

ROGERS, ANDERSON, MALODY & SCOTT, LLP CPAS
735 E. CARNEGIE DRIVE, SUITE 100
SAN BERNARDINO, CA 92408
(909) 889-0871

APRIL 21, 2016

CSUSB PHILANTHROPIC FOUNDATION
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

CSUSB PHILANTHROPIC FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2014 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 QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

CALIFORNIA FORM 199 RETURN:

THE FORM 199 RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE JUNE 15, 2016.

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

INCLUDE THE CORPORATION NUMBER OR FEIN AND "2014 FORM 3586" ON THE CHECK OR MONEY ORDER.

CALIFORNIA FORM RRF-1 RETURN:

PLEASE SIGN AND MAIL FORM RRF-1 ON OR BEFORE MAY 16, 2016.

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

ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S
REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE
REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION
NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

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 **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

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

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 ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,156,887.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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 that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization'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 reason for any 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 Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ROGERS, ANDERSON, MALODY & SCOTT, LLP to enter my PIN 26100
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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.

33117916500

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CSUSB PHILANTHROPIC FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5500 UNIVERSITY PARKWAY City or town, state or province, country, and ZIP or foreign postal code SAN BERNARDINO, CA 92407 F Name and address of principal officer: DOUGLAS FREER SAME AS C ABOVE	D Employer identification number 45-2255077 E Telephone number 909-537-5918 G Gross receipts \$ 17,747,897. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://CSUSBFOUNDATION.CSUSB.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2011 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROMOTE FUNDRAISING, ENCOURAGE DONATIONS FROM OUTSIDE PARTIES IN ORDER TO SUPPORT VARIOUS		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	80
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	69
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	4,728,134.	3,891,518.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,861,508.	1,264,161.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	633.	1,208.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,590,275.	5,156,887.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,826,737.	1,055,580.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,963,924.	2,389,666.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,790,661.	3,445,246.
19	Revenue less expenses. Subtract line 18 from line 12	2,799,614.	1,711,641.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	35,884,623.	36,981,191.
22	Net assets or fund balances. Subtract line 21 from line 20	158,541.	627,451.
		35,726,082.	36,353,740.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DOUGLAS FREER, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name TERRY SHEA, CPA Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00165007	Firm's name ▶ ROGERS, ANDERSON, MALODY & SCOTT, LLP Firm's EIN ▶ 95-2662063 Firm's address ▶ 735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA 92408 Phone no. (909) 889-0871

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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 IN ORDER TO SUPPORT VARIOUS PROGRAMS AT CALIFORNIA STATE UNIVERSITY, 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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,055,580. including grants of \$ 1,055,580.) (Revenue \$) SCHOLARSHIPS - COORDINATE SCHOLARSHIP DONATIONS WITH THE STUDENT AWARDED SCHOLARSHIPS. STUDENT AWARDS WERE 725.

4b (Code:) (Expenses \$ 2,306,478. including grants of \$) (Revenue \$) OTHER ACTIVITIES - DESIGNATED GIFT ADMINISTRATION.

