4b

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"

If "Yes," complete Part I of Schedule I (Form 990 or 990-EZ)

R

6. In section 5001(b)(4) or 1702. If "Yes," provide detail in Part VII

6a

7. Did any person (as defined in Reg. 1.1361-1) hold a controlling interest in any entity in which

CAL STATE EAST BAY EDUCATIONAL

Yes No

Section B. Type I Supporting Organizations

Yes No

Do the directors, trustees, or membership of one or more supported organizations have the power to

Yes No

Yes No

Do the directors, trustees, or membership of one or more supported organizations have the power to

Do the directors, trustees, or membership of one or more supported organizations have the power to

Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Internal Part Test during the year(s) instructed.

The organization satisfied the Activities Test. Complete line 9 below.

**Part V** Type III Non-Functionally Integrated 501(c)(29) Supporting Organizations  
 Type III Non-Functionally Integrated Supporting Organizations

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

Net short-term capital gain

Contribution of gross income or for management, control, or

operation of property held for production of income (see instructions)

Other expenses (see instructions)

Adjusted net income (subtract lines 6, 7, and 8 from line 5)

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

a Average monthly value of securities

1a

b Average monthly cash balances

1b

c Fair market value of other non-exempt-use assets

1c

d Total (add lines 1a, 1b, and 1c)

1d

2 Acquisition indebtedness applicable to non-exempt-use assets

2

3 Subtract line 2 from line 1d

3

4 Cash deemed held for exemption. Enter 1/100% of line 3 (for greater amount see instructions)

4

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

5

7 Recoveries of prior-year distributions

7

**Section C - Distributable Amount**

(Current year)

6 Enter greater of line 2 of this A

6

Emergency temporary reduction (see instructions)

6

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

4 Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (prior if approval required)

7 Total annual distributions. Add lines 1 through 6.

8 Distributions to attending supported organizations to which the organization is responsive

(provide details in Part VI). See instructions.

9 Distributable amount for 2019 from Section C, line 6.

10 Line 9 amount divided by line 8 amount

Underdistributions

Distributable

Distributable amount for 2019 from Section C, line 11

Total of lines 3a through e

Remainder. Subtract lines 3d, 3h, and 3i from 3j.

7 Excess distributions carryover to 2019. Add lines of

8 Distribution of line 7

9 Excess from 2019



Schedule B

Schedule of Contributors

OMB No. 1545-0047

Form 990 or 990-EZ  
Department of the Treasury  
Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-BE

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

501(c)(2)

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

501(c)(3) taxable private foundation

General Rule

For an organization that files Form 990, 990-EZ, or 990-BE that received during the year contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

year total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

II. and III.

religious, charitable, etc., contributions totaling \$5,000 or more during the year

\$

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-BE, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-BE).

For more information, see the instructions for Form 990, 990-EZ, or 990-BE.

Name of organization

Employer identification number

CAL STATE EAST BAY EDUCATIONAL FOUNDATION

J 94-6128893

Part I Contributors (see instructions) (see duplicate copies of Part I if additional copies are needed)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

1		\$ 270,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
---	--	-------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

2		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
---	--	-------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

			Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
--	--	--	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

4		\$ 130,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
---	--	-------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

		\$ 100,000.	Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
--	--	-------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

6		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
---	--	------------	--

(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FOUNDATION

94-6128893

**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
------------	-----------------------------------	----------------------------	-----------------------------

7		\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	--	------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

8		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
---	--	------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
--	--	----	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
--	--	--	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
--	--	----	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
--	--	----	--

Name of organization

Employee identification number

FOUNDATION

94-5128893

Part II Noncash Property

(a) from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

(a) from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

No.	(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) from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

(a) from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

from any one contributor. Complete columns (a) through (d) and the following line entry. For organizations

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

From (a) No. from Part I

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

From (a) No. from Part I

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

(a) No. from Part I

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D

Supplemental Financial Statements

OMB No. 1545-0047

2018

(Form 990)

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.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

Attach to Form 990.

Use to show the donor's contribution and the latest information.

Department of the Treasury Internal Revenue Service

FOUNDATION

94-6128893

(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 made during 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 assets, subject to the organization's exclusive legal control?

