

ROGERS, ANDERSON, MALODY & SCOTT, LLP

Certified Public Accountants 735 E. Carnegie Drive, Suite 100 San Bernardino, CA 92408 (909) 889-0871 ~ www.ramscpa.net

March 20, 2018

CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407

CSUSB Philanthropic Foundation:

Enclosed is the organization's 2016 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2018.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Your payment should be made as instructed below on or before May 15, 2018.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

Mail to:

Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before May 15, 2018 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$225, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Terry Shea, CPA

Form	887	'9-	E	0

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service For calendar year 2016, or fiscal year beginning <u>JUL 1</u>, 2016, and ending <u>JUN 30</u>, 20<u>17</u> **Do not send to the IRS. Keep for your records.**

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

2016

Name of exempt organization

Employer identification number

CSUSB PHILANTHROPIC FOUNDATION

45-2255077

Name and title of officer DOUGLAS FREER TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	12,103,009.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, F , VI, line 5)	4b	
5a	Form 8868 check here b b Balance Due (Form 8868, line 3c)	5b	
		-	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and the wave xamined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my know. and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organize. 's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to se manization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the vaso my delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated F. 👘 al Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation vare payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revra a primen, must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle nt) dr 💷 🔿 authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential inform. ecessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize ROGERS, ANDERSON, MALODY	& SCOTT, LLP	to enter my PIN 26100
ERO firm r	ame	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electron is being filed with a state agency(ies) regulating charities as p enter my PIN on the return's disclosure consent screen.	•	
As an officer of the organization, I will enter my PIN as my significated within this return that a copy of the return is being program, I will enter my PIN on the return's disclosure conservations.	filed with a state agency(ies) regulating charitie	
Officer's signature	Date 🕨	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN.	<u>33117916500</u> do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature confirm that I am submitting this return in accordance with the requirer <i>e-file</i> Providers for Business Returns.		
ERO's signature 🕨	Date 🕨	
ERO Must Retain T	his Form - See Instructions	

Do Not Submit This Form To the IRS Unless Requested To Do So

			EXTENDED TO MAY 15, 2018		. .	OMB No. 1545-0047
-	Q	an	Return of Organization Exempt Fro			
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)						^{is)} 2016
Department of the Treasury Do not enter social security numbers on this form as it may be made public Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990						Open to Public Inspection
_					N 30, 2017	Inspection
_	Check if		f organization		D Employer identific	ation number
	applicab		r organization			
	Addr	ge CSUS	B PHILANTHROPIC FOUNDATION			
	Name	ge Doing b	usiness as		45-2	255077
	Initia	n Numbe		m/suite I	E Telephone number	
	Final returi termi	n_	UNIVERSITY PARKWAY			537-5918
_	ated Amer	City or 1	cown, state or province, country, and ZIP or foreign postal code	_	G Gross receipts \$	18,801,080.
	returr Appli	SAN	BERNARDINO, CA 92407	I'	H(a) Is this a group re	
	tion pend		nd address of principal officer: DOUGLAS FREER	<u> </u>	for subordinates	
	T	empt status:	AS C ABOVE \mathbf{X} = 504(a)(2) = 504(a) () () () () () () () () ()		H(b) Are all subordinates in	
			X 501(c)(3) $501(c)$ () ◀ (insert no.) 4947(a)(1) or ADVANCEMENT • CSUSB • EDU	527	H(c) Group exemption	list. (see instructions)
						State of legal domicile: CA
	art I					
	1	-	be the organization's mission or most significant activities: TO PROM	MOTE	FUNDRAISING	<u>,</u>
Governance			GE DONATIONS FROM OUTSIDE PARTIES IN			
'nar	2	Check this bo	x is constrained its operations or disposed .	. more	25% of its net ass	ets.
Nel	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	49
		Number of ind	dependent voting members of the governing body (Part VI, line 1b)			37
es &	5	Total number	of individuals employed in calendar year 2016 (Part V, line 2a)			0
viti	6				6	0
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	<u> </u>	7b	0.
				1	Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	🗕 🗖	<u>3,327,454.</u> 0.	<u> 10,925,226.</u> 0.
Revenue	9	-	ice revenue (Part VIII, line 2g)		1,025,896.	1,175,931.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		690.	1,852.
	12		- add lines 8 through 11 (must equal Part column), line 12)		4,354,040.	
	13		milar amounts paid (Part IX, column (A), lines		1,237,397.	4,845,378.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ú	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
per	. b		ing expenses (Part IX, column (D), line 25)			
ũ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,731,342.	2,957,377.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,968,739.	7,802,755.
	19	Revenue less	expenses. Subtract line 18 from line 12		.0,385,301.	4,300,254.
Net Assets or	227				nning of Current Year	End of Year
Sset	20		Part X, line 16)	4	5,445,025.	54,615,543.
et As	21		s (Part X, line 26)		310,751.	2,171,490.
_	<u>22</u> art II		fund balances. Subtract line 21 from line 20	4	5,134,274.	52,444,053.
		-	I declare that I have examined this return, including accompanying schedules and s	etatomon	te and to the heat of my	knowledge and balief it is
			. Declare that I have examined this return, including accompanying schedules and s			KIIOWIEUYE AIIU DEIIEI, IL IS
	,		. Declaration of preparet (other than onicer) is based on an information of Willen pr	neparer lla	as any Knowledge.	

Sign	Signature of officer			Date			
Here	DOUGLAS FREER, TREASUR	ER					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	TERRY SHEA, CPA			self-employed P00165007			
Preparer	Firm's name 🕨 ROGERS, ANDERSON	, MALODY & SCOTT, LLI	2	Firm's EIN 95-2662063			
Use Only	Firm's address 💊 735 E. CARNEGIE	DRIVE, SUITE 100					
	SAN BERNARDINO,	CA 92408		Phone no. (909) 889-0871			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	532001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) CSUSB PHILANTHROPIC FOUNDATION	45-225507	7 р	age 2
Par	t 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: TO PROMOTE FUNDRAISING, ENCOURAGE DONATIONS FROM OUTSIDE	PARTIES I	N	
	ORDER TO SUPPORT VARIOUS PROGRAMS AT CALIFORNIA STATE UNI		SAN	
	BERNARDINO.	•		
2	Did the organization undertake any significant program services during the year which were not listed on the			
_	prior Form 990 or 990-EZ?		Yes X	
	If "Yes," describe these new services on Schedule O.			
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,	Yes X	
3				
	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 r			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expense	es, and	
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 1,382,406. including grants of \$ 4,845,378.) (Revenue of \$ 2,845,378.)
	SCHOLARSHIPS - COORDINATE SCHOLARSHIP DONATIONS WITH THE	STUDENT		
	AWARDED SCHOLARSHIPS. STUDENT AWARDS WERE 1,454.			
4b	(Code:) (Expenses \$ 6,255,334. including gr , of \$) (Revenue	¢)
	DESIGNATED GIFT ADMINISTRATION - PROVIDE SERVICES IN SUPP			/
	DESIGNATED GIFT AND ENDOWMENT FUNDS.			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	e\$)
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 7,637,740.	/		
			000	

<u>Form 990 (</u>			PHILANTHROPIC	FOUNDATION
Part IV	Checklist (of Required S	chedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or pot negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily strict ordowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete the set of t			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pr Vine 10: Yes, " complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b		x
с	Did the organization report an amount for investments - program rele d in F "ine 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Par	11c		x
d	Did the organization report an amount for other assets in Part X 15 th. 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in X, line ? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial staten. f the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (AC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2016)

Form 990 (PHILANTHROPIC	FOUNDATION
Part IV	Checklist of	Required S	chedules (continued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disquality of persus a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 9° or 990-EZ? II "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from convables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disculified persons? If "Yes."			
	complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, true key employee, substantial			
	contributor or employee thereof, a grant selection committee member. 35% ntrolled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the ving parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and excremes):			
а	A current or former officer, director, trustee, or key employee if "Yes, pmplete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trus or key ployee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, o. ployee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Sche Jule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

Form	990 (2016) CSUSB PHILANTHROPIC FOUNDATION 45-2255	077	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 60			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte ansaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,00%, and a gross receipts that are normally greater than \$100,00%, and a gross receipts that are normally greater than \$100,00%.			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement the such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 17'			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution an aruy ds and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or service vided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to remule on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly indirec on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intelle riprope, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplan, or ner vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Dia 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.			
a	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		
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b 10b10b 10b 10b			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

CSUSB PHILANTHROPIC FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) memory, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken within the state by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who whot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in a dule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required byternal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures or erniny structures of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organ is a seempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 99° " " me. rs of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the orge .ation . view this Form 990.			
12a	Did the organization have a written conflict of interest polic, "No," c to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disc. ar .ally interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
S	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA	- 11 - 1 - 1		
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) as	allable	•	
	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	tinanci	al	
	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:			
	LISA IANNOLO - 909-537-3922 5500 IINTVERSTEV DARKWAY SAN REPNARDING CA 92407			
	5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407		000	

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 organization compensated any current officer, director, or trustee.

Name and Title Average hours per week Description both and related organization below Description both and related organization below Reportable both and related organization below Reportable both and related organization and related organization Estimated and related organization Estimated and related organization (1) DR. TOMAS MORALES 1.00 X X X 0. 459,049. 98,697. (2) ELLEN WEISSER 1.00 X X X 0. 0. 0. (3) NARK EDMARDS 1.000 X X X 0. 0. 0. (3) DR. ROMAL FREER 1.000 X X X 0. 0. 0. (3) DR. ROMAL FREER 1.000 X X X 0. 0. 0. (3) DR. ROMAL FREER 1.000 X X 0. 0. 0. 0. (4) DR. DOUGLAS FREER 1.000 X X 0. 0. 0. 0. (3) DR. ROMAL FREEZ 1.000 X X 0. 0. 0. 0.	(A)	(B)				C)			(D)	(E)	(F)
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(26) PAUL GRANILLO 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(25) GERALD FAWCETT	1.00											
DIRECTOR X 0. 0. 0. 0. 1b Sub-total 0. 1,761,674. 553,249. c Total from continuation sheets to Part VII, Section A 0. 102,568. 42,180. d Total (add lines 1b and 1c) 0. 1,864,242. 595,429. 2 Total number of individuals (including but not limited to those sted at a) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, or trustee, key c nployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	DIRECTOR		Х						0.	0.			0.
1b Sub-total 0.11,761,674.553,249. c Total from continuation sheets to Part VII, Section A 0.102,568.42,180. d Total (add lines 1b and 1c) 0.11,864,242.595,429. 2 Total number of individuals (including but not limited to those sted a. a) who received more than \$100,000 of reportable 0 3 Did the organization list any former officer, director, or trustee, key comployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	(26) PAUL GRANILLO	1.00											
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2 Total number of individuals (including but not limited to those sted a a) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, or trustee, key c. nployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										102,568.		<u>∠,⊥</u>	80.
compensation from the organization Image: compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key is nployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Did appendent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)				7			-				59	5,4	29.
3 Did the organization list any former officer, director, or trustee, key c nployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		not limited to th	IOSr	teد	ed al	- ,) wh	o re	eceived more than \$100,	000 of reportable			٥
 3 Did the organization list any former officer, director, or trustee, key comployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) 	compensation from the organization		_	-		- /						Voc	-
line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. (A) (B) (C)	3 Did the organization list any former office	r director or tri	isto	o ko		anlo	NOO	ort	highest compensated er	nnlovee on		100	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. (A) (B) (C)					-		-		•		3		x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)											4	Х	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5 Did any person listed on line 1a receive or	accrue comper	nsati	on fi	rom	any	unre	late	ed organization or individ	dual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	rendered to the organization? If "Yes." co	mplete Schedul	e J f	or si	uch i	oers	on .				5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	· · · · · · · · · · · · · · · · · · ·												
(A) (B) (C)											ation fro	om	
		r the calendar ye	ear e	endir	ng w	vith c	or wit	hin:	· · · ·	ear.			
		s address	N	лл	7					ervices			on
			111	5111	_								