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,362,058.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 42		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section 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.	80	
b	Enter the number of voting members included in line 1a, above, who are independent	69	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	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 taxable entity during the year?		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 exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **LISA IANNOLO - 909-537-3922**
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. TOMAS MORALES PRESIDENT	1.00	X		X				0.	362,347.	82,427.
(2) ELLEN WEISSER CHAIR	1.00	X		X				0.	0.	0.
(3) MARK EDWARDS VICE CHAIR	1.00	X		X				0.	0.	0.
(4) DR. DOUGLAS FREER TREASURER	1.00	X		X				0.	58,852.	18,126.
(5) DR. RONALD FREMONT EXECUTIVE DIRECTOR	1.00	X		X				0.	192,604.	65,114.
(6) JAMES FERGUSON SECRETARY	1.00	X		X				0.	0.	0.
(7) ANDREW BODMAN DIRECTOR	1.00	X						0.	213,245.	65,233.
(8) HAAKON BROWN DIRECTOR	1.00	X						0.	0.	0.
(9) DOROTHY CHEN-MAYNARD DIRECTOR	1.00	X						0.	103,717.	26,426.
(10) BRIAN HAYNES DIRECTOR	1.00	X						0.	187,756.	65,830.
(11) SUNG-KYOO HUH DIRECTOR	1.00	X						0.	0.	0.
(12) MARGARET PERRY DIRECTOR	1.00	X						0.	0.	0.
(13) ALFREDO BARCENAS DIRECTOR	1.00	X						0.	0.	0.
(14) SAMUEL SUDHAKAR DIRECTOR	1.00	X						0.	188,308.	65,231.
(15) AMRO ALBANNA DIRECTOR	1.00	X						0.	0.	0.
(16) MARIE ALONZO DIRECTOR	1.00	X						0.	0.	0.
(17) DONALD AVERILL DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL BRACKEN DIRECTOR	1.00	X					0.	0.	0.	
(19) BOB BURLINGAME DIRECTOR	1.00	X					0.	0.	0.	
(20) LOIS CARSON DIRECTOR	1.00	X					0.	0.	0.	
(21) ALI CAYIR DIRECTOR	1.00	X					0.	0.	0.	
(22) GREG CHRISTIAN DIRECTOR	1.00	X					0.	0.	0.	
(23) HENRY COIL DIRECTOR	1.00	X					0.	0.	0.	
(24) BENJAMIN COOK DIRECTOR	1.00	X					0.	0.	0.	
(25) JIM CUEVAS DIRECTOR	1.00	X					0.	0.	0.	
(26) SUNDIP DOSHI DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	1,306,829.	388,387.	
c Total from continuation sheets to Part VII, Section A							0.	57,472.	90.	
d Total (add lines 1b and 1c)							0.	1,364,301.	388,477.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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>		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) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GERALD FAWCETT DIRECTOR	1.00	X						0.	0.	0.
(28) JAMES FERGUSON DIRECTOR	1.00	X						0.	0.	0.
(29) PAUL GRANILLO DIRECTOR	1.00	X						0.	0.	0.
(30) JIM IMBIORSKI DIRECTOR	1.00	X						0.	0.	0.
(31) COLE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(32) MARK KAENEL DIRECTOR	1.00	X						0.	0.	0.
(33) WILFRID LEMANN DIRECTOR	1.00	X						0.	0.	0.
(34) DOBBIN LO DIRECTOR	1.00	X						0.	0.	0.
(35) PAUL MATA DIRECTOR	1.00	X						0.	0.	0.
(36) BARBARA MCGEE DIRECTOR	1.00	X						0.	0.	0.
(37) YOLANDA MOSES DIRECTOR	1.00	X						0.	0.	0.
(38) RICHARD OLIPHANT DIRECTOR	1.00	X						0.	0.	0.
(39) NEALE PERKINS DIRECTOR	1.00	X						0.	0.	0.
(40) MADELAINE PFAU DIRECTOR	1.00	X						0.	0.	0.
(41) STEVE PONTELL DIRECTOR	1.00	X						0.	0.	0.
(42) JAMES RAMOS, JR. DIRECTOR	1.00	X						0.	0.	0.
(43) DONOVAN RINKER-MORRIS DIRECTOR	1.00	X						0.	0.	0.
(44) PHILLIP SAVAGE, IV DIRECTOR	1.00	X						0.	0.	0.
(45) PAUL SHIMOFF DIRECTOR	1.00	X						0.	0.	0.
(46) JEFFREY SHOCKEY DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ERNEST SIVA DIRECTOR	1.00	X						0.	0.	0.
(48) JEAN STEPHENS DIRECTOR	1.00	X						0.	0.	0.
(49) WILLIAM STEVENSON DIRECTOR	1.00	X						0.	10,240.	0.
(50) EDWARD TEYBER DIRECTOR	1.00	X						0.	47,232.	90.
(51) BRUCE VARNER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								57,472.	90.	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	178,922.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,712,596.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,891,518.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,053,938.			1,053,938.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		12,801,233.					
		b Less: cost or other basis and sales expenses					
		12,591,010.					
	c Gain or (loss)						
	210,223.						
	d Net gain or (loss)			210,223.		210,223.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER	900099		1,208.	1,208.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			1,208.				
12 Total revenue. See instructions.			5,156,887.	1,208.	0.	1,264,161.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,055,580.	1,055,580.		
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 section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	150,120.	150,120.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	103,867.	103,867.		
13 Office expenses	1,096,478.	1,061,609.	34,869.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	63,358.	57,634.	5,724.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,699.	31,166.	28,533.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,065.	57,065.		
23 Insurance	18,134.	4,072.	14,062.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REIMBURSEMENTS OF PERSONS	741,494.	741,494.		
b MISCELLANEOUS	99,451.	99,451.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,445,246.	3,362,058.	83,188.	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,388,353.	1	3,204,494.
	2 Savings and temporary cash investments	4,598,898.	2	4,643,510.
	3 Pledges and grants receivable, net	982,015.	3	1,162,639.
	4 Accounts receivable, net	29,974.	4	3,129.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 293,683.		
	b Less: accumulated depreciation	10b 109,715.	232,898.	10c 183,968.
	11 Investments - publicly traded securities	24,457,753.	11	24,508,041.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,194,732.	15	3,275,410.
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,884,623.	16	36,981,191.	
Liabilities	17 Accounts payable and accrued expenses	158,541.	17	620,409.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	7,042.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	158,541.	26	627,451.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	63,806.	27	155,362.
	28 Temporarily restricted net assets	17,016,311.	28	16,660,345.
	29 Permanently restricted net assets	18,645,965.	29	19,538,033.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	35,726,082.	33	36,353,740.
	34 Total liabilities and net assets/fund balances	35,884,623.	34	36,981,191.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,156,887.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,445,246.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,711,641.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,726,082.
5	Net unrealized gains (losses) on investments	5	-1,083,983.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,353,740.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
-------------------------------------------------------------------	-----------------------------------------------------

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		3525250.	2248584.	4728135.	3891518.	14393487.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		3525250.	2248584.	4728135.	3891518.	14393487.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						95,646.
6 Public support. Subtract line 5 from line 4.						14297841.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4		3525250.	2248584.	4728135.	3891518.	14393487.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		606,828.	765,636.	660,818.	1053938.	3087220.
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.)		64,440.		633.	1,208.	66,281.
11 Total support. Add lines 7 through 10						17546988.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	81.48 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	75.26 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
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 .		