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring a private inurement or private business?

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

Preservation of open space

2 Complete lines 3a through 3d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the year.

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

Yes No

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

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

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

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SEAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical

(i) Revenue included on Form 990, Part VIII, line 1

\$

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

(check all that apply):

b  Scholarly research

e  Other \_\_\_\_\_

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

on Form 990, Part X?

Yes  No

- d Auctions during the year
- e Distributions during the year
- f Ending balance

1d	
1e	
1f	

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part VII, line 1.

c Net investment earnings, gains, and losses	175,481	632,037	1,826,875	-531,379	73,589
d Grants or scholarships	620,009	576,545	513,222	449,190	504,053
e Other expenditures for facilities			2,480,550		

6 Provide the estimated percentage of the current year end balance (line 1c, column (a)) held on:

a Permanent endowment	9.01	%
b Permanent endowment	77.78	%
c Temporarily restricted endowment	13.22	%

by:

(i) related organizations	<input checked="" type="checkbox"/>	Yes	No
(ii) related organizations	<input type="checkbox"/>	Yes	No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b		
----	--	--

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

**Part VI Land, Buildings, and Equipment**

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
b Buildings				
c Leasehold improvements				
d Equipment				



CAL STATE EAST BAY EDUCATIONAT.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements 1 2,837,287.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 40:

a. Unpaid services and use of facilities 2b

b. Other (Describe in Part XIII.) 4b

Part XIII Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements 1 2,082,299.

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

a. Prior year expenditures

c. Other losses 2c

d. Other (Describe in Part XIII.) 2d

e. Add lines 2a through 2d 2e 0.

3 Subtract line 2e from line 1 3 2,082,299.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 240,510.

b. Other (Describe in Part XIII.) 4b

5 Add line 4a and 4b 4c 480,010.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1h and 2h; Part V, line 4; Part X, line 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO FURTHER THE ORGANIZATION'S MISSION PURPOSES.

THE EDUCATIONAL FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES

PROVISION WHEN APPLICABLE. THERE ARE NO AMOUNTS ACCRUED IN THE FINANCIAL



94-6128893

Part IV, line 22.

(f) Description of noncash ass

(e) Method of valuation book, FMV, appraisal, other)

d) Amount of non-cash assistance.

ad "Yes" on Form

(c) Amount of cash assistance.

re if the organization

Number of units

Individual recipient is nonresident alien

Number of units

Additional information

Additional information

State

State

Use

Use



CAL STATE EAST BAY EDUCATIONAL  
FOUNDATION

94-6128893 Page 2

Part III Supplemental Information: Provide the information required by Parts I, II, III, 32B, and 33, and whether the organization

SCHEDULE M, LINE 32B:

SCHEDULE O  
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2018

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/form990](http://www.irs.gov/form990) for the latest information.

Inspection

Name of the organization CAL STATE EAST BAY EDUCATIONAL

Employer identification number

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

THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE PRESIDENT AND THE TREASURER AND THEN SIGNED BY THE PRESIDENT AND THE TREASURER. APPROVED THE FINAL DRAFT OF THE FORM 990. THE ORGANIZATION APPROVED THE FINAL DRAFT OF THE FORM 990. THE ORGANIZATION CREATED A PDF OF THE FORM AND MAILED IT TO THE MEMBERS OF THE GOVERNING BOARD FOR APPROVAL OF THE BOARD.

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

ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COLLECTED AND REVIEWED FROM ALL BOARD MEMBERS. THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST POLICY, WHICH COMPLIES WITH THE CONFLICT OF INTEREST REQUIREMENTS SET FORTH IN THE COMPILATION OF POLICIES AND PROCEDURES FOR CALIFORNIA STATE UNIVERSITY AUXILIARY ORGANIZATIONS (SECTION 6.1.1) AND THE CALIFORNIA ELECTION CODE (SECTIONS 90006 TO 90009). 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:

MARKET RATE COMPARISONS ARE MADE TO OTHER CSU AUXILIARIES. CSU CONDUCTS A

STUDY.

FORM 990, PART VII, SECTION C, LINE 10.

INFO.HTML.