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 CSUSB PH									45-225	5077
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	c all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				o yee		the	organizations	compensation
	(list any	recto				em pli		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	suadu				and related
	organizations below	ual tr	tional		y olq r	it con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DR. W. BENSON HARER, JR.	1.00	-	=		×	+	ш.			
DIRECTOR		х						0.	0.	0.
(28) JIM IMBIORSKI	1.00									
DIRECTOR		х						0.	Ο.	0.
(29) COLE JACKSON	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(30) MARK KAENEL	1.00		-					0.	0.	U •_
DIRECTOR	1.00	x						0.	0.	0.
(31) WILFRID LEMANN	1.00	Δ	-					0.	0.	0.
	1.00	77							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(32) BARBARA MCGEE	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(33) DR. YOLANDA MOSES	1.00									-
DIRECTOR		Х						0.	0.	0.
(34) RICHARD OLIPHANT	1.00									
DIRECTOR		Х				_		0.	0.	0.
(35) NEALE PERKINS	1.00									
DIRECTOR		Х						0.	0.	0.
(36) MADELAINE PFAU	1.00							I IIII		
DIRECTOR		Х						0.	0.	0.
(37) STEVE PONTELL	1.00									
DIRECTOR		x	\leq					0.	Ο.	0.
(38) JAMES RAMOS, JR.	1.00									
DIRECTOR		х						0.	0.	0.
(39) ALI RAZI	1.00									
DIRECTOR		х						0.	0.	0.
(40) PHILLIP SAVAGE, IV	1.00								•••	•••
DIRECTOR		х						0.	0.	0.
(41) PAUL SHIMOFF	1.00		-						0.	U •
DIRECTOR	<u> </u>	х						0.	0.	0.
(42) JEFFREY SHOCKEY	1.00	^	-					· · ·	0.	<u> </u>
	L	x						0.	0.	•
DIRECTOR	1 00	^	-					0.	U •	0.
(43) ERNEST SIVA	1.00								•	
DIRECTOR	1 00	Х	-					0.	0.	0.
(44) JEAN STEPHENS	1.00								•	_
DIRECTOR	1 00	Х	-					0.	0.	0.
(45) WILLIAM STEVENSON	1.00								00 000	1 0 6 4
DIRECTOR	1.00	х	<u> </u>					0.	28,339.	1,861.
(46) EDWARD TEYBER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c					<u></u>					

Form 990 CSUSB PH									45-225	5077
Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (, ,	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl		all			ly)	compensation	compensation	amount of
	per					<u> </u>	,,	from	from related	other
	week					ee		the	organizations	compensation
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	()	organization
	related	e or	stee			sate				and related
	organizations	ruste	1 trus		/ee	nper				organizations
	below	lual t	tion	Ι.	oldu	st co	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) BRUCE VARNER	1.00	-	-	0	×	Ŧ	Ē			
DIRECTOR	1.00	x						0.	0.	0.
(48) DR. PAULCHRIS OKPALA	1.00	Δ						0.	0.	0.
DIRECTOR	40.00	х						0.	74,229.	40,319.
(49) GARY MCBRIDE	1.00								/	
DIRECTOR		х						0.	Ο.	0.
						\vdash				
						+				
						t	_			
					(<u> </u>					
Total to Part VII, Section A, line 1c									102,568.	42,180.

	ו 990 (ג			HROPIC FO	UNDATION		45-2255	077 Page 9
Pa	rt VII	Statement of Rever	nue					
_		Check if Schedule O cont	ains a response	or note to any line	((0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Å G	с	Fundraising events	1c					
ar A	d	Related organizations		4,214,645.				
s, G mils	е	Government grants (contribut		151,797.				
ion	f	All other contributions, gifts, gran	ts, and					
but		similar amounts not included abo	ve 1f	6,558,784.				
d O	g	Noncash contributions included in lines	1a-1f: \$	1,345,643.				
an	h	Total. Add lines 1a-1f		>	10,925,226.			
				Business Code				
e	2 a							
ervi e	b							
n Se enu	С							
ran 3ev	d							
Program Service Revenue	е							
Ч	f	All other program service reve						
	g							
	3	Investment income (including			025 079			025 070
		other similar amounts)			935,978.			935,978.
	4	Income from investment of ta						
	5	Royalties				1		
	6 -	Overe verte	(i) Real	(ii) Personal				
		Gross rents		<u> </u>				
		Less: rental expenses Rental income or (loss)						
		NI I I I I I I I I I I I I I I I I I I						
		Gross amount from sales of	(i) Securities	(ii) C ər				
	7 a	assets other than inventory	6,938,024.					
	h	Less: cost or other basis	, , -	- $-$				
	2	and sales expenses	6,698,071.					
	с	Gain or (loss)						
		Net gain or (loss)			239,953.			239,953.
		Gross income from fundraisin						
nue		including \$	of					
eve		contributions reported on line						
r B		Part IV, line 18	а					
Other Revenue	b	Less: direct expenses						
0	с	Net income or (loss) from fund	draising events	►				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	аа					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	····· ►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code	4 655	4 4 4 4		
		OTHER		900099	1,852.	1,852.		
	b							
	c							
	d			L	1 050			
		Total. Add lines 11a-11d		······ 【	1,852.	1,852.	0.	1,175,931.
	12	IULAL LEVENUE, SEE INSTRUCTIONS.				· · · · · · · · · · · · · · · · · · ·	υ.	

CSUSB PHILANTHROPIC FOUNDATION Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	4,845,378.	4,845,378.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits			-	
10	Payroll taxes Fees for services (non-employees):				
	Management				
a b		1,771.		1,771.	
c	Legal	191,043.	191,043.	±,,,,±•	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	1			
f	Investment management fees	105,385.	105,385.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	72,989.	72,989.		
13	Office expenses	1,251,720.	1,202,628.	49,092.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	58,873.	56,250.	2,623.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	216,503.	120,649.	95,854.	
20	Interest				
21	Payments to affiliates	40.040		0.004	
22	Depreciation, depletion, and amortization	49,940.	47,646.	2,294.	
23		14,492.	1,111.	13,381.	
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)				
а	amount, list line 24e expenses on Schedule 0.) CONTRACT SERVICES	482,641.	482,641.		
a b	REIM. OF PERSONNEL COST	384,585.	384,585.		
c b	MISCELLANEOUS	78,858.	78,858.		
d	RENTAL OF EQUIPMENT AND	48,577.	48,577.		
	All other expenses	,	,		
25	Total functional expenses. Add lines 1 through 24e	7,802,755.	7,637,740.	165,015.	0.
26	Joint costs. Complete this line only if the organization			·	·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

CSUSB	PHILANTHROPIC	FOUNDATION
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art X		Balance Sneet					
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A)		(B)
					Beginning of year		End of year
1					2,738,805.	1	4,246,876
2		Savings and temporary cash investments			4,760,299.	2	4,762,574
3		Pledges and grants receivable, net			10,976,080.	3	2,139,490
4		Accounts receivable, net			510.	4	267,630
5		Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensation	ited em	ployees. Complete			
		Part II of Schedule L				5	
6		Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
,		employees' beneficiary organizations (see instr).		-		6	
7		Notes and loans receivable, net				7	
8 8		Inventories for sale or use				8	
9		B				9	
		Land, buildings, and equipment: cost or other				-	
	u	basis. Complete Part VI of Schedule D	102	300 528			
	h	Less: accumulated depreciation		212,758.	137,710.	100	87,77(
		Investments - publicly traded securities			23,297,671.	11	43,111,203
11						12	
12		Investments - other securities. See Part IV, line 1			<u> </u>		
13		Investments - program-related. See Part IV, line				13	
14		Intangible assets			3,533,950.	14	
15		Other assets. See Part IV, line 11				15	
16		Total assets. Add lines 1 through 15 (must equ			45,445,025.	16	54,615,543
17		Accounts payable and accrued expenses			291,807.	17	530,252
18		Grants payable			10.044	18	
19		Deferred revenue			18,944.	19	(
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete I				21	
22		Loans and other payables to current and former					
		key employees, highest compensated employee					
22		Complete Part II of Schedule L				22	
23		Secured mortgages and notes payable to unrela	ted thi	d parties		23	
24		Unsecured notes and loans payable to unrelated	d third p	arties		24	
25		Other liabilities (including federal income tax, pa	yables	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D			0.	25	1,641,239
26		Total liabilities. Add lines 17 through 25			310,751.	26	2,171,490
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🗴 and			
,		complete lines 27 through 29, and lines 33 an	d 34.				
27		Unrestricted net assets			162,052.	27	547,16
28		Temporarily restricted net assets			15,468,961.	28	20,390,650
29		B			29,503,261.	29	31,506,232
		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
		and complete lines 30 through 34.		·			
30)	Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or ec				31	
32		Retained earnings, endowment, accumulated in	come (or other funds		32	
27 28 29 30 31 32 33		Retained earnings, endowment, accumulated in Total net assets or fund balances			45,134,274.	32 33	52,444,053

Form **990** (2016)

	990 (2016) CSUSB PHILANTHROPIC FOUNDATION	45-	2255077	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,103	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,755.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,254.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,134	
5	Net unrealized gains (losses) on investments	5	3,118	,748.
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		,222.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	52,444	,054.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> [X]</u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex ain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accr +?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year wer- complex reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated a reproste basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the part were a led on a separate	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidatec separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that <i>e</i> s resk_ sibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an Jeper countant?		2c	x
	If the organization changed either its oversight process or selection p. , during the tax year, explain in Sche			
3a	As a result of a federal award, was the organization required to roo a, dit or audits as set forth in the Sin	gle Aud	it 📃	
	Act and OMB Circular A-133?		<u>3a</u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or . *s? If the rganization did not undergo the required	ed audi		
	or audits, explain why in Schedule O and describe any steps take indergo such audits			
			Form S	990 (2016)

SCHEDULE A

(Form	990	or	990	-EZ
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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.

Open to Public
Inspection

20

OMB No. 1545-0047

16

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.	w.irs.gov/fo	rm990.

Nam	Name of the organization Employer identification number								
		CSUS	B PHILANTH	ROPIC FOUNDAT	TION			4	5-2255077
Par	tl	Reason for Public C	Charity Status (A	All organizations must co	mplete th	s part.) Se	e instructions		
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, ch	neck only o	one box.)			
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (#	Attach Schedule E (Form	990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5	Х	An organization operated for	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7 [An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
r		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe							
9 [An agricultural research org					nction with a	-	-
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	e, city) e, city	, state of	the college	e or
		university:				<u> </u>			
10 [An organization that normal							
		activities related to its exem							-
		income and unrelated busin		(less section 511 tax) fro	r neines	ises ₁ uii	red by the org	anization a	after June 30, 1975.
.		See section 509(a)(2). (Cor		valu to toot for public oof		notion Ef	O(a)(A)		
11 12		An organization organized a	-						numeros of one or
12 [An organization organized a more publicly supported or	-	-				•	purposes of one or Check the box in
		lines 12a through 12d that	-				12e, 12f, and		
а		Type I. A supporting orga	• •					-	aivina
u		the supported organization	-			-	tors or trustee		
		organization. You must c			majority o				pporting
b		Type II. A supporting orga	-		ion with its	s supporte	d organizatio	n(s) by hay	vina
~		control or management or	-				-		•
		organization(s). You mus						90 110 00.pr	
с] Type III functionally inte	-		n connect	ion with. a	and functional	lv integrate	ed with.
		its supported organization						, ,	
d] Type III non-functionally					-	ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	ons). You must com	plete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	nization received a v	vritten determination fror	m the IRS	that it is a	Type I, Type I	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
									<u> </u>
Total									

Schedule A (Form 990 or 990-EZ) 2016 CSUSB PHILANTHROPIC FOUNDATION 45-2255 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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.")	2248584.	4728135.	3891518.	3327454.	10925226.	<u>25120917.</u>
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	2248584.	4728135.	3891518.	3327454.	10925226.	25120917.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				J		
	amount shown on line 11,				1		
	column (f)						400,511.
6	Public support. Subtract line 5 from line 4.				,		24720406.
	tion B. Total Support					•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	/ ` 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	2248584.	4728135.	3891518.		10925226.	25120917.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	765,636.	660,818.	1053938.	1025896.	935,978.	4442266.
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.)		633.	1,208.	690.	1,852.	4,383.
11	Total support. Add lines 7 through 10						29567566.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for						
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2016 (li	ne 6, column (f) di	vided by line 11. co	olumn (f))		14	83.61 %
15	Public support percentage from 2015					15	80.91 %
16a	33 1/3% support test - 2016. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c		-				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test	-					
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						. ▶□
18	Private foundation. If the organizatio						
10	- mate roundation. In the organizatio			a, 100, 17a, 01 17b	, oncor unio DUX al		, F

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CSUSB PHILANTHROPIC FOUNDATION 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2	2016	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
•	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
~	• ··· -				-			
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2012	(b) ^	'c) 2014	(d) 2015	(e) 2	2016	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							Ĺ
14	First five years. If the Form 990 is for the	the organization'	s first, second, third	l, fourth, or fifth	tax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here							
Sec	ction C. Computation of Public	; Support Per	rcentage					
15	Public support percentage for 2016 (lir	ne 8, column (f) d	ivided by line 13, co	olumn (f))		15		%
16	Public support percentage from 2015 \$	Schedule A, Part	III, line 15			16		%
	ction D. Computation of Invest							
17	Investment income percentage for 201	16 (line 10c. colu	mn (f) divided by lin	e 13. column (f))		17		%
18	Investment income percentage from 2					18		%
	33 1/3% support tests - 2016. If the c					<u> </u>	nd line 17	
.56	more than 33 1/3%, check this box and							
Ь	33 1/3% support tests - 2015. If the c						3 1/3% a	
L L								
20	line 18 is not more than 33 1/3%, chec							
20	Private foundation. If the organization	потот спеск а	DUX OFFIINE 14, 192	, or rep, check	unis pox and see ins	SILUCTIONS	<u></u>	<u> P 📖 </u>