Section 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section 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," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

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

Section 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):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described 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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2014

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CALIFORNIA WELLNESS FOUNDATION	375,116.	24,176.
THE MOLINA FOUNDATION	422,410.	71,470.
Total Excess Contributions to Schedule A, Part II, Line 5		95,646.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

CSUSB PHILANTHROPIC FOUNDATION

Employer identification number

45-2255077

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
---------------------------------------------------------------	-----------------------------------------------------

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	BOEING COMPANY 100 N. RIVERSIDE PLAZA CHICAGO, IL 60606	\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA WELLNESS FOUNDATION 6320 CANOGA AVE., STE. 1700 WOODLAND HILLS, CA 91367	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TENET HEALTHCARE CORP. 1445 ROSS AVE., NO. 1400 DALLAS, TX 75202	\$ 58,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNION BANK OF CALIFORNIA PO BOX 60691 LOS ANGELES, CA 90060	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WELLS FARGO BANK 90 S. 7TH STREET MINNEAPOLIS, MN 55479	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
---------------------------------------------------------------	-----------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ZAPLETAL FAMILY TRUST C/O WELLS FARGO 505 CARR ROAD WILMINGTON, DE 19809	\$ 55,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SOUTHERN CALIFORNIA EDISON PO BOX 7002244 WALNUT GROVE AVENUE ROSEMEAD, CA 91770	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE COMMUNITY FOUNDATION 3700 SIXTH STREET, SUITE 200 RIVERSIDE, CA 92501	\$ 75,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ALTURA CREDIT UNION 2847 CAMPUS PKWY RIVERSIDE, CA 92507	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ARROWHEAD COUNTRY CLUB 3433 PARKSIDE DR SAN BERNARDINO, CA 92404	\$ 20,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BAKER'S BURGERS, INC. 1875 BUSINESS CENTER DR SAN BERNARDINO, CA 92408	\$ 16,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
---------------------------------------------------------------	-----------------------------------------------------