Schedule A (Form 990 or 990-EZ) 2016 CSUSB PHILANTHROPIC FOUNDATION

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 Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 surged.
- **4a** Was any supported organization not organized in the United States ("foreign supported orce", 'ion")? *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 ants to the fc. eign supported organization? If "Yes," describe in Part VI how the organization had suck "ntrr and discretion despite being controlled or supervised by or in connection with its supported organizatic.
- **c** Did the organization support any foreign supported organization that does not the an IRS ermination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls ganization used to ensure that all support to the foreign supported organization was used exclusive or section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organ ations the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, ing (i) the names and EIN numbers of the supported organizations added, substituted, or reasons for each such action; (iii) the authority under the organization's organizing documer uthoriz. Such action; and (iv) how the action was accomplished (such as by amendment to the organizing or ument)
- **b Type I or Type II only.** Was any added or substituted supported ation 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).*
- 8 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.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2016 CSUSB PHILANTHROPIC FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," descrit Pr VI how control			
	or management of the supporting organization was vested in the same persons that con.			
<u>Sec</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		L
Sec			Vee	Ne
4	Did the exception provide to each of its supported exceptions, by the state the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by t day the fifth month of the			
	organization's tax year, (i) a written notice describing the type and arount comprovided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the formation, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of not in n, the extent not previously provided? Were any of the organization's officers, directors, or trustees there (i) the organization of the supported			
2	organization(s) or (ii) serving on the governing body of a su _P , 'ed orga _ation? If "No," explain in Part VI how			
	the organization maintained a close and continuous working rela. with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's upported organizations have a	-		
Ũ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
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 instr	uctions).		
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		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	<u>3a</u>		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

Schedule A (Form 990 or 990-EZ) 2016

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	olete Se	ections A through E.	·
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	- 4		
d	Total (add lines 1a, 1b, and 1c)	<u>_</u>		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	_		
2	Acquisition indebtedness applicable to non-exempt-use assets			
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater a			
	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	on 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		

Schedule A (Form 990 or 990-EZ) 2016 CSUSB PHILANTHROPIC FOUNDATION

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 CSUSB PHILANTHROPIC FOUNDATION

Pai	T V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:		·	
a			L	
b			J	
c	From 2013			
d	From 2014		<u> </u>	
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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,	·		
	line 7: \$			
a	Applied to underdistributions of prior years	<u> </u>		
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	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			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>	Evenes from 2012			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015 Excess from 2016			
е				

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CSUSB PHILANTHROPIC FOUNDATION 45-2255077 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2013 AMOUNT: \$ 633.
2014 AMOUNT: \$ 1,208.
2015 AMOUNT: \$ 690.
2016 AMOUNT: \$ 1,852.
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HARLES D. OBERSHAW	991,862.	400,511
otal Excess Contributions to Schedule A, Part II, Line 5		400,511

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.jrs.gov/form990 .

OMB No 1545-0047

Employer identification number

45-2255	5077
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(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

CSUSB	PHILANTHROPIC	FOUNDATION
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 found on
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the aral Rule J a Special Rule. See instructions.

General Rule

vear, contributions totaling \$5,000 or more (in money or For an organization filing Form 990, 990-EZ, or 990-PF that receive, duri property) from any one contributor. Complete Parts I and II. See in. ons for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form > ->90-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 (1 Jrm 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

45-2255077

CSUSB PHILANTHROPIC FOUNDATION

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	ANHEUSER-BUSCH, INC. 1400 MARLBOROUGH AVE RIVERSIDE, CA 92507	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARROWHEAD COUNTRY CLUB		Person X
	3433 PARKSIDE DR SAN BERNARDINO, CA 92404	\$21,375.	Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) .al contributions	(d) Type of contribution
3	AUEN FOUNDATION		Person X
	P.O. BOX 13390 PALM DESERT, CA 92255	\$50,000.	Payroll Noncash (Complete Part II for noncash contributions.)
			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BANK OF AMERICA		Person X
	3650 14TH ST., STE. 204	\$18,950.	Payroll Noncash
	RIVERSIDE, CA 92501		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BEACON POINTE ADVISORS, LLC		Person X
	24 CORPORATE PLAZA DR STE 150	\$5,000.	Payroll Noncash (Complete Part II for
	NEWPORT BEACH, CA 92660		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BENOIT FOR SUPERVISOR		Person X
	2150 RIVER PLAZA DR., STE. 150	\$25,000.	Payroll Noncash
	SACRAMENTO, CA 95833		(Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

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CSUSB PHILANTHROPIC FOUNDATION Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 BERNARD OSHER FOUNDATION X Person Payroll ONE FERRY BUILDING, STE. 255 25,000. Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94111 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 BEST, BEST & KRIEGER, LLP X Person Payroll 3390 UNIVERSITY AVE., 5TH FLOOR 9,500. Noncash (Complete Part II for RIVERSIDE, CA 92501 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 al contributions Type of contribution No. 9 BIGHORN PROPERTIES, INC. X Person Payroll 255 PALOWET DR 20,000. Noncash \$ (Complete Part II for PALM DESERT, CA 92260 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 BOEING GLOBAL CORPORATE CITIZENSHIP Person X Payroll P.O. BOX 516 M/C 5084-7000 \$ 45,000. Noncash (Complete Part II for ST. LOUIS, MO 63166 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 BRADFORD PORTRAITS X Person Payroll X 2651 IRVINE AVE STE 152 5,000. Noncash (Complete Part II for noncash contributions.) COSTA MESA, CA 92627 (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 X MRS. DEBBIE BROWN Person Payroll 10,000. Noncash 1837 COUNTRY CLUB DR. \$ (Complete Part II for REDLANDS, CA 92373 noncash contributions.)

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Name	of organizati	ion	

Employer identification number

45-2255077

CSUSB PHILANTHROPIC FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	BUD'S TIRE AND WHEEL, TIRE PROS 8651 INDIANA AVE STE F RIVERSIDE, CA 92504	\$5,000.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14_	CALIF. ASSOC. FOR MICROENTERPRISE 1 HALLIDIE PLZ STE 715 SAN FRANCISCO, CA 94102	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	al contributions	Type of contribution
	CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST STE 400 LOS ANGELES, CA 90012	\$ 14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	CALIFORNIA STATE UNIVERSITY, FRESNO 5241 N. MAPLE AVE. FRESNO, CA 93740	\$ <u> </u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	CALIFORNIA WELLNESS FOUNDATION 515 S. FLOWER ST., STE. 1100 LOS ANGELES, CA 90071	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	CARDENAS MARKETS 2501 E GUASTI RD ONTARIO, CA 91761	\$ <u>99,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

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CSUSB PHILANTHROPIC FOUNDATION

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
<u>19</u>	CARNEGIE CORPORATION OF NEW YORK437 MADISON AVE.NEW YORK, NY 10022	\$ <u>50,000.</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
20	CHILDREN'S FUND 348 W. HOSPITALITY LN., STE. 110 SAN BERNARDINO, CA 92408	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) al contributions	(d) Type of contribution
	CITI COMMUNITY DEVELOPMENT 740 LOMAS SANTA FE DR., STE. 208 SOLANA BEACH, CA 92075	\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	Type of contribution
22	CITY OF SAN BERNARDINO WATER DEPT. P.O. BOX 710 SAN BERNARDINO, CA 92408	\$5,000.	Type of contribution Person X Payroll
	CITY OF SAN BERNARDINO WATER DEPT. P.O. BOX 710		Person X Payroll Noncash (Complete Part II for
22	CITY OF SAN BERNARDINO WATER DEPT. P.O. BOX 710 SAN BERNARDINO, CA 92408 (b)	\$ <u>5,000.</u> (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.)
22(a) No.	CITY OF SAN BERNARDINO WATER DEPT. P.O. BOX 710 SAN BERNARDINO, CA 92408 (b) Name, address, and ZIP + 4 COCA COLA USA OPERATIONS 2603 CAMINO RAMON STE 550	\$\$(c) Total contributions	Person X Payroll

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CSUSB PHILANTHROPIC FOUNDATION

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
25	THE COMMUNITY FOUNDATION 3700 6TH ST STE 200 RIVERSIDE, CA 92501	\$63,069.	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	CRANKSTART FOUNDATION		Person X
	2626 VALLEJO ST. SAN FRANCISCO, CA 84123	\$50,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) al contributions	(d) Type of contribution
27_	CUCAMONGA VALLEY WATER DISTRICT P.O. BOX 638 RANCHO CUCAMONGA, CA 91729	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_	FIDELITY INVESTMENTS P.O. BOX 770001 CINCINNATI, OH 45277	\$25,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	FOLLETT HIGHER EDUCATION GROUP <u>3 WESTBROOK CORPORATE CENTER, STE. 200</u> <u>WESTCHESTER, IL 60154</u>	\$10,000.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	GARNER HOLT PRODUCTIONS, INC.		Person X
	825 E COOLEY AVE SAN BERNARDINO, CA 92408	\$5,000.	Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

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CSUSB PHILANTHROPIC FOUNDATION

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
31_	MRS. JANE GOTHER 74704 ARROYO DR. INDIAN WELLS, CA 92210	\$ <u>20,259.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	GRTR PALM SPRINGS CONVENTION & VISITORS		Person X Payroll
	<u>70-100 HIGHWAY 111</u> RANCHO MIRAGE, CA 92270	\$25,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) al contributions	(d) Type of contribution
33	MS. ASHLEY GUFTAFSON 610 OPPERMAN DR. EAGAN, MN 55123	\$5,000.	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_	IN-N-OUT BURGER FOUNDATION 4199 CAMPUS DR., 9TH FLOOR IRVINE, CA 92612	\$10,000.	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
35	MR. JEFFREY LANDAU 3615 MOORE ST. LOS ANGELES, CA 90066	\$37,000.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	MR. JOHN F. LEONARD <u>328 AUBURN DR.</u> DAYTON, FL 32118	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CSUSB PHILANTHROPIC FOUNDATION

Name of organization

Employer identification number

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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 LIPP FAMILY FOUNDATION X Person Payroll 1330 ORANGE AVE., STE. 300 10,500. Noncash \$ (Complete Part II for CORONADO, CA 92118 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 38 LOS ANGELES TIMES X Person Payroll 202 W. FIRST ST. 5,000. Noncash (Complete Part II for LOS ANGELES, CA 90012 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 al contributions Type of contribution No. 39 MRS. MARYJANE MCCOY X Person Payroll 15929 N. GLENCREST DR. 10,000. Noncash \$ (Complete Part II for SPOKANE, WA 99208 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 MET AUTO SERVICE Person X Payroll 5,250. 1030 KENDALL DR. Noncash \$ (Complete Part II for SAN BERNARDINO, CA 92407 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 MORGAN STANLEY GIFT X Person 1177 AVENUE OF THE AMERICAS, 41ST Payroll FLOOR 55,000. Noncash \$ (Complete Part II for noncash contributions.) NEW YORK, NY 10104 (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 42 X MR. KENNETH NICKERSON Person Payroll 26,582. Noncash 1241 N. 41ST ST. \$ (Complete Part II for LINCOLN, NE 68530 noncash contributions.)

CSUSB PHILANTHROPIC FOUNDATION

Name of o	rganization
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Employer identification number

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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 MR. MARK NICKERSON X Person Payroll 49995 CANYON VIEW DR 10,000. Noncash \$ (Complete Part II for PALM DESERT, CA 92260 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 44 MR. CHARLES D. OBERSHAW X Person Payroll 3470 N. CIRCLE RD. 991,862. Noncash X \$ (Complete Part II for SAN BERNARDINO, CA 92405 noncash contributions.) (a) (b) (c) (d) al contributions Type of contribution No. Name, address, and ZIP + 4 45 PALM DESERT-INDIAN WELLS WOMEN'S CLUB X Person Payroll 7,500. P.O. BOX 413 Noncash \$ (Complete Part II for PALM DESERT, CA 92261 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 46 MRS. JODY PARKER Person X Payroll Noncash 74-535 WREN DR. 5,000. \$ (Complete Part II for INDIAN WELLS, CA 92210 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 PEDEGO LA QUINTA X Person Payroll X 78075 MAIN ST., STE. 104 12,000. Noncash (Complete Part II for PALM DESERT, CA 92253 noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 48 MR. NEALE A. PERKINS X Person Payroll 7,545. P.O. BOX 9330 Noncash \$ (Complete Part II for REDLANDS, CA 92375 noncash contributions.)

Name	of	organization
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Employer identification number

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CSUSB PHILANTHROPIC FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>49</u>	RABOBANK, N.A. 1448 W MAIN ST EL CENTRO, CA 92243	\$ <u>8,720.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50	MS. JOHNNIE ANN RALPH 825 SHERIDAN RD SAN BERNARDINO, CA 92407	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	al contributions	Type of contribution
51	SAN BERNARDINO CITY UNIFIED SCHOOL DIST. 777 N. F ST. SAN BERNARDINO, CA 92410	\$ 48,466.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52	SAN MANUEL BAND OF MISSION INDIANS 26569 COMMUNITY CENTER DR HIGHLAND, CA 92346	\$ <u>14,850.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
53	MS. ADINA L. SAVIN 2003 PELHAM AVE. LOS ANGELES, CA 90025	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
54	MR. GIL SCHROEDER		Person X Payroll

Name of organization

Employer identification number

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CSUSB PHILANTHROPIC FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 SMALL BUSINESS DEV CORP OF ORANGE	Total contributions	Type of contribution
55	COUNTY 271 N. SYCAMORE ST. SANTA ANA, CA 92701	\$ <u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	SOUTHERN CALIFORNIA EDISON		Person X
	P.O. BOX 700 ROSEMEAD, CA 91770	\$. <u>100,000.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	al contributions	Type of contribution
57_	MS. JEAN M. STEPHENS 11355 MT. JOHNSON CT. RANCHO CUCAMONGA, CA 91737	\$ <u>5,500.</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
58	STONE EAGLE GOLF CLUB		Person X
	72-500 STONE EAGLE DR. PALM DESERT, CA 92260	\$ <u>18,000.</u>	Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	DR. CLEMENS JOHN TARTER		Person
	3121 HIGHLAND AVE. S, NO. 101 BIRMINGHAM, AL 35205	\$ <u>17,550.</u>	Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	MR. ROBERT W. TEMPLETON, C.F.A.		Person X
	3233 FEDERAL AVE	\$5,100.	Payroll Noncash X (Complete Part II for
	LOS ANGELES, CA 90066		noncash contributions.)

Name of organization

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CSUSB PHILANTHROPIC FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_	MS. FRANCES M. TODD <u>3166 N G ST</u> <u>SAN BERNARDINO, CA 92405</u>	\$ <u> </u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	TOMMY BAHAMA 400 FAIRVIEW AVENUE NORTH, STE. 488 SEATTLE, WA 98109	\$7,040.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) .al contributions	(d) Type of contribution
<u>63</u>	UNICARS HONDA 78-970 VARNER RD. INDIO, CA 92203	\$10,000.	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
64	US INTERNATIONAL MEDIA 1201 ALTA LOMA RD. LOS ANGELES, CA 90069	\$ <u> </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
65	MR. BRUCE D. VARNER 1604 SMILEY RIDGE REDLANDS, CA 92373	\$ <u>15,000.</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
66	DR. HAROLD J. VOLLKOMMER 6843 AMBER ST. HIGHLAND, CA 92346	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

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CSUSB PHILANTHROPIC FOUNDATION

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
67	WALTON FAMILY FOUNDATION P.O. BOX 2030 BENTONVILLE, AR 72712	\$9,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	MR. TED WEGGELAND		Person X
	3750 UNIVERSITY AVE., STE. 175 RIVERSIDE, CA 92501	\$5,950.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) al contributions	(d) Type of contribution
<u> 69</u>	WELLS FARGO BANK 4141 INLAND EMPIRE BLVD., STE. 350 ONTARIO, CA 91764	\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	WESTERN MUNICIPAL WATER DISTRICT 14205 MERIDIAN PKWY MARCH AIR RESERVE BASE, CA 92518	\$7,500.	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
	MR. DOUGLAS W. WILLIAMS P.O. BOX 2815 APPLE VALLEY, CA 92307	\$6,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	ZAPLETAL FAMILY TRUST ONE WEST FOURTH ST., 2ND FLOOR WINSTON-SALEM, NC 27101	\$44,168.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Doo	~	2
Pad	e	~

Employer identification number

45-2255077

CSUSB PHILANTHROPIC FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>73</u>	PECHANGA BAND OF LUISENO INDIANS P.O. BOX 2183 TEMECULA , CA 92592	\$39,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74	CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	\$. <u>116,959</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	.al contributions	Type of contribution
75	ASSOCIATED STUDENTS INCORPORATED 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	\$ <u>182,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76	UNIVERSITY ENTERPRISES CORPORATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	\$ <u>3,915,686.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

45-2255077

CSUSB PHILANTHROPIC FOUNDATION

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	GOLF		
2			
		\$21,375.	08/24/16
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions)	
11	SPONSORSHIP	5,000.	05/10/17
(a) No. from Part I	(b) Description of noncash property given	(c) F MV (or estimate) (See instructions)	(d) Date received
	SPONSORSHIP		
13			
		\$5,000.	03/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	SODA		
23			
		\$7,282.	08/25/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	BOOKS		
29			
		\$10,000.	08/25/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	SECURITIES		
31			
		\$ 20,259.	12/19/16
3453 10-18-1			90. 990-EZ, or 990-PF) (2

Schedule B (Form 990,	990-EZ, or 990-PF) (2016)

Name of organization		Name	of	organ	nizatio
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Employer identification number

45-2255077

CSUSB PHILANTHROPIC FOUNDATION

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
35	MISCELLANEOUS		
		\$37,000.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
44	SECURITIES	991,862.	12/30/16
(a) No. from Part I	(b) Description of noncash property given	(c) F MV (or estimate) (See instructions)	(d) Date received
<u>47</u>	BIKES	\$12,000.	05/10/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
51	MISCELLANEOUS		
		\$48,466.	03/24/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
58	GOLF		
		\$18,000.	05/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
60	SECURITIES		
		\$5,100.	12/13/16

Employer identification number

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CSUSB PHILANTHROPIC FOUNDATION

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
61	MISCELLANEOUS		
		\$16,000.	06/29/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
62	MISCELLANEOUS	7,040.	_05/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) r MV (or estimate) (See instructions)	(d) Date received
76	CHARITABLE REMAINDER TRUST	\$3,846,121.	12/31/16
(a) No. irom 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
		\$	

lame of orga	nization		En	oyer identification number	
SUSB	PHILANTHROPIC FOUNDATIO	ON		45-2255077	
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations described columns (a) through (e) and the follo	wing line entry. For organizations	that total more than \$1,000 for	
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)	► \$	
(a) No.	Use duplicate copies of Part III if addition				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held	
		(e) Transfer of git	ït		
			Polationship of transf	arer to transforce	
-	Transferee's name, address, a		Relationship of transfo		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held	
			- 1		
		(e) Transfer ସ୍ଥା	ı		
	Transferee's name, address, a	nd 7IP + 4	Relationship of transf	eror to transferee	
(a) No. from					
Part I	(b) Purpose of gift	Usr f gift	(d) Descrip	(d) Description of how gift is held	
		(e) Transfer of git	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transf	eror to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held	
Part I	(w) - 2. Poor or g	(0) 000 01 9.11	(4) 2 3 3 3 4		
F		(e) Transfer of git	<u> </u>		
		(e) transfer of gli	ι		
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transf	eror to transferee	
		[
		[
1					

SCHEDULE D)
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(Form	990)
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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.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

CSUSB PHILANTHROPIC FOUNDATION

Employer identification number 45-2255077

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 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		ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
		· · · · ·	
Pa			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		prically important land area
	Protection of natural habitat	Preser · on oi ti	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contr ^{int} ion the form c	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	after 8/17/ , 1 not a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, e. ished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	ar nent is rated 🕨	
5	Does the organization have a written policy regarding the p.	vic moni ing, inspection, handling of	
	violations, and enforcement of the conservation easements	it hu ີ	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservati	on easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	ı)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes th	ne organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990 Part X		► \$

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

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 CSUSB PHILANTHROPIC FOUNDATION 45-225507								age 2		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Trea	asures, or C	Other S	Similar	· Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that ar	e a signi	ficant u	se of its c	ollection	items	
	(check all that apply):									
а	X Public exhibition	d	X Loan or excl	nange program	S					
b	X Scholarly research	е	Other							
с	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further the	e organization's	s exempt	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	ures, or other s	imilar as	sets				
	to be sold to raise funds rather than to be ma							Yes	X	No
Par			te if the organization	n answered "Ye	es" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets	s not inc	luded		_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		1
	Did the organization include an amount on Fo				t liability?	?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
T ai	t V Endowment Funds. Complete i					Thusau	aava baali	(-) [haali
4-	Designing of your holes	(a) Current year 32,804,641.	(b) Prior year 24,600,879.	(c) <u>o years t</u> 24,578,5			ears back 12,719.		<u>years</u> 170,	
1a ⊾	Beginning of year balance	5,178,085.	8,461,337.	44,5			26,417.		581,	
u o	Contributions Net investment earnings, gains, and losses	826,584.	807,610.,				94,629.		686,	
с А	Grants or scholarships	794,455.	750,855.	579,5			07,179.	852,789.		
	Other expenditures for facilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,0,0			• , _ , > .		,	
e										
f	Administrative expenses	304,974.	314,330.	429,8	362.	2	47,835.		198,	645.
'n	End of year balance	37,709,881.	32,804,641.				78,751.		312,	
2	Provide the estimated percentage of the curr	<u>·</u>			I		,	,	,	
a	Board designated or quasi-endowment		%							
b	Permanent endowment ► 83.55	%								
	Temporarily restricted endowment ▶ 10									
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses		tion that are held an	d administered	for the c	organiza	ition			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	ANN							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or ot basis (investm	• • •		(c) Accu depre	umulate ciation	d	(d) Book	k value	Э
1a	Land									
	Buildings									
с	Leasehold improvements									
d	Equipment		30	0,528.	21	.2,75	58.	87	7,7	70.
е	Other							-		
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part >	K. column (B), line 10)c.)		<u></u>		87	7,7	70.

Schedule D (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost of	r end-of-year market value
) Financial derivatives			,
) Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(G) (H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
	(b) BOOK value	(c) Method of Valdation. Cost of	i end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6)			
(7)			
(8)	,		
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" ((a)	on Form 990, Pare (הופ Description	11a. See Form 990, Part X, line 15.	1
(4)	Description		(b) Book value
			(b) Book value
(1)			(b) Book value
(1) (2)			(b) Book value
(1) (2) (3)			(b) Book value
(1) (2) (3) (4)		·	(b) Book value
(1) (2) (3) (4) (5)		·	(b) Book value
(1) (2) (3) (4) (5) (6)		·	(b) Book value
(1) (2) (3) (4) (5) (6) (7)		·	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.	. 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	. 15.)	11e or 11f. See Form 990, Part X, lin	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	. 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	e 15.)	11e or 11f. See Form 990, Part X, lin	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LONG-TERM LIABILITIE	e 15.)	11e or 11f. See Form 990, Part X, lin (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LONG-TERM LIABILITIE (3) BENEFICIARIES	e 15.)	11e or 11f. See Form 990, Part X, lin	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LONG-TERM LIABILITIE (3) BENEFICIARIES (4)	e 15.)	11e or 11f. See Form 990, Part X, lin (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LONG-TERM LIABILITIE (3) BENEFICIARIES (4) (5)	e 15.)	11e or 11f. See Form 990, Part X, lin (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LONG-TERM LIABILITIE (3) BENEFICIARIES (4)	e 15.)	11e or 11f. See Form 990, Part X, lin (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LONG-TERM LIABILITIE (3) BENEFICIARIES (4) (5)	e 15.)	11e or 11f. See Form 990, Part X, lin (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LONG-TERM LIABILITIE (3) BENEFICIARIES (4) (5) (6)	e 15.)	11e or 11f. See Form 990, Part X, lin (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LONG-TERM LIABILITIE (3) BENEFICIARIES (4) (5) (6) (7)	e 15.)	11e or 11f. See Form 990, Part X, lin (b) Book value	

Schedule D (Form 990) 2016 CSUSB PHILANTHROPIC FOUNDATION Other Securities

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

HAT ARE DESIGNATED TO SUPPORT PROGRAM FUNCTIONS.	
E 2D - OTHER ADJUSTMENTS:	
LUE IN SPLIT INTEREST AGREEMENTS	-109,222.

a Net unrealized gains (losses) on investments 6. 8. 0. 8. 5. 0.

45-2255077 Page 4

1

15,112,534.

Ο. 5.

Schedule D	(Form 990) 2016	CSUSB	PHILANTHROPIC	FOUNDATION	1 45-
Part XI	Reconciliation of	Revenue	per Audited Financia	al Statements W	ith Revenue per Return.

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

Total revenue, gains, and other support per audited financial statements

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-109,222.		
е	Add lines 2a through 2d			2e	3,009,52
3	Subtract line 2e from line 1			3	12,103,00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	12,103,00
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per F	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,802,75
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	<u>2a</u>			
b	Prior year adjustments	2.1			
с	Other losses	<u>.c</u>			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	7,802,75
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part (8.)			5	7,802,75
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part l^\prime , ines 1, $-$ nd 4; Part IV	V, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this , 💦 to provin any addit	ional inf	ormation.		