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
13	BANK OF AMERICA 3650 14TH ST STE 204 RIVERSIDE, CA 92501	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BIGHORN PROPERTIES, INC. 255 PALOWET DR PALM DESERT, CA 92260	\$ 8,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST STE 400 LOS ANGELES, CA 90012	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CATHOLIC CHARITIES 1450 N D ST SAN BERNARDINO, CA 92405	\$ 14,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CHILDREN'S FUND 348 W HOSPITALITY LN STE 110 SAN BERNARDINO, CA 92408	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CITIGROUP FOUNDATION 1 SANSOME ST. SAN FRANCISCO, CA 94104	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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
19	CLARK TRUST 272 STRADA NOVA PALM DESERT, CA 92260	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	COETA AND DONALD BARKER FOUNDATION P.O. BOX 936 RANCHO MIRAGE, CA 92270	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	DISTRICT 5330 ROTARY, INC. P.O. BOX 2662 LAKE ARROWHEAD, CA 92352	\$ 9,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DR. HAROLD J. VOLLKOMMER 777 N F ST. SAN BERNARDINO, CA 92410	\$ 5,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	DR. JANET L. KOTTKE 5500 UNIVERSITY PKWY SAN BERNARDINO, CA 92407	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	DR. ROBERT BLACKLEY 5500 UNIVERSITY PKWY SAN BERNARDINO, CA 92407	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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	DR. ROSALIE GIACCHINO-BAKER 1829 SHENANDOAH CLAREMONT, CA 91711	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	DR. ROSARIA BULGARELLA P.O. BOX 370614 LAS VEGAS, NV 89137	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DR. W. BENSON HARER, JR. 1107 1ST AVE APT 1601 SEATTLE, WA 98101	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ER & HS 2002 FAMILY TRUST P.O. BOX 2046 REDLANDS, CA 92373	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ESPERANZA SCHOLARSHIP FOUNDATION 1757 S EUCLID AVE ONTARIO, CA 91762	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	FIDELITY INVESTMENTS P. O. BOX 770001 CINCINNATI, OH 45277	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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	FOLLETT HIGHER EDUCATION GROUP 3 WESTBROOK CORPORATE CENTER, STE. 200 WESTCHESTER, IL 60154	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	IN-N-OUT BURGER FOUNDATION 4199 CAMPUS DR, 9 TH FLOOR IRVINE, CA 92612	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	KONICA MINOLTA BUSINESS SOLUTIONS 1003 E. BRIER DR SAN BERNARDINO, CA 92408	\$ 11,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	LIPP FAMILY FOUNDATION 1330 ORANGE AVE., STE. 300 CORONADO, CA 92118	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MOLINA HEALTHCARE OF CALIFORNIA 200 OCEANGATE, STE. 100 LONG BEACH, CA 90802	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	MR. ALAN G. DRYER 672 E PALM AVE REDLANDS, CA 92374	\$ 7,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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
37	MR. BRUCE D. VARNER 1604 SMILEY RIDGE REDLANDS , CA 92373	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	MR. MICHAEL SWANK 40810 SENTENNIAL CIR PALM DESERT, CA 92260	\$ 130,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	MR. MUSTAFA MILBIS 6481 NAPA AVE. RANCHO CUCAMONGA , CA 91701	\$ 45,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	MR. NEALE A. PERKINS P.O. BOX 9330 REDLANDS , CA 92375	\$ 14,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	MR. NICHOLAS H. GOLDWARE 2445 ROLLING RIDGE RD. RIVERSIDE, CA 92506	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	MR. NICHOLAS J. COUSSOULIS 341 2ND ST STE 1 SAN BERNARDINO, CA 92401	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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
43	MR. NORMAN LOFTHUS 3193 E BOGERT TRL PALM SPRINGS, CA 92264	\$ 32,985.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	MR. ROBERT W. TEMPLETON, C.F.A. 3233 FEDERAL AVE LOS ANGELES, CA 90066	\$ 5,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	MR. STEVEN A. BECKER 1511 W CYPRESS AVE REDLANDS, CA 92373	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	MR. WARD A. FREDERICKS 75375 PAINTED DESERT DR INDIAN WELLS, CA 92210	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	MRS. ELLEN G. WEISSER 237 GRAND VIEW DR REDLANDS, CA 92373	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	MRS. JANE GOTHER 74704 ARROYO DR, INDIAN WELLS, CA 92210	\$ 20,299.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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
49	MS. ELAINE ROSEN, ESQ. P.O. BOX 2046 REDLANDS , CA 92373	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	MS. ELIZABETH H. CRIGHTON 4152 VIA PADOVA CLAREMONT, CA 91711	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	MS. JOHNNIE ANN RAPLH 825 SHERIDAN RD SAN BERNARDINO, CA 92407	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	MS. LEONA ARONOFF SADACCA 151 KALMUS DR, STE H10 COSTA MESA , CA 92626	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	NATIONAL FINANCIAL SERVICES LLC 499 WASHINGTON BLVD. JERSEY CITY , NJ 07310	\$ 122,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	NATIONAL FISH AND WILDLIFE FOUNDATION 1133 15TH ST. NW, STE. 1100 WASHINGTON , DC 20005	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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
55	NEXTERA ENERGY RESOURCES LLC 700 UNIVERSE BLVD. JUNO BEACH, FL 33408	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	PAUL SHIMOFF, ESQ. 4 W. REDLANDS BLVD. REDLANDS, CA 92373	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	PECHANGA RESORT & CASINO P.O. BOX 9041 TEMECULA, CA 92589	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	QATAR FOUNDATION INTERNATIONAL 1400 EYE ST., NW STE. 200 WASHINGTON, DC 20005	\$ 84,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	RABOBANK, N.A. 1448 W MAIN ST EL CENTRO, CA 92243	\$ 9,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	RALPH LAUREN 15710 SAN ANTONIO AVE. CHINO, CA 91708	\$ 6,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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
61	RICHARD L. & LYNN T. MOSS REV. TRUST P.O. BOX 971 SUN CITY , CA 92486	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	SECURITY BANK OF CALIFORNIA 3403 10TH ST. STE. 830 RIVERSIDE, CA 92501	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	STATER BROS. MARKETS 301 S. TIPPECANOE AVE. SAN BERNARDINO, CA 92408	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	THE MOLINA FOUNDATION 111 W. OCEAN BLVD., STE. 1100 LONG BEACH, CA 90802	\$ 422,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	THE SCHWAB FUND FOR CHARITABLE GIVING 211 MAIN ST., FLOOR 10 SAN FRANCISCO, CA 94105	\$ 248,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	THE YINCHIN FOUNDATION 688 RADBURY PL DIAMOND BAR, CA 91765	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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	TOYOTA USA FOUNDATION 601 LEXINGTON AVE., 49TH FLOOR NEW YORK , NY 10022	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	VI AT LA JOLLA VILLAGE 8515 COSTA VERDE BLVD. SANDIEGO , CA 92122	\$ 206,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	VISTAGE WORLDWIDE, INC. 24 VIA VILLENA SAN CLEMENTE, CA 92673	\$ 7,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	WILLIAM A. STOCKERT TRUST 2601 E. OCEAN BLVD., NO. 409 LONG BEACH, CA 90803	\$ 23,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization CSUSB PHILANTHROPIC FOUNDATION **Employer identification number** 45-2255077

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,578,751.	21,312,719.	19,170,823.		
b Contributions	44,527.	3,626,417.	2,581,473.	20,535,257.	
c Net investment earnings, gains, and losses	986,967.	594,629.	686,153.	-685,376.	
d Grants or scholarships	579,504.	707,179.	852,789.	595,857.	
e Other expenditures for facilities and programs					
f Administrative expenses	429,862.	247,835.	198,645.	83,201.	
g End of year balance	24,600,879.	24,578,751.	21,312,719.	19,170,823.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 79.42 %
- c Temporarily restricted endowment 20.58 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		293,683.	109,715.	183,968.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				183,968.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ART COLLECTION	3,204,432.
(2) CONSTRUCTION IN PROGRESS	70,978.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,275,410.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,072,904.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,083,983.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,083,983.
3	Subtract line 2e from line 1	3	5,156,887.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,156,887.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	3,445,246.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,445,246.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,445,246.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE FOUNDATION'S ART COLLECTION AIDS IN THE EDUCATIONAL MISSION OF THE CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO. IT IS USED AS A STUDY AID FOR ART STUDENTS AS WELL AS AN EDUCATIONAL OPPORTUNITY FOR LOCAL ELEMENTARY AND HIGH SCHOOL STUDENTS IN THE COMMUNITY.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED PRIMARILY FOR DESIGNATED SCHOLARSHIPS. THERE ARE SOME FUNDS THAT ARE DESIGNATED TO SUPPORT PROGRAM FUNCTIONS.