PART V, LINE 4:

1

ENDOWMENT FUNDS ARE USED PRIMARILY FOR DESIGNATED SCHOLARSHIPS. THERE ARE

SOME FUNDS T

PART XI, LIN

CHANGE IN VA

SCHEDULE I	G	Grants and Other Assistance to Organizations,						
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2016	
Department of the Treasury Internal Revenue Service	Informati	on about Schedule I	Attach to For (Form 990) and its		www.irs.gov/form99	90.	Open to Public Inspection	
Name of the organization CSUSB PHI	LANTHROPI	C FOUNDATIO	N		·		Employer identification number $45 - 2255077$	
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records criteria used to award the grants or assisted as a set of the grant	stance?				-			
2 Describe in Part IV the organization's pro- Part II Grants and Other Assistance to								
					anization answered "	Yes" on Form 990, Parl	t IV, line 21, for any	
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FM יppraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	33-0644150	115(1)	1,310,659.	0.			TO PROVIDE ASSISTANCE TO STUDENTS THAT MEET SPECIFIC CRITERIA.	
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	33-0644150	115(1)	0.	3,462,972.	FMV	ART COLLECTION	THE ART COLLECTION AIDS IN THE EDUCATIONAL MISSION OF THE	
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	95-3104280	501(C)	37,064.	0.			TO PROVIDE ASSISTANCE TO STUDENTS THAT MEET SPECIFIC CRITERIA.	
UNIVERSITY ENTERPRISES CORPORATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	95-6067343	501(C)	34,683.	0.			TO PROVIDE ASSISTANCE TO STUDENTS THAT MEET SPECIFIC CRITERIA.	
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization			e line 1 table	·····				

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

Schedule I (Form 990) (2016)

(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, liv _; Part 1, olu (b); and any other additional information. PART I, LINE 2: CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO ENSURES THAT ALL THE SCHOLARSHIP AND GRANT RECIPIENTS MEET THE ELIGIBILITY REQUIREMENTS. IT IS THE UNIVERSITY'S RESPONSIBILITY TO MAINTAIN RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS OR ASSISTANCE AND THE SELECTION CRITERIA USED TO AWARD

(c) Amount of

(d) Amount of non-

THEM.

Part III

CSUSB PHILANTHROPIC FOUNDATION Schedule I (Form 990) (2016)

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

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

(b) Number of

45-2255077

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) (2016)

SC	CHEDULE J Compensation Information			OMB No. 1545-0047			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16		
		Compensated Employees		20	10)	
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public			
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspection			
Nam	e of the organizatior			identificatio		mber	
		CSUSB PHILANTHROPIC FOUNDATION	45-2	225507	/		
Ра	rt I Question	s Regarding Compensation					
	a				Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	°					
	Travel for companions Payments for business use of personal residence						
		ation and gross-up payments Health or social club dues or initiation fee					
		pending account Personal services (such as, maid, chauffe	ur, chet)				
L	If any of the house	on line to are checked, did the organization follow a written policy recording a surrent or					
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16			
2	•	rovision of all of the expenses described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1b			
2	•			2			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on li 1a?		····· 2			
3	Indicate which if ar	y, of the following the filing organization used to establish the compensation o. organiza	tion's				
Ŭ	•	ctor. Check all that apply. Do not check any boxes for methods use by a related c. ganization					
		ation of the CEO/Executive Director, but explain in Part III.	511 10				
	Compensation						
	·	ompensation consultant					
		ther organizations Approval the or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, ' with poect to the filing					
	organization or a re						
а	Receive a severanc	e payment or change of control payment?		4a		X	
b	Participate in, or red	ceive payment from, a supplemental nonqual ^{ift} ^tire. olan?		4b		X	
с	Participate in, or rec	ceive payment from, an equity-based comr sation angement?				X	
	If "Yes" to any of lin	es 4a-c, list the persons and provide the 'cable a punts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the re	evenues of:					
						X	
		ation?				X	
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the n	5					
						X	
b		ation?		6b		X	
_		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37	
		es 5 and 6? If "Yes," describe in Part III		7	_	X	
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				37	
~				8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
	Regulations section						
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2016	

Schedule J (Form 990) 2016

45-2255077

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxa		(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. TOMAS MORALES	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	387,049.	0.	72,000.	79,754.	18,943.	557,746.	0.
(2) DR. DOUGLAS FREER	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	208,674.	0.	0.	54,430.	18,581.	281,685.	0.
(3) DR. RONALD FREMONT	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	202,730.	0.	4,800.	51,549.	24,740.	283,819.	0.
(4) DR. ALEXANDRU ROMAN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	149,685.	0.	0.	21,901.	21,317.	192,903.	0.
(5) DR. DOROTHY CHEN-MAYNARD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	126,798.	0.	0.	25,780.	8,736.	161,314.	0.
(6) DR. BRIAN HAYNES	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	199,983.	0.	0.	51,959.	23,703.	275,645.	0.
(7) DR. SUNG-KYOO HUH	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	136,572.	0.	0.	29,087.	22,944.	188,603.	0.
(8) DR. SAMUEL SUDHAKAR	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	201,325.	0.	0.	51,959.	25,240.	278,524.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

632141 08-23-16

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule M (Form 990) and its instructions is at /**f**

Name of the organization

chedule M (Form 990) and its instructions is at www.irs.gov/f	form990.	
•	Employer	i

CSUSB PHILANTHROPIC FOUNDATION Part I Types of Property

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of det	•	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribut	ion amou	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property			1 017 001			
9	Securities - Publicly traded	X	3	1,017,221.	FAIR MARKET	VALU	Ξ
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy	-	́+				
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (MISCELLANEOUS)	X	289	328,422.	FAIR MARKET	VALU	2
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement			
						Ye	s No
30a	During the year, did the organization receive by				I		
	must hold for at least three years from the date						v
	exempt purposes for the entire holding period?	?				30a	X
	If "Yes," describe the arrangement in Part II.	I' 		af ann an an atamatan a la na h-thirte	in and	31 X	
31	Does the organization have a gift acceptance p	•	-	-	lions ?	31 X	
32a	Does the organization hire or use third parties contributions?		•	· • ·		32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is cheo	cked,		
	describe in Part II.						
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M (Form 990) (2016)

SCHEDUL	ΕM
(Form 990)

dentification number Уy 45 - 2255077

Schedule M	(Form 990) (2016)	CSUSB PH	ILANTHROPIC	FOUNDATION		45-2255077	Page 2
Part II	Supplementa is reporting in Par this part for any a	l Information. t I, column (b), the dditional informati	Provide the information number of contribution on.	on required by Part I, lines 3 ns, the number of items red	0b, 32b, and 33, a eived, or a combir	nd whether the organizat nation of both. Also comp	ion llete

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



CSUSB PHILANTHROPIC FOUNDATION

DATION 45-2255077

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

PROGRAMS AT CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO.

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

A COPY OF FORM 990 IS PROVIDED TO AND REVIEWED BY MANAGEMENT AND THE BOARD

OF DIRECTORS BEFORE IT IS FILED.

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

EACH MEMBER OF THE BOARD SHALL RECEIVE ANNUALLY A COPY OF THE APPLICABLE

SECTIONS OF THE CALIFORNIA EDUCATION CODE WITH INTERPRETATION OF THE LAW BY

THE FOUNDATION'S COUNSEL AND WILL CERTIFY, BY SIGNATURE, HIS OR HER

COMPLIANCE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ALSO UPON

REQUEST OF THE PUBLIC AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

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

CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS

-109,222.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A DESIGNATED COMMITTEE THAT REVIEWS AND APPROVES

THE FINANCIAL STATEMENT AUDIT PRIOR TO THE PRESENTATION AND ACCEPTANCE

BY THE FULL BOARD. EXTERNAL AUDITORS ARE SELECTED THROUGH OPEN BID

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
NOT CHANGED FROM THE PRIOR YEAR.	

SCH	IEDI	JL	EF	R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

45-2255077

Department of the Treasury Internal Revenue Service

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

Name of the organization

CSUSB PHILANTHROPIC FOUNDATION

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
	-				
	-				
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization of Related Tax-Exempt Organizations.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO							
- 33-0644150, 5500 UNIVERSITY PARKWAY, SAN	PUBLIC UNIVERSITY - STATE			STATE			
BERNARDINO, CA 92407	OF CALIFORNIA	CALIFORNIA	115 (1)	INSTITUTION			Х
UNIVERSITY ENTERPRISES CORPORATION AT CSUSB							
- 95-6067343, 5500 UNIVERSITY PARKWAY, SAN	EDUCATION, ADMINISTRATION,						
BERNARDINO, CA 92407	AND RELATED SERVICES	CALIFORNIA	501 (C)	LINE 5			Х
SANTOS MANUEL STUDENT UNION OF CA STATE							
UNIVERSITY AT SAN BERNARDINO - 95-31, 5500	ASSISTING IN RETENTION AND						
UNIVERSITY PARKWAY, SAN BERNARDINO, CA	DEVELOPMENT OF STUDENTS	CALIFORNIA	501 (C)	LINE 5			Х
ASSOCIATED STUDENTS CALIFORNIA STATE							
UNIVERSITY, SAN BERNARDINO - 95-6126562,	SUPPORTS THE RETENTION AND						1
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA	DEVELOPMENT OF STUDENTS	CALIFORNIA	501 (C)	LINE 5			Х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 CSUSB PHILANTHROPIC FOUNDATION

45-2255077 Page 2

(k)

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. Part III (d) (e) (f) (i) (j) (a) (b) (c) (g) (h) Legal Predominant income (related, unrelated, excluded from tax under sections 512-514) Name, address, and EIN of related organization Share of end-of-year assets Code V-UBI amount in box Direct controlling Primary activity Share of total General or Percentage Disproportionate domicile managing ownership entity income (state or allocations? partner? 20 of Schedule foreign K-1 (Form 1065) Yes No Yes No country)

Part IV	Identification of Related Organizations Taxable organizations treated as a corporation or trust dur	· · · · ·	t. Comp	+ if t	ni ation ans	swered "Yes" on Fo	rm 990, Part IV, lin	e 34 because it ha	d one or mo	re related
	(a)	(b)			(d)	(0)	(f)	(a)	(h)	(i)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal nicile (s or eign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contro enti Yes	o)(13) olled ity?

Schedule R (Form 990) 2016 CSUSB PHILANTHROPIC FOUNDATION

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
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?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
Gift, grant, or capital contribution to related organization(s)		X	
Gift, grant, or capital contribution from related organization(s)		X	
Loans or loan guarantees to or for related organization(s)	1d		Σ
Loans or loan guarantees by related organization(s)	1e		X
Dividends from related organization(s)	1f		2
Sale of assets to related organization(s)	1g		Σ
Purchase of assets from related organization(s)			2
Exchange of assets with related organization(s)	1i		2
Lease of facilities, equipment, or other assets to related organization(s)	1j		2
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>	\perp	Σ
Performance of services or membership or fundraising solicitations for related organization(s)	11	\perp	Σ
n Performance of services or membership or fundraising solicitations by related organization(s)	<u>1m</u>	\perp	Σ
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>	\perp	Σ
Sharing of paid employees with related organization(s)		+	X
Reimbursement paid to related organization(s) for expenses	1 p	X	
Reimbursement paid by related organization(s) for expenses		X	
Other transfer of cash or property to related organization(s)	<u>1r</u>		Σ
Other transfer of cash or property from related organization(s)			Σ

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
UNIVERSITY ENTERPRISES CORPORATION AT			
(1) CSUSB	В	34,683.	FMV
SANTOS MANUEL STUDENT UNION OF CA STATE			
(2) UNIVERSITY AT SAN BERNARDINO	В	37,064.	FMV
UNIVERSITY ENTERPRISES CORPORATION AT			
(3) CSUSB	С	3,915,686.	FMV
CALIFORNIA STATE UNIVERSITY, SAN			
(4) BERNARDINO	Q	116,959.	FMV
ASSOCIATED STUDENTS CALIFORNIA STATE			
(5) UNIVERSITY SAN BERNARDINO	С	182,000.	FMV
CALIFORNIA STATE UNIVERSITY, SAN			
(6) BERNARDINO	P	232,478.	FMV

Schedule R (Form 990) CSUSB PHILANTHROPIC FOUNDATION

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
CALIFORNIA STATE UNIVERSITY, SAN			
(7)BERNARDINO	В	4,773,631.	FMV
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
_ (14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2016 CSUSB PHILANTHROPIC FOUNDATION

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

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

(-)	(5)	(-)	(-1)	1		(4)	()	0	,	(:)	(2)	(1.)
(a)	(b)	(c)	(d)	(€ Are partner 501(c org:	≠) ⊨all	(f)	(g)	(h	1	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partner	rs sec.	Share of	Share of	Dispro tion allocat	por- ate	Code V-UBI	Genera	or Percentage
of entity		(state or foreign	lexcluded from tax under	org	s.?	total	end-of-year	allocat	ons?	of Schedule K-1	partne	r? ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	ю
					-							
				ť	_							
				r I								

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 CSUSB PHILANTHROPIC FOUNDATION	45-2255077	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 ORGANIZATIONS:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN		
BERNARDINO		
EIN: 95-3104280		
5500 UNIVERSITY PARKWAY		
SAN BERNARDINO, CA 92407		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, SAN		
BERNARDINO		
EIN: 95-6126562		
5500 UNIVERSITY PARKWAY		
SAN BERNARDINO, CA 92407		

45-2255077 Page 5

Form	8868
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(Rev. January 2017)