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO

Part XIII Supplemental Information *(continued)*

WHETHER THOSE TAX POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX POSITIONS EVALUATED ARE RELATED TO THE FOUNDATION'S QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE IS UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT (>50%) OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN TAX POSITIONS ARE REQUIRED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization **CSUSB PHILANTHROPIC FOUNDATION** Employer identification number **45-2255077**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	33-0644150	115(1)	1,055,580.	0.			TO PROVIDE ASSISTANCE TO STUDENTS THAT MEET SPECIFIC CRITERIA.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

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

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

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 THEM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

CSUSB PHILANTHROPIC FOUNDATION

Employer identification number

45-2255077

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. TOMAS MORALES PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	288,763.	0.	73,584.	65,207.	17,220.	444,774.	0.
(2) DR. RONALD FREMONT EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	187,546.	0.	5,058.	42,604.	22,510.	257,718.	0.
(3) ANDREW BODMAN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	212,483.	0.	762.	48,102.	17,131.	278,478.	0.
(4) BRIAN HAYNES DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	187,618.	0.	138.	42,720.	23,110.	253,586.	0.
(5) SAMUEL SUDHAKAR DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	188,218.	0.	90.	42,721.	22,510.	253,539.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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 www.irs.gov/form990.

Name of the organization **CSUSB PHILANTHROPIC FOUNDATION** Employer identification number **45-2255077**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	5	0.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION PROCESSED NO IN-KIND GIFTS WITH A DETERMINED VALUE GREATER THAN \$5,000 DURING THE CURRENT YEAR.

SCHEDULE M, LINE 33:

THE FOUNDATION IS ELECTING, AS ALLOWED UNDER SFAS 116, TO REPORT ON FORM 990, PART X, LINE 15 WORKS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF ITS DEFINED MISSION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

CSUSB PHILANTHROPIC FOUNDATION

Employer identification number

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 11:

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 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
PROCESSES AT THE END OF SPECIFIED CONTRACT PERIODS. THE PROCESS HAS NOT
CHANGED FROM THE PRIOR YEAR.

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.

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

2014

Open to Public
Inspection

Name of the organization **CSUSB PHILANTHROPIC FOUNDATION** Employer identification number **45-2255077**

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 answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2014

SEE PART VII FOR CONTINUATIONS

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	P	237,526.FMV	
(2) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	Q	39,612.FMV	
(3) UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Q	0.FMV	
(4) ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	P	0.FMV	
(5) SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO	P	8,574.FMV	
(6) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	B	1,241,271.FMV	

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
(7) ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	C	109,800.	FMV
(8) UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	P	490,282.	FMV
(9) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	C	62,111.	FMV
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CSUSB PHILANTHROPIC FOUNDATION	Employer identification number (EIN) or 45-2255077
	Number, street, and room or suite no. If a P.O. box, see instructions. 5500 UNIVERSITY PARKWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN BERNARDINO, CA 92407	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LISA IANNOLO

• The books are in the care of **▶ 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407**
 Telephone No. **▶ 909-537-3922** Fax No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2016**.

5 For calendar year , or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ CPA** Date **▶**

California Exempt Organization
Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014, and ending (mm/dd/yyyy) 06/30/2015

Corporation/Organization Name CSUSB PHILANTHROPIC FOUNDATION		California corporation number 3360972	
Additional Information. See instructions.		FEIN 45-2255077	
Street address (suite or room) 5500 UNIVERSITY PARKWAY		PMB no.	
City SAN BERNARDINO		State CA	ZIP code 92407
Foreign country name	Foreign province/state/county		Foreign postal code

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$ _____
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/>
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990)	N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	P Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	13,856,379.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	3,891,518.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	17,747,897.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	12,591,010.00
	7	Total costs. Add line 5 and line 6	7	12,591,010.00
	8	Total gross income. Subtract line 7 from line 4	8	5,156,887.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,445,246.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,711,641.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title TREASURER	Date	<input type="checkbox"/> Telephone
	Preparer's signature		Date	<input type="checkbox"/> PTIN P00165007
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	ROGERS, ANDERSON, MALODY & SCOTT, LLP 735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA 92408		<input type="checkbox"/> FEIN 95-2662063 <input type="checkbox"/> Telephone (909) 889-0871
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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.

428951 11-26-14

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00		
	2	Interest	•	2	00		
	3	Dividends	•	3	1,053,938.00		
	4	Gross rents	•	4	00		
	5	Gross royalties	•	5	00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2	•	6	12,801,233.00	
	7	Other income	SEE STATEMENT 3	•	7	1,208.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	13,856,379.00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9	1,055,580.00	
	10	Disbursements to or for members		•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	0.00	
	12	Other salaries and wages		•	12	00	
	Expenses and Disbursements	13	Interest	•	13	00	
		14	Taxes	•	14	00	
		15	Rents	•	15	00	
		16	Depreciation and depletion (See instructions)		•	16	57,065.00
		17	Other Expenses and Disbursements	SEE STATEMENT 5	•	17	2,332,601.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	3,445,246.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		6,987,251.		7,848,004.
2 Net accounts receivable		29,974.		3,129.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 6	24,457,753.		24,508,041.
10 a Depreciable assets	285,548.		293,683.	
b Less accumulated depreciation	(52,650.)	232,898.	(109,715.)	183,968.
11 Land				
12 Other assets	STMT 7	4,176,747.		4,438,049.
13 Total assets		35,884,623.		36,981,191.
Liabilities and net worth				
14 Accounts payable		158,541.		620,409.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 8			7,042.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		35,726,082.		36,353,740.
22 Total liabilities and net worth		35,884,623.		36,981,191.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 627,658.	7	Income recorded on books this year not included in this return. STMT 9	• -1,083,983.
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	-1,083,983.
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	1,711,641.
6	Total. Add line 1 through line 5	627,658.			

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BOEING COMPANY	100 N. RIVERSIDE PLAZA CHICAGO, IL 60606	09/25/14	82,500.
CALIFORNIA WELLNESS FOUNDATION	6320 CANOGA AVE., STE. 1700 WOODLAND HILLS, CA 91367	01/29/15	100,000.
EISENHOWER MEDICAL CENTER	39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	02/03/15	18,000.
TENET HEALTHCARE CORP.	1445 ROSS AVE., NO. 1400 DALLAS, TX 75202	12/17/14	58,466.
UNION BANK OF CALIFORNIA	PO BOX 60691 LOS ANGELES, CA 90060	01/26/15	60,000.
WELLS FARGO BANK	90 S. 7TH STREET MINNEAPOLIS, MN 55479	07/30/14	50,000.
ZAPLETAL FAMILY TRUST C/O WELLS FARGO	505 CARR ROAD WILMINGTON, DE 19809	09/29/14	55,970.
SOUTHERN CALIFORNIA EDISON	PO BOX 7002244 WALNUT GROVE AVENUE ROSEMEAD, CA 91770	12/31/14	75,000.
THE COMMUNITY FOUNDATION	3700 SIXTH STREET, SUITE 200 RIVERSIDE, CA 92501	02/11/15	75,420.
ALTURA CREDIT UNION	2847 CAMPUS PKWY RIVERSIDE, CA 92507	12/31/14	10,000.
ARROWHEAD COUNTRY CLUB	3433 PARKSIDE DR SAN BERNARDINO, CA 92404	11/04/14	20,250.
BAKER'S BURGERS, INC.	1875 BUSINESS CENTER DR SAN BERNARDINO, CA 92408	02/10/15	16,780.
BANK OF AMERICA	3650 14TH ST STE 204 RIVERSIDE, CA 92501	06/11/15	20,000.
BIGHORN PROPERTIES, INC.	255 PALOWET DR PALM DESERT , CA 92260	10/21/14	8,013.
CALIFORNIA COMMUNITY FOUNDATION	221 S FIGUEROA ST STE 400 LOS ANGELES, CA 90012	06/25/15	11,000.

CSUSB PHILANTHROPIC FOUNDATION

45-2255077

CATHOLIC CHARITIES	1450 N D ST SAN BERNARDINO, CA 92405	06/29/15	14,251.
CHILDREN'S FUND	348 W HOSPITALITY LN STE 110 SAN BERNARDINO, CA 92408	10/14/14	10,000.
CITIGROUP FOUNDATION	1 SANSOME ST. SAN FRANCISCO, CA 94104	04/20/15	40,000.
CLARK TRUST	272 STRADA NOVA PALM DESERT, CA 92260	03/27/15	10,500.
COETA AND DONALD BARKER FOUNDATION	P.O. BOX 936 RANCHO MIRAGE , CA 92270	06/23/15	12,000.
DISTRICT 5330 ROTARY, INC.	P.O. BOX 2662 LAKE ARROWHEAD , CA 92352	02/23/15	9,520.
DR. HAROLD J. VOLLKOMMER	777 N F ST. SAN BERNARDINO, CA 92410	12/24/14	5,102.
DR. JANET L. KOTTKE	5500 UNIVERSITY PKWY SAN BERNARDINO, CA 92407	12/31/14	5,250.
DR. ROBERT BLACKLEY	5500 UNIVERSITY PKWY SAN BERNARDINO, CA 92407	11/07/14	6,500.
DR. ROSALIE GIACCHINO-BAKER	1829 SHENANDOAH CLAREMONT, CA 91711	11/07/14	10,000.
DR. ROSARIA BULGARELLA	P.O. BOX 370614 LAS VEGAS , NV 89137	12/31/14	10,000.
DR. W. BENSON HARER, JR.	1107 1ST AVE APT 1601 SEATTLE , WA 98101	02/13/15	200,000.
ER & HS 2002 FAMILY TRUST	P.O. BOX 2046 REDLANDS , CA 92373	12/31/14	11,500.
ESPERANZA SCHOLARSHIP FOUNDATION	1757 S EUCLID AVE ONTARIO, CA 91762	09/10/14	12,000.
FIDELITY INVESTMENTS	P. O. BOX 770001 CINCINNATI, OH 45277	07/10/14	100,000.
FOLLETT HIGHER EDUCATION GROUP	3 WESTBROOK CORPORATE CENTER, STE. 200 WESTCHESTER, IL 60154	11/17/14	10,000.
IN-N-OUT BURGER FOUNDATION	4199 CAMPUS DR, 9 TH FLOOR IRVINE , CA 92612	12/10/14	6,000.
KONICA MINOLTA BUSINESS SOLUTIONS	1003 E. BRIER DR SAN BERNARDINO, CA 92408	11/04/14	11,536.