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

Enter filer's identifying pumber

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

				Enterme	er sidentifyir	ig number	
Type or	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) or				
print	CSUSB PHILANTHROPIC FOUNDAT	אסדי			45-2255077		
File by the due date for			tions	Social security number (SSN)			
filing your return. See	5500 UNIVERSITY PARKWAY						
instructions	City, town or post office, state, and ZIP code. For a for SAN BERNARDINO, CA 92407	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for esc retu			01	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99) or Form 990-EZ	01	Form 990-T (co., hion)			07	
Form 99	D-BL	02	Form 1			08	
Form 472	20 (individual)	03	Form 4. <u>(or</u> <u>n individual</u>)			09	
Form 99)-PF	04	Form 522			10	
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	3069		11		
Form 99	D-T (trust other than above) LISA IANNOLO	06	Form			12	
box 1 I re for	equest an automatic 6-month extension of time until	and au MAX	ch a list with the names and EINs of <u>Υ 15, 2018</u> , to file on's return for:	all memb	ers the exten	sion is for.	
			id ending JUN 30, 2017		·		
2 lf t	he tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n		
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct del	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879	EO for payment	
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2017)	

TAXABLE YEARCalifornia Exempt Organization2016Annual Information Return

1	99

Calendar Yea	2016 or fiscal year beginning (mm/dd/yyyy) 07/01/2	2016 , and ending	(mm/dd/yyyy	/)	06/3	30/2017	
Corporation/Or	ganization name		Califo	ornia corpo	pration numb	er	
CSUSB	PHILANTHROPIC FOUNDATION			3360	972		
Additional info	mation. See instructions.		FEIN	-			
					<u>25507</u>	7	
Street address				PMB no.			
<u>5500 U</u>	NIVERSITY PARKWAY						
City				ZIP code			
SAN BE	RNARDINO		CA 9	9240	7		
Foreign countr	y name Foreign province/stat	e/county		Foreign po	ostal code		
A First Ret		J If exempt under R&TC S					
B Amendeo	I Return Yes ↓X No						
C IRC Sect	ion 4947(a)(1) trust Yes 🔀 No	K Is the organization exem	npt under R&	TC Secti	on 23701g	j? ● 🔄 Yes	X No
	rmation Return?	If "Yes," enter the gross	receipts from	n nonme	mber sour	ces \$	
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized	L If organization is exemp					
Enter date:	(mm/dd/yyyy)	and meets the filing f	rntion, ch	neck box	. No filing		
	COUNTING method: (1) Cash (2) Accrual (3) Other	fee is required.				•	
	eturn filed? (1) ● 990T (2) ● 990-PF (3) ● Sch H (990)	M is the organization a Lin				• Yes	X No
()	Other 990 series	N Did the organition					
	group filing? See instructions • Yes 🔀 No					• Yes	X No
	ganization in a group exemption 🛛 🗌 Yes 🗴 No						
lf "Yes," \	vhat is the parent's name?	IRS aucontra composition de la	ear?			• Yes	
		P Is a feder. n 1023/1	1024 pending	J?		Yes	X No
	rganization have any changes to its guidelines	"iled wi 'RS					
	ted to the FTB? See instructions Yes X No						
Part I (complete Part I unless not required to file this form. See General Ins						- 4
	1 Gross sales or receipts from other sources. From Side 2, P	line .		•••••	1	7,875,85	
	2 Gross dues and assessments from members and affilia		A m i m	••••	2	0 005 00	00
Receipts	 Gross contributions, gifts, grants, and similar amount, reive Total gross receipts for filing requirement test. Add line 1 through In. This line must be completed. If the result is less than \$50,000, see Ge. 	d	STMT	<u>T</u> •		0,925,22	
and	4 This line must be completed. If the result is less than \$50,000, see Ge.	tion B	STMT		4 1	.8,801,08	30.00
Revenues	 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 	• 5	00 071	00			
	6 Cost or other basis, and sales expenses of assets sold	• 6 0,0	98,0/1	• 00		6 600 05	71
	7 Total costs. Add line 5 and line 6				7	<u>6,698,07</u> 2,103,00	$\frac{1}{10}$
	8 Total gross income. Subtract line 7 from line 4					7,802,75	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 1				9	4,300,25	
	10 Excess of receipts over expenses and disbursements. Subtract				10	4,300,23	
	11 Total payments				11		00
		10 fue as 1 as 1 d			12		00
Cilling Foo	13 Payment balance. If line 11 is more than line 12, subtract line				13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11				14		00 LO. 00
	 Filing fee \$10 or \$25. See General Instruction F Penalties and Interest. See General Instruction J 				15	<u>ـ</u> ـــــــــــــــــــــــــــــــــــ	
					16		00 LO. 00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract li Under penalties of perjury, I declare that I have examined this return, including acc it is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba	companying schedules and stateme	ents, and to the	best of my	/ knowledge	and belief,	
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba			nowledge.			
Here	Signature		Date		•	Telephone	
	of officer	Date			• 1	PTIN	
	Preparer's		Check if	oloyed ►		0165007	
Daid	signature	<u> </u>	301-011	,		FEIN	
Paid Proporor'o	Firm's name (or yours, ROGERS, ANDERSON, MALODY	ይ <u>ዓር</u> ር ምም ፲፲ ፡ ፲				5-2662063	4
Preparer's	if self- employed) 735 E. CARNEGIE DRIVE, SU					Telephone	,
Use Only	and address SAN BERNARDINO, CA 92408	,					-0871
	May the FTB discuss this return with the preparer shown above? See	instructions		• X			0071
	ן ואמץ מוכידים מוסכמסס מווס ופגמווז שונו נוול פולפמולו סווטשוו מסטעל? סלנ	5 mou uouono		[1]		No	

022

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

628951 11-30-16

4,300,254.

	1	Gross sales or receipts from all	busine	ess activities. See instru	uctions		•	1	00
	2	Interest					•	2	
	3	DI LI I					-	3	935,978. ₀₀
Receip	ots 4	Gross rents					•	4	00
from	5	Gross royalties					•	5	
Other	6	Gross amount received from sal	e of as	sets (See Instructions))	ST	ATEMENT 3 •	6	
Source	es 7	Other income				SEE STA	ATEMENT $4 \bullet$	7	
	8	Total gross sales or receipts fro						8	
	9	Contributions, gifts, grants, and	simila	r amounts paid			•	9	4,845,378.00
	10	Disbursements to or for membe	rs				•	10	00
	11	Disbursements to or for membe Compensation of officers, direct	ors, ar	nd trustees		SEE STA	TEMENT 5 \bullet	11	0.00
	12						•	12	00
Expens	ses 13	Interest						13	00
and	14	Taxes						14	00
Disburs	se- 15	Rents						15	00
ments	16	Depreciation and depletion (See	instru	ctions)			•	16	49,940. 00
	17	Other Expenses and Disburseme	ents			SEE STA	ATEMENT 6 \bullet	17	
		Total expenses and disburseme	nts. Ac	dd line 9 through line 1	7. Enter	r here and on Side 1, P	т <u>е 9</u>	18	
Sche	edule L	Balance Sheet		Beginning o	f taxabl	le year	EnEn	d of tax	xable year
Assets				(a)		(b)	(c)		(d)
1 Ca	ish					7,499,104.			• 9,009,450.
2 Ne	et accounts	s receivable				510.	1		• 267,630.
3 Ne	et notes re	ceivable					<u> </u>		•
4 In∖	ventories .								•
		state government obligations							•
6 In\	vestments	in other bonds							•
7 In\	vestments	in stock			L				•
8 Mo	ortgage lo								•
	her invest					<u>3,</u> 29 <u>7,671.</u>			• 43,111,203.
10 a	Depreciab	le assets		<u> </u>			300,5		
b	Less accu	mulated depreciation	(162,818.)	137,710.	(212,758	3.)	87,770.
11 La	ind				_				•
12 Ot	her assets	STMT 8				4,510,030.			 2,139,490.
13 To	tal assets				4	5,445,025.			54,615,543.
	ties and n								
		yable				291,807.			• 530,251.
15 Co	ontribution	s, gifts, or grants payable							•
		otes payable							•
17 Mo	ortgages p	ayable			_				•
18 Ot	her liabilit	ies STMT 9			-	18,944.			1,641,239.
		c or principal fund			-				•
		tal surplus. Attach reconciliation			L .	- 104 084			•
		nings or income fund				5,134,274.			• 52,444,053.
		ies and net worth				5,445,025.			54,615,543.
Sche	edule N	1-1 Reconciliation of income Do not complete this sche				ne 13, column (d), is les	s than \$50,000.		
1 Ne	et income	per books		• 7,309,7	80.	7 Income recorded	l on books this year		
		me tax		•		not included in t	nis return. STMT	11	• 3,118,748.
		pital losses over capital gains		•		8 Deductions in th	is return not charged		
		recorded on books this year		•			ome this year		•
		corded on books this year not				9 Total. Add line 7			2 110 7/0
de	ducted in	this return STMT	10	• 109,2	222.	10 Net income per r	eturn.		

6 Total. Add line 1 through line 5

7,419,002.

022

Subtract line 9 from line 6

FORM 199 IN	CASH CONTRIBUTIONS CLUDED ON PART I, LINE 3	ST.	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ANHEUSER-BUSCH, INC.	1400 MARLBOROUGH AVE RIVERSIDE, CA 92507	11/04/16	5,000.
AUEN FOUNDATION	P.O. BOX 13390 PALM DESERT, CA 92255	12/31/16	50,000.
BANK OF AMERICA	3650 14TH ST., STE. 204 RIVERSIDE, CA 92501	05/05/17	18,950.
BEACON POINTE ADVISORS, LLC	24 CORPORATE PLAZA DR STE 150 NEWPORT BEACH, CA 92660	04/26/17	5,000.
BENOIT FOR SUPERVISOR	2150 RIVER PLAZA DR., STE. 150 SACRAMENTO, CA 95833	03/27/17	25,000.
BERNARD OSHER FOUNDATION	ONE FERRY BUILDING, STE. 255 SAN FRANCISCO, CA 94111	10/25/16	25,000.
BEST, BEST & KRIEGER, LLP	3390 UNIVERSITY AVE., 5TH FLOOR RIVERSIDE, CA 92501	08/02/16	9,500.
BIGHORN PROPERTIES, INC.	255 PALOWET DR PALM DESERT, CA 92260	01/24/17	20,000.
BOEING GLOBAL CORPORATE CITIZENSHIP	P.O. BOX 516 M/C 5084-7000 ST. LOUIS, MO 63166	11/30/16	45,000.
MRS. DEBBIE BROWN	1837 COUNTRY CLUB DR. REDLANDS, CA 92373	12/31/16	10,000.
CALIF. ASSOC. FOR MICROENTERPRISE	1 HALLIDIE PLZ STE 715 SAN FRANCISCO, CA 94102	03/10/17	5,000.
CALIFORNIA COMMUNITY FOUNDATION	221 S FIGUEROA ST STE 400 LOS ANGELES, CA 90012	11/08/16	14,000.
CALIFORNIA STATE UNIVERSITY, FRESNO	5241 N. MAPLE AVE. FRESNO, CA 93740	03/13/17	5,000.

45-2255077

CSUSB PHILANTHROPIC FOUND	ATION		45-2255077
CALIFORNIA WELLNESS FOUNDATION	515 S. FLOWER ST., STE. 1100 LOS ANGELES, CA 90071	08/18/16	5,000.
CARDENAS MARKETS	2501 E GUASTI RD ONTARIO, CA 91761	06/14/17	99,000.
CARNEGIE CORPORATION OF NEW YORK	437 MADISON AVE. NEW YORK, NY 10022	06/12/17	50,000.
CHILDREN'S FUND	348 W. HOSPITALITY LN., STE. 110 SAN BERNARDINO, CA 92408	08/31/16	12,000.
CITI COMMUNITY DEVELOPMENT	740 LOMAS SANTA FE DR., STE. 208 SOLANA BEACH, CA 92075	02/02/17	60,000.
CITY OF SAN BERNARDINO WATER DEPT.	P.O. BOX 710 SAN BERNARDINO, CA 92408	12/05/16	5,000.
COMERICA	P.O. BOX 75000 DETROIT, MI 48275	12/31/16	5,000.
THE COMMUNITY FOUNDATION	3700 6TH ST STE 200 RIVERSIDE, CA 92501	12/31/16	63,069.
CRANKSTART FOUNDATION	2626 VALLEJO ST. SAN FRANCISCO, CA 84123	12/31/16	50,000.
CUCAMONGA VALLEY WATER DISTRICT	P.O. BOX 638 RANCHO CUCAMONGA, CA 91729	12/31/16	5,000.
FIDELITY INVESTMENTS	P.O. BOX 770001 CINCINNATI, OH 45277	01/18/17	25,000.
GARNER HOLT PRODUCTIONS, INC.	825 E COOLEY AVE SAN BERNARDINO, CA 92408	01/27/17	5,000.
GRTR PALM SPRINGS CONVENTION & VISITORS	70-100 HIGHWAY 111 RANCHO MIRAGE, CA 92270	10/06/16	25,000.
MS. ASHLEY GUFTAFSON	610 OPPERMAN DR. EAGAN, MN 55123	11/30/16	5,000.
IN-N-OUT BURGER FOUNDATION	4199 CAMPUS DR., 9TH FLOOR IRVINE, CA 92612	12/15/16	10,000.