CSUSB PHILANTHROPIC FOUNDATION

45-2255077

LIPP FAMILY FOUNDATION	1330 ORANGE AVE., STE. 300 CORONADO , CA 92118	03/19/15	10,500.
MOLINA HEALTHCARE OF CALIFORNIA	200 OCEANGATE, STE. 100 LONG BEACH , CA 90802	09/10/14	10,000.
MR. ALAN G. DRYER	672 E PALM AVE REDLANDS, CA 92374	12/17/14	7,350.
MR. BRUCE D. VARNER	1604 SMILEY RIDGE REDLANDS , CA 92373	12/31/14	15,000.
MR. MICHAEL SWANK	40810 SENTENNIAL CIR PALM DESERT, CA 92260	01/26/15	130,250.
MR. MUSTAFA MILBIS	6481 NAPA AVE. RANCHO CUCAMONGA , CA 91701	06/25/15	45,500.
MR. NEALE A. PERKINS	P.O. BOX 9330 REDLANDS , CA 92375	10/02/15	14,671.
MR. NICHOLAS H. GOLDWARE	2445 ROLLING RIDGE RD. RIVERSIDE, CA 92506	06/11/15	10,000.
MR. NICHOLAS J. COUSSOULIS	341 2ND ST STE 1 SAN BERNARDINO, CA 92401	02/17/15	15,000.
MR. NORMAN LOFTHUS	3193 E BOGERT TRL PALM SPRINGS, CA 92264	03/11/15	32,985.
MR. ROBERT W. TEMPLETON, C.F.A.	3233 FEDERAL AVE LOS ANGELES, CA 90066	11/24/14	5,073.
MR. STEVEN A. BECKER	1511 W CYPRESS AVE REDLANDS, CA 92373	04/20/15	10,000.
MR. WARD A. FREDERICKS	75375 PAINTED DESERT DR INDIAN WELLS , CA 92210	11/18/14	5,250.
MRS. ELLEN G. WEISSER	237 GRAND VIEW DR REDLANDS, CA 92373	12/17/14	10,000.
MRS. JANE GOTHER	74704 ARROYO DR, INDIAN WELLS, CA 92210	12/05/14	20,299.
MS. ELAINE ROSEN, ESQ.	P.O. BOX 2046 REDLANDS , CA 92373	12/31/14	12,500.
MS. ELIZABETH H. CRIGHTON	4152 VIA PADOVA CLAREMONT, CA 91711	07/30/14	6,300.
MS. JOHNNIE ANN RAPH	825 SHERIDAN RD SAN BERNARDINO, CA 92407	06/23/15	11,000.

CSUSB PHILANTHROPIC FOUNDATION

45-2255077

MS. LEONA ARONOFF SADACCA	151 KALMUS DR, STE H10 COSTA MESA , CA 92626	06/02/15	25,000.
NATIONAL FINANCIAL SERVICES LLC	499 WASHINGTON BLVD. JERSEY CITY , NJ 07310	07/30/14	122,595.
NATIONAL FISH AND WILDLIFE FOUNDATION	1133 15TH ST. NW, STE. 1100 WASHINGTON , DC 20005	06/23/15	50,000.
NEXTERA ENERGY RESOURCES LLC	700 UNIVERSE BLVD. JUNO BEACH, FL 33408	07/30/15	10,000.
PAUL SHIMOFF, ESQ.	4 W. REDLANDS BLVD. REDLANDS , CA 92373	05/12/15	10,000.
PECHANGA RESORT & CASINO	P.O. BOX 9041 TEMECULA , CA 92589	08/13/14	10,000.
QATAR FOUNDATION INTERNATIONAL	1400 EYE ST., NW STE. 200 WASHINGTON, DC 20005	01/13/15	84,315.
RABOBANK, N.A.	1448 W MAIN ST EL CENTRO , CA 92243	03/19/15	9,460.
RALPH LAUREN	15710 SAN ANTONIO AVE. CHINO , CA 91708	06/29/15	6,438.
RICHARD L. & LYNN T. MOSS REV. TRUST	P.O. BOX 971 SUN CITY , CA 92486	12/18/14	10,000.
SECURITY BANK OF CALIFORNIA	3403 10TH ST. STE. 830 RIVERSIDE, CA 92501	03/24/15	5,250.
STATER BROS. MARKETS	301 S. TIPPECANOE AVE. SAN BERNARDINO, CA 92408	03/19/15	25,000.
THE MOLINA FOUNDATION	111 W. OCEAN BLVD., STE. 1100 LONG BEACH, CA 90802	06/30/15	422,410.
THE SCHWAB FUND FOR CHARITABLE GIVING	211 MAIN ST., FLOOR 10 SAN FRANCISCO, CA 94105	03/26/15	248,265.
THE YINCHIN FOUNDATION	688 RADBURY PL DIAMOND BAR, CA 91765	09/30/14	30,000.
TOYOTA USA FOUNDATION	601 LEXINGTON AVE., 49TH FLOOR NEW YORK , NY 10022	02/06/15	150,000.
VI AT LA JOLLA VILLAGE	8515 COSTA VERDE BLVD. SAN DIEGO , CA 92122	09/03/14	206,512.
VISTAGE WORLDWIDE, INC.	24 VIA VILLENA SAN CLEMENTE, CA 92673	11/02/14	7,425.