CSUSB PHILANTHROPIC FOUNDATION			45-2255077
MR. JOHN F. LEONARD	328 AUBURN DR. DAYTON, FL 32118	12/31/16	15,000.
LIPP FAMILY FOUNDATION	1330 ORANGE AVE., STE. 300 CORONADO, CA 92118	03/28/17	10,500.
LOS ANGELES TIMES	202 W. FIRST ST. LOS ANGELES, CA 90012	12/16/16	5,000.
MRS. MARYJANE MCCOY	15929 N. GLENCREST DR. SPOKANE, WA 99208	11/29/16	10,000.
MET AUTO SERVICE	1030 KENDALL DR. SAN BERNARDINO, CA 92407	06/19/17	5,250.
MORGAN STANLEY GIFT	1177 AVENUE OF THE AMERICAS, 41ST FLOOR NEW YORK, NY 10104	12/31/16	55,000.
MR. KENNETH NICKERSON	1241 N. 41ST ST. LINCOLN, NE 68530	05/02/17	26,582.
MR. MARK NICKERSON	49995 CANYON VIEW DR PALM DESERT, CA 92260	12/31/16	10,000.
PALM DESERT-INDIAN WELLS WOMEN'S CLUB	P.O. BOX 413 PALM DESERT, CA 92261	05/25/17	7,500.
MRS. JODY PARKER	74-535 WREN DR. INDIAN WELLS, CA 92210	12/31/16	5,000.
MR. NEALE A. PERKINS	P.O. BOX 9330 REDLANDS, CA 92375	08/31/16	7,545.
RABOBANK, N.A.	1448 W MAIN ST EL CENTRO, CA 92243	06/13/17	8,720.
MS. JOHNNIE ANN RALPH	825 SHERIDAN RD SAN BERNARDINO, CA 92407	02/22/17	5,500.
SAN MANUEL BAND OF MISSION INDIANS	26569 COMMUNITY CENTER DR HIGHLAND, CA 92346	12/01/16	14,850.
MS. ADINA L. SAVIN	2003 PELHAM AVE. LOS ANGELES, CA 90025	12/31/16	30,000.

CSUSB PHILANTHROPIC FOUND	ATION		45-2255077
MR. GIL SCHROEDER	37500 COOK ST PALM DESERT, CA 92211	06/22/17	50,000.
	271 N. SYCAMORE ST. SANTA ANA, CA 92701	03/21/17	5,000.
SOUTHERN CALIFORNIA EDISON	P.O. BOX 700 ROSEMEAD, CA 91770	01/31/17	100,000.
MS. JEAN M. STEPHENS	11355 MT. JOHNSON CT. RANCHO CUCAMONGA, CA 91737	12/31/16	5,500.
DR. CLEMENS JOHN TARTER	3121 HIGHLAND AVE. S, NO. 101 BIRMINGHAM, AL 35205	05/03/17	17,550.
UNICARS HONDA	78-970 VARNER RD. INDIO, CA 92203	10/19/16	10,000.
US INTERNATIONAL MEDIA	1201 ALTA LOMA RD. LOS ANGELES, CA 90069	09/13/16	5,000.
MR. BRUCE D. VARNER	1604 SMILEY RIDGE REDLANDS, CA 92373	12/31/16	15,000.
DR. HAROLD J. VOLLKOMMER	6843 AMBER ST. HIGHLAND, CA 92346	08/29/16	5,000.
WALTON FAMILY FOUNDATION	P.O. BOX 2030 BENTONVILLE, AR 72712	04/18/17	9,900.
MR. TED WEGGELAND	3750 UNIVERSITY AVE., STE. 175 RIVERSIDE, CA 92501	06/15/17	5,950.
WELLS FARGO BANK	4141 INLAND EMPIRE BLVD., STE. 350 ONTARIO, CA 91764	07/06/16	40,000.
WESTERN MUNICIPAL WATER DISTRICT	14205 MERIDIAN PKWY MARCH AIR RESERVE BASE, CA 92518	07/11/16	7,500.
MR. DOUGLAS W. WILLIAMS	P.O. BOX 2815 APPLE VALLEY, CA 92307	08/16/16	6,300.
ZAPLETAL FAMILY TRUST	ONE WEST FOURTH ST., 2ND FLOOR WINSTON-SALEM, NC 27101	10/06/16	44,168.

CSUSB PHILANTHROPIC FOUND	ATION				45-2255077
PECHANGA BAND OF LUISENO INDIANS	P.O. BOX 92592	K 2183 TEMECU	LA , CA	07/26/16	39,000.
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO		IVERSITY PARK INO, CA 92407		12/31/16	116,959.
ASSOCIATED STUDENTS INCORPORATED		IVERSITY PARK INO, CA 92407		12/31/16	182,000.
UNIVERSITY ENTERPRISES CORPORATION		IVERSITY PARK INO, CA 92407		12/31/16	69,565.
TOTAL INCLUDED ON LINE 3			Χ		1,612,358.
FORM 199 I		H CONTRIBUTIO ON PART I, LI		S	TATEMENT 2
CONTRIBUTOR'S NAME	(CONTRIBUTOR'S	ADDRESS	5	
CONTRIBUTOR'S NAME	-	CONTRIBUTOR'S 3433 PARKSIDE	· · · · · · · · · · · · · · · · · · ·	-	CA 92404
			DR SAN	-	
ARROWHEAD COUNTRY CLUB		3433 PARKSIDE	DR SAN	- BERNARDINO, (
ARROWHEAD COUNTRY CLUB PROPERTY DESCRIPTION GOLF		3433 PARKSIDE DATE OF GIFT 08/24/16	DR SAN TOTAL	BERNARDINO, O AMOUNT FI 21,375.	MV OF GIFT
ARROWHEAD COUNTRY CLUB PROPERTY DESCRIPTION		3433 PARKSIDE DATE OF GIFT	DR SAN TOTAL	BERNARDINO, O AMOUNT FI 21,375.	MV OF GIFT
ARROWHEAD COUNTRY CLUB PROPERTY DESCRIPTION GOLF		3433 PARKSIDE DATE OF GIFT 08/24/16	DR SAN TOTAL	BERNARDINO, G	MV OF GIFT 21,375.
ARROWHEAD COUNTRY CLUB PROPERTY DESCRIPTION GOLF CONTRIBUTOR'S NAME		3433 PARKSIDE DATE OF GIFT 08/24/16 CONTRIBUTOR'S 2651 IRVINE A	DR SAN TOTAL ADDRESS VE STE 1	BERNARDINO, O AMOUNT FI 21,375. 52 COSTA MES	MV OF GIFT 21,375. A, CA
ARROWHEAD COUNTRY CLUB PROPERTY DESCRIPTION GOLF CONTRIBUTOR'S NAME BRADFORD PORTRAITS		3433 PARKSIDE DATE OF GIFT 08/24/16 CONTRIBUTOR'S 2651 IRVINE A 92627	DR SAN TOTAL ADDRESS VE STE 1	BERNARDINO, O AMOUNT FI 21,375. 52 COSTA MES	MV OF GIFT 21,375. A, CA
ARROWHEAD COUNTRY CLUB PROPERTY DESCRIPTION GOLF CONTRIBUTOR'S NAME BRADFORD PORTRAITS PROPERTY DESCRIPTION		3433 PARKSIDE DATE OF GIFT 08/24/16 CONTRIBUTOR'S 2651 IRVINE A 92627 DATE OF GIFT	DR SAN TOTAL ADDRESS VE STE 1 TOTAL	BERNARDINO, (AMOUNT FI 21,375. 52 COSTA MESA AMOUNT FI 5,000.	MV OF GIFT 21,375. A, CA MV OF GIFT
ARROWHEAD COUNTRY CLUB PROPERTY DESCRIPTION GOLF CONTRIBUTOR'S NAME BRADFORD PORTRAITS PROPERTY DESCRIPTION SPONSORSHIP		3433 PARKSIDE DATE OF GIFT 08/24/16 CONTRIBUTOR'S 2651 IRVINE A 92627 DATE OF GIFT 05/10/17 CONTRIBUTOR'S	DR SAN TOTAL ADDRESS VE STE 1 TOTAL ADDRESS	BERNARDINO, O AMOUNT FI 21,375. 52 COSTA MESZ AMOUNT FI 5,000.	MV OF GIFT 21,375. A, CA MV OF GIFT 5,000.
ARROWHEAD COUNTRY CLUB PROPERTY DESCRIPTION GOLF CONTRIBUTOR'S NAME BRADFORD PORTRAITS PROPERTY DESCRIPTION SPONSORSHIP CONTRIBUTOR'S NAME	1 	3433 PARKSIDE DATE OF GIFT 08/24/16 CONTRIBUTOR'S 2651 IRVINE A 92627 DATE OF GIFT 05/10/17 CONTRIBUTOR'S	DR SAN TOTAL ADDRESS VE STE 1 TOTAL ADDRESS AVE STE	BERNARDINO, (AMOUNT FI 21,375. 52 COSTA MES 52 COSTA MES AMOUNT FI 5,000. 5 RIVERSIDE,	MV OF GIFT 21,375. A, CA MV OF GIFT 5,000. CA 92504

45-2255077

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS			
COCA COLA USA OPERATIONS	2603 CAMINO RA 94583	AMON STE 550 SAN	RAMON, CA	
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT	
SODA	08/25/16	7,282.	7,282.	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS		
FOLLETT HIGHER EDUCATION GROUP	3 WESTBROOK CORPORATE CENTER, STE. 200 WESTCHESTER, IL 60154			
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT	
BOOKS	08/25/16	10,000.	10,000.	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS		
MRS. JANE GOTHER	74704 ARROYO I	DR. INDIAN WELLS,	CA 92210	
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT	
SECURITIES	12/19/16	20,259.	20,259.	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS		
MR. JEFFREY LANDAU	3615 MOORE ST	. LOS ANGELES, CA	90066	
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT	
MISCELLANEOUS	12/31/16	37,000.	37,000.	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS		
MR. CHARLES D. OBERSHAW	3470 N. CIRCLI	E RD. SAN BERNARD	INO, CA 92405	
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT	
SECURITIES	12/30/16	991,862.	991,862.	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS		
PEDEGO LA QUINTA	78075 MAIN ST., STE. 104 PALM DESERT, CA 92253			
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT	
BIKES	05/10/17	12,000.	12,000.	

CSUSB PHILANTHROPIC FOUNDATION

45-2255077

CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
SAN BERNARDINO CITY UNIFIED SCHOOL DIST.	777 N. F ST.	SAN BERNARDINO, C.	A 92410
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
MISCELLANEOUS	03/24/17	48,466.	48,466.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
STONE EAGLE GOLF CLUB	72-500 STONE EAGLE DR. PALM DESERT, CA 92260		
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
GOLF	05/22/17	18,000.	18,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
MR. ROBERT W. TEMPLETON, C.F.A.	3233 FEDERAL	AVE LOS ANGELES,	CA 90066
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
SECURITIES	12/13/16	5,100.	5,100.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
MS. FRANCES M. TODD		AN BERNARDINO, CA	92405
MS. FRANCES M. TODD PROPERTY DESCRIPTION		AN BERNARDINO, CA	92405 FMV OF GIFT
	3166 N G ST SA	AN BERNARDINO, CA	
PROPERTY DESCRIPTION	3166 N G ST S DATE OF GIFT	AN BERNARDINO, CA TOTAL AMOUNT 16,000.	FMV OF GIFT
PROPERTY DESCRIPTION MISCELLANEOUS	3166 N G ST SZ DATE OF GIFT 06/29/17 CONTRIBUTOR'S	AN BERNARDINO, CA TOTAL AMOUNT 16,000. ADDRESS AVENUE NORTH, STE	FMV OF GIFT 16,000.
PROPERTY DESCRIPTION MISCELLANEOUS CONTRIBUTOR'S NAME	3166 N G ST SZ DATE OF GIFT 06/29/17 CONTRIBUTOR'S 400 FAIRVIEW Z SEATTLE, WA 92	AN BERNARDINO, CA TOTAL AMOUNT 16,000. ADDRESS AVENUE NORTH, STE	FMV OF GIFT 16,000.
PROPERTY DESCRIPTION MISCELLANEOUS CONTRIBUTOR'S NAME TOMMY BAHAMA	3166 N G ST SZ DATE OF GIFT 06/29/17 CONTRIBUTOR'S 400 FAIRVIEW Z SEATTLE, WA 92	AN BERNARDINO, CA TOTAL AMOUNT 16,000. ADDRESS AVENUE NORTH, STE 8109	FMV OF GIFT 16,000.
PROPERTY DESCRIPTION MISCELLANEOUS CONTRIBUTOR'S NAME TOMMY BAHAMA PROPERTY DESCRIPTION	3166 N G ST SZ DATE OF GIFT 06/29/17 CONTRIBUTOR'S 400 FAIRVIEW Z SEATTLE, WA 92 DATE OF GIFT	AN BERNARDINO, CA TOTAL AMOUNT 16,000. ADDRESS AVENUE NORTH, STE 8109 TOTAL AMOUNT 7,040.	FMV OF GIFT 16,000. . 488 FMV OF GIFT
PROPERTY DESCRIPTION MISCELLANEOUS CONTRIBUTOR'S NAME TOMMY BAHAMA PROPERTY DESCRIPTION MISCELLANEOUS	3166 N G ST SZ DATE OF GIFT 06/29/17 CONTRIBUTOR'S 400 FAIRVIEW Z SEATTLE, WA 92 DATE OF GIFT 05/22/17 CONTRIBUTOR'S	AN BERNARDINO, CA TOTAL AMOUNT 16,000. ADDRESS AVENUE NORTH, STE 8109 TOTAL AMOUNT 7,040.	FMV OF GIFT 16,000. . 488 FMV OF GIFT 7,040.
PROPERTY DESCRIPTION MISCELLANEOUS CONTRIBUTOR'S NAME TOMMY BAHAMA PROPERTY DESCRIPTION MISCELLANEOUS CONTRIBUTOR'S NAME UNIVERSITY ENTERPRISES	3166 N G ST SZ DATE OF GIFT 06/29/17 CONTRIBUTOR'S 400 FAIRVIEW Z SEATTLE, WA 92 DATE OF GIFT 05/22/17 CONTRIBUTOR'S 5500 UNIVERSI	AN BERNARDINO, CA TOTAL AMOUNT 16,000. ADDRESS AVENUE NORTH, STE 8109 TOTAL AMOUNT 7,040. ADDRESS TY PARKWAY SAN BEI	FMV OF GIFT 16,000. . 488 FMV OF GIFT 7,040. RNARDINO, CA

45-2255077

5,050,505.

FORM 199 GROSS AMO	UNT FROM SALE C	OF ASSETS	S	TATEMENT 3
DESCRIPTION		ATE DAT JIRED SOI		THOD UIRED
SALE OF INVESTMENT ASSETS			PUR	CHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	6,698,071.	0.	0.	6,938,024.
TOTAL TO FORM 199, PAGE 2, LN	6 6,698,071.	0.	0.	6,938,024.
FORM 199	OTHER INCOME		S	TATEMENT 4
DESCRIPTION	0			AMOUNT
OTHER				1,852.
TOTAL TO FORM 199, PART II, LI	NE 7			1,852.

FORM 199 COMPENSATION OF OFFIC	ERS, DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DR. TOMAS MORALES 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	PRESIDENT 1.00	0.
ELLEN WEISSER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	CHAIR 1.00	0.
MARK EDWARDS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	VICE CHAIR 1.00	0.
DR. DOUGLAS FREER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	TREASURER 1.00	0.
DR. RONALD FREMONT 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	EXECUTIVE DIRECTOR 1.00	0.

CSUSB PHILANTHROPIC FOUNDATION		45-2255077
JAMES FERGUSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	SECRETARY 1.00	0.
ALEX GUTIERREZ 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. ALEXANDRU ROMAN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. DOROTHY CHEN-MAYNARD 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. BRIAN HAYNES 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. SUNG-KYOO HUH 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
SHARI MCMAHAN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. SAMUEL SUDHAKAR 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
AMRO ALBANNA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DONALD AVERILL 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
BOB BURLINGAME 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
LOIS CARSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.

CSUSB PHILANTHROPIC FOUNDATION		45-2255077
ALI CAYIR 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
GREG CHRISTIAN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
HENRY COIL 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
BENJAMIN COOK 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
NICHOLAS COUSSOULIS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
JIM CUEVAS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
SUNDIP DOSHI 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
GERALD FAWCETT 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
PAUL GRANILLO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. W. BENSON HARER, JR. 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
JIM IMBIORSKI 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
COLE JACKSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.

CSUSB PHILANTHROPIC FOUNDATION		45-2255077
MARK KAENEL 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
WILFRID LEMANN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
BARBARA MCGEE 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. YOLANDA MOSES 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
RICHARD OLIPHANT 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
NEALE PERKINS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
MADELAINE PFAU 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
STEVE PONTELL 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
JAMES RAMOS, JR. 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
ALI RAZI 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
PHILLIP SAVAGE, IV 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
PAUL SHIMOFF 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.

CSUSB PHILANTHROPIC FOUNDATION		45-2255077
JEFFREY SHOCKEY 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
ERNEST SIVA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
JEAN STEPHENS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
WILLIAM STEVENSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
EDWARD TEYBER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
BRUCE VARNER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. PAULCHRIS OKPALA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
GARY MCBRIDE 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

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FORM 199	OTHER EXPENSES		STATEMENT 6
DESCRIPTION			AMOUNT
CONTRACT SERVICES			482,641
REIM. OF PERSONNEL COST			384,585
MISCELLANEOUS			78,858
RENTAL OF EQUIPMENT AND			48,577
LEGAL FEES			1,771
ACCOUNTING FEES			191,043
INVESTMENT MANAGEMENT FEES			105,385
ADVERTISING AND PROMOTION			72,989
OFFICE EXPENSES			1,251,720
TRAVEL			58,873
CONFERENCES AND CONVENTIONS			216,503
INSURANCE			14,492
TOTAL TO FORM 199, PART II, L	INE 17		2,907,437
FORM 199	OTHER INVESTMENTS		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURIT:	IES	23,297,671.	43,111,203
TOTAL TO FORM 199, SCHEDULE L	, LINE 9	23,297,671.	43,111,203
FORM 199	OTHER ASSETS		STATEMENT 8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
		10 076 000	
PLEDGES AND GRANTS RECEIVABLE		10,976,080.	
ART COLLECTION		3,462,972.	0
CONSTRUCTION IN PROGRESS		70,978.	0
TOTAL TO FORM 199, SCHEDULE L	, LINE 12	14,510,030.	2,139,490
FORM 199	OTHER LIABILITIES	5	STATEMENT 9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER LONG-TERM LIABILITIES TO DEFERRED REVENUE	D BENEFICIARIES	0. 18,944.	1,641,239

TOTAL TO FORM 199, SCHEDULE L, LINE 18

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1,641,239.

18,944.

		45 2255077
FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 10
DESCRIPTION		AMOUNT
CHANGE IN VALUE	IN SPLIT INTEREST AGREEMENTS	109,222.
TOTAL TO FORM 19	9, SCHEDULE M-1, LINE 5	109,222.
FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
DESCRIPTION		AMOUNT
NET ASSETS TRANS CORPORATION AT C UNREALIZED GAIN		3,118,748. 0.
TOTAL TO FORM 19	9, SCHEDULE M-1, LINE 7	3,118,748.

CSUSB PHILANTHROPIC FOUNDATION

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER. If the amount of payment is zero, do not mail this voucher. WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a 1.5. financial institution. WHEN TO FILE: Corporations - File and Pay by the 15th y of the 4. Nonth following the close of the taxable year. S corporations - File and Pay by the y of the 3rd month following the close of the taxable year. Exempt organizations - File an ີ່ 🗠 1ວໄກ day of the 5th month following the close of the taxable ar When the due date falls on a weekend or holiday, the drawine to and pay without penalty is extended to the next business day. Due to the federal Emancipation Day holiday obser on vil ... 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considere mely. ONLINE SERVICES: Corporations can h. r ments online with Web Pay for Businesses. Corporations can make in immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

639035 12-08-16

_ DETACH HERE _ _ _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ _ _ DETACH HERE _ _ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR Payment Voucher for Corporations and Exempt CALIFORNIA FORM **Organizations e-filed Returns** 2016 3586 (e-file) 0000000 45-2255077 16 FORM CSUS 3360972 3 TYB 07-01-2016 TYE 06-30-2017 CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY CA 92407 SAN BERNARDINO (909) 537-5918 Amount of Payment 10.

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<u>TAXABLE Y</u> 2016		fornia e-file Return Authompt Organizations	prization for		FORM 8453-EO
Exempt Organiz	ation name				Identifying number
		OPIC FOUNDATION			45-2255077
		nformation (whole dollars only)			. 1 9 9 0 1 0 9 0
	ross receipts (For				$ \begin{array}{c} 1 \\ \underline{18,801,080.00} \\ 2 \\ 12,103,009.00 \end{array} $
	ross income (For				0 7 002 755 00
J TOLATE	spenses and disc				3_7,002,755.00
Part II S	ettle Your Accou	t Electronically for Taxable Year 2016			
4 🗌 E	lectronic funds wi	ndrawal 4a Amount	4b Withdrawal d	ate (mm/dd/y	ууу)
Part III B	anking Informati	n (Have you verified the exempt organization's	banking information?)		
5 Routing			F		
6 Accoun			7 Type of account	Checking	g Savings
	eclaration of Off		ahaali Dant II. Dan 4 Jan - Jaa		
on line 4a.	e exempt organization	's account to be settled as designated in Part II. If I	check Part II, Box 4, 17 4 a	in electronic tu	nds withdrawal for the amount listed
transmitter, o California ele a balance due organization statements b	or intermediate servi ctronic return. To th e return, I understan will remain liable for e transmitted to the	e that I am an officer of the above exempt organizati a provider and the amounts in Part I above agree with best of my knowledge and belief, the exempt organiz that if the Franchise Tax Board (FTB) does not receiv he fee liability and all applicable interest and penaltie TB by the ERO, transmitter, or intermediate service p sclose to the ERO or intermediate service provider	n the amounts connections seturn in the construction of the seturn of the seturn of the s. I authorize the exections of the setures of the se	ling lines of the d complete. If exempt organiz ation return an	ctronic return originator (ERO), e exempt organization's 2016 the exempt organization is filing zation's fee liability, the exempt d accompanying schedules and ization's return or refund is
Sign	Signature of officer	Date	TREASURER		
Here	orginatore of officer	Daic	Č,		
Part V D	oclaration of Ela	tronic Return Originator (ERO) and aid Pr	rer.		
I declare that am only an in accurately rel provided the 1345, 2016 e the exempt o I declare that	I have reviewed the ntermediate service p flects the data on the organization officer -file Handbook for A rganization return is I have examined the	bove exempt organization's return and the entrie ovider, I understand that I am not responsed or re	n form FTB 8453-EO are com wing the exempt organization' nature on form FTB 8453-EO bef with the FTB, and I have follower O on file for four years from the ble to the FTB upon request. If I a ng schedules and statements, an	s return. I decla ore transmittin d all other requ due date of th am also the pai	g this return to the FTB; I have irements described in FTB Pub. e return or four years from the date d preparer, under penalties of perjury,
	D's- nature		Date Check if also paid preparer	Check if self- employ	
if or	m's name (or yours elf-employed)	ROGERS, ANDERSON, MALO)	FEIN 95-2662063
	address	735 E. CARNEGIE DRIVE,	SUITE 100		
		SAN BERNARDINO, CA			ZIP code 92408
		e that I have examined the above organization's retu nd complete. I make this declaration based on all info			s, and to the best of my knowledge
Paid	Paid		Date	Check	Paid preparer's PTIN
Preparer	preparer's signature			if self- employed	_ P00165007
Must	Firm's name (or your	ROGERS, ANDERSON, MA		'Tb	FEIN 95-2662063
Sign	if self-employed) and address	735 E. CARNEGIE DRIV	E, SUITE 100		
		SAN BERNARDINO, CA			ZIP code 92408
For Privacy	Notice, get FTB	131 ENG/SP.			FTB 8453-EO 2016

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

WEB SITE ADDRESS:

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: CT 0178746	Check if:			
	Change of address			
CSUSB PHILANTHROPIC FOUNDATION Name of Organization	Amended report			
5500 UNIVERSITY PARKWAY Address (Number and Street)	Corporate or Organization No. <u>3360972</u>			
SAN BERNARDINO, CA 92407 City or Town, State and ZIP Code	Federal Employer I.D. No. $45 - 2255077$			
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R				
Gross Annual Revenue Fee Gross Annual Revenue	Fee oss Annual Revenue Fee			
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million				
PART A - ACTIVITIES				
For your most recent full accounting period (beginning $07/01/20$ Gross annual revenue $12,103,009$. Total assets 2				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	DF IS REPORT			
Note: If you answer "yes" to any of the questions below, you must and details for each "yes" response. Please review RRF-1 in the second secon				
1. During this reporting period, were there any contracts, loans, loans, loans, sinancial transactions between the organization				
and any officer, director or trustee thereof either directly or you an early in what any financial interest?	hich any such officer, director or trustee had X			
2. During this reporting period, was there any theft, embezzlemer, '// on or misuse of the organization's charitable property or funds?				
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?				
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.				
 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. 				
6. During this reporting period, did the organization receive any governmental fur name of the agency, mailing address, contact person, and telephone number.	nding? If so, provide an attachment listing the X			
 During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. 				
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.				
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?				
Organization's area code and telephone number909-537-5918				
Organization's e-mail address LIANNOLO@CSUSB.EDU				
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.				
DOUGLAS FREER TREASURER				
Signature of authorized officer Printed Name	Title Date			