CSUSB PHILANTHROPIC FOUNDATION

45-2255077

WILLIAM A. STOCKERT TRUST 2601 E. OCEAN BLVD., NO. 409
LONG BEACH, CA 90803

05/07/15

23,068.

TOTAL INCLUDED ON LINE 3

2,972,974.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	12,591,010.	0.	0.	12,801,233.
TOTAL TO FORM 199, PAGE 2, LN 6	12,591,010.	0.	0.	12,801,233.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER	1,208.
TOTAL TO FORM 199, PART II, LINE 7	1,208.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

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.
JAMES FERGUSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	SECRETARY 1.00	0.
ANDREW BODMAN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
HAAKON BROWN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DOROTHY CHEN-MAYNARD 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
BRIAN HAYNES 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
SUNG-KYOO HUH 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.

MARGARET PERRY 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
ALFREDO BARCENAS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
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.
MARIE ALONZO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DONALD AVERILL 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
MICHAEL BRACKEN 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.
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.

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.
JAMES FERGUSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
PAUL GRANILLO 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.
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.
DOBBIN LO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
PAUL MATA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
BARBARA MCGEE 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
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.
DONOVAN RINKER-MORRIS 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.
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.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
REIMBURSEMENTS OF PERSONAL	741,494.
MISCELLANEOUS	99,451.
ACCOUNTING FEES	150,120.
ADVERTISING AND PROMOTION	103,867.
OFFICE EXPENSES	1,096,478.
TRAVEL	63,358.
CONFERENCES AND CONVENTIONS	59,699.
INSURANCE	18,134.
TOTAL TO FORM 199, PART II, LINE 17	2,332,601.

FORM 199 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	24,457,753.	24,508,041.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	24,457,753.	24,508,041.

FORM 199 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	982,015.	1,162,639.
ART COLLECTION	3,194,732.	3,204,432.
CONSTRUCTION IN PROGRESS	0.	70,978.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	4,176,747.	4,438,049.

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		0.	7,042.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		0.	7,042.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	9
DESCRIPTION		AMOUNT	
NET ASSETS TRANSFERRED FROM UNIVERSITY ENTERPRISES CORPORATION AT CSUSB		0.	
UNREALIZED GAIN ON INVESTMENTS		-1,083,983.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-1,083,983.	

FORM 199	FUND BALANCES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		63,806.	155,362.
TEMPORARILY RESTRICTED ASSETS		17,016,311.	16,660,345.
PERMANENTLY RESTRICTED ASSETS		18,645,965.	19,538,033.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		35,726,082.	36,353,740.

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 "2014 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 U.S. financial institution.

WHEN TO FILE: **Fiscal Year - See instructions.**
Calendar Year - File and Pay by March 16, 2015.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

439035
12-04-14

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2014** **Payment Voucher for Corps and Exempt Orgs e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

3360972 CSUS 45-2255077 000000000000 14 FORM 3
TYB 07-01-2014 TYE 06-30-2015
CSUSB PHILANTHROPIC FOUNDATION

5500 UNIVERSITY PARKWAY
SAN BERNARDINO CA 92407

(909) 537-5918

Total Payment Amt 10.

TAXABLE YEAR
2014

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
CSUSB PHILANTHROPIC FOUNDATION	45-2255077

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 17,747,897.00
2 Total gross income (Form 199, line 8)	2 5,156,887.00
3 Total expenses and disbursements (Form 199, line 9)	3 3,445,246.00

Part II Settle Your Account Electronically for Taxable Year 2014

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

Sign Here _____ **TREASURER**
Signature of Officer _____ Date _____ Title _____

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign Firm's name (or yours if self-employed) and address	ROGERS, ANDERSON, MALODY & SCOTT, LLP			FEIN 95-2662063
	735 E. CARNEGIE DRIVE, SUITE 100			ZIP Code 92408
	SAN BERNARDINO, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address	ROGERS, ANDERSON, MALODY & SCOTT, LLP		
	735 E. CARNEGIE DRIVE, SUITE 100		
	SAN BERNARDINO, CA		
			FEIN 95-2662063
			ZIP Code 92408

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 CSUSB PHILANTHROPIC FOUNDATION <small>Name of Organization</small> 5500 UNIVERSITY PARKWAY <small>Address (Number and Street)</small> SAN BERNARDINO, CA 92407 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>3360972</u> Federal Employer I.D. No. <u>45-2255077</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2014 ending 06/30/2015) list:
 Gross annual revenue \$ 5,156,887. Total assets \$ 36,981,191.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
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.		X
5. 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.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	X	
7. 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.		X
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.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 909-537-5918

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