



ROGERS, ANDERSON, MALODY & SCOTT, LLP

Certified Public Accountants
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March 20, 2018

CSUSB PHILANTHROPIC FOUNDATION
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

CSUSB Philanthropic Foundation:

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

Specific filing instructions are as follows.

FORM 990 RETURN:

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

CALIFORNIA FORM 199 RETURN:

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

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

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

Mail to:

Franchise Tax Board
PO BOX 942857
Sacramento CA 94257-0531

CALIFORNIA FORM RRF-1:

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

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

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

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

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

Very truly yours,

Terry Shea, CPA

DRAFT

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

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>12,103,009.</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, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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 reverse a payment, you 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 on 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 2016 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 2016 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 2016 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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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.

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

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 \$ 18,801,080. 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: ▶ WWW.ADVANCEMENT.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	49
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7 b	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)	13,327,454.	10,925,226.
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, 10, and 11)	1,025,896.	1,175,931.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	690.	1,852.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,354,040.	12,103,009.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,237,397.	4,845,378.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16 b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,731,342.	2,957,377.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,968,739.	7,802,755.
19	Revenue less expenses. Subtract line 18 from line 12	10,385,301.	4,300,254.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	45,445,025.	54,615,543.
22	Net assets or fund balances. Subtract line 21 from line 20	310,751.	2,171,490.
		45,134,274.	52,444,053.

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 address ▶ 735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA 92408	Firm's EIN ▶ 95-2662063 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 \$ 1,382,406. including grants of \$ 4,845,378.) (Revenue \$) SCHOLARSHIPS - COORDINATE SCHOLARSHIP DONATIONS WITH THE STUDENT AWARDED SCHOLARSHIPS. STUDENT AWARDS WERE 1,454.

4b (Code:) (Expenses \$ 6,255,334. including grants of \$) (Revenue \$) DESIGNATED GIFT ADMINISTRATION - PROVIDE SERVICES IN SUPPORT OF DESIGNATED GIFT AND ENDOWMENT FUNDS.

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 7,637,740.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 19 regarding organizational requirements for various schedules (A through G).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (49), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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 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 40.00	X		X			0.	459,049.	98,697.	
(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 40.00	X		X			0.	208,674.	73,011.	
(5) DR. RONALD FREMONT EXECUTIVE DIRECTOR	1.00 40.00	X		X			0.	207,530.	76,289.	
(6) JAMES FERGUSON SECRETARY	1.00	X		X			0.	0.	0.	
(7) ALEX GUTIERREZ DIRECTOR	1.00 5.00	X					0.	12,981.	0.	
(8) DR. ALEXANDRU ROMAN DIRECTOR	1.00 40.00	X					0.	149,685.	43,218.	
(9) DR. DOROTHY CHEN-MAYNARD DIRECTOR	1.00 40.00	X					0.	126,798.	34,516.	
(10) DR. BRIAN HAYNES DIRECTOR	1.00 40.00	X					0.	199,983.	75,662.	
(11) DR. SUNG-KYOO HUH DIRECTOR	1.00 40.00	X					0.	136,572.	52,031.	
(12) SHARI MCMAHAN DIRECTOR	1.00 40.00	X					0.	59,077.	22,626.	
(13) DR. SAMUEL SUDHAKAR DIRECTOR	1.00 40.00	X					0.	201,325.	77,199.	
(14) AMRO ALBANNA DIRECTOR	1.00	X					0.	0.	0.	
(15) DONALD AVERILL DIRECTOR	1.00	X					0.	0.	0.	
(16) BOB BURLINGAME DIRECTOR	1.00	X					0.	0.	0.	
(17) LOIS CARSON 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) ALI CAYIR DIRECTOR	1.00	X						0.	0.	0.
(19) GREG CHRISTIAN DIRECTOR	1.00	X						0.	0.	0.
(20) HENRY COIL DIRECTOR	1.00	X						0.	0.	0.
(21) BENJAMIN COOK DIRECTOR	1.00	X						0.	0.	0.
(22) NICHOLAS COUSSOULIS DIRECTOR	1.00	X						0.	0.	0.
(23) JIM CUEVAS DIRECTOR	1.00	X						0.	0.	0.
(24) SUNDIP DOSHI DIRECTOR	1.00	X						0.	0.	0.
(25) GERALD FAWCETT DIRECTOR	1.00	X						0.	0.	0.
(26) PAUL GRANILLO DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	1,761,674.	553,249.
c Total from continuation sheets to Part VII, Section A								0.	102,568.	42,180.
d Total (add lines 1b and 1c)								0.	1,864,242.	595,429.

2 Total number of individuals (including but not limited to those 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.

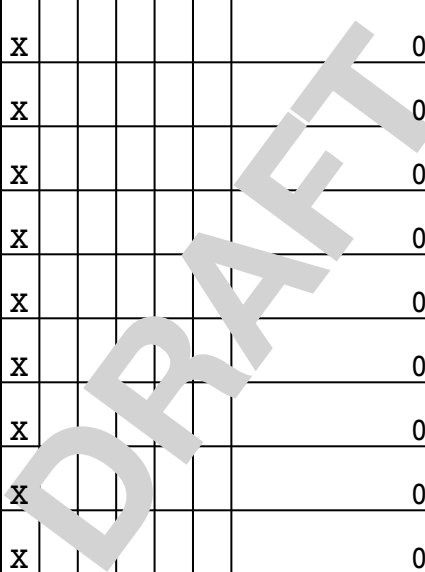
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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) DR. W. BENSON HARER, JR. DIRECTOR	1.00	X						0.	0.	0.
(28) JIM IMBIORSKI DIRECTOR	1.00	X						0.	0.	0.
(29) COLE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(30) MARK KAENEL DIRECTOR	1.00	X						0.	0.	0.
(31) WILFRID LEMANN DIRECTOR	1.00	X						0.	0.	0.
(32) BARBARA MCGEE DIRECTOR	1.00	X						0.	0.	0.
(33) DR. YOLANDA MOSES DIRECTOR	1.00	X						0.	0.	0.
(34) RICHARD OLIPHANT DIRECTOR	1.00	X						0.	0.	0.
(35) NEALE PERKINS DIRECTOR	1.00	X						0.	0.	0.
(36) MADELAINE PFAU DIRECTOR	1.00	X						0.	0.	0.
(37) STEVE PONTELL DIRECTOR	1.00	X						0.	0.	0.
(38) JAMES RAMOS, JR. DIRECTOR	1.00	X						0.	0.	0.
(39) ALI RAZI DIRECTOR	1.00	X						0.	0.	0.
(40) PHILLIP SAVAGE, IV DIRECTOR	1.00	X						0.	0.	0.
(41) PAUL SHIMOFF DIRECTOR	1.00	X						0.	0.	0.
(42) JEFFREY SHOCKEY DIRECTOR	1.00	X						0.	0.	0.
(43) ERNEST SIVA DIRECTOR	1.00	X						0.	0.	0.
(44) JEAN STEPHENS DIRECTOR	1.00	X						0.	0.	0.
(45) WILLIAM STEVENSON DIRECTOR	1.00	X						0.	28,339.	1,861.
(46) EDWARD TEYBER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



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	4,214,645.				
	e Government grants (contributions)	1e	151,797.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,558,784.				
	g Noncash contributions included in lines 1a-1f: \$		1,345,643.				
	h Total. Add lines 1a-1f		10,925,226.				
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)		935,978.			935,978.	
	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				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			239,953.		239,953.
	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	1,852.	1,852.			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			1,852.			
12 Total revenue. See instructions.			12,103,009.	1,852.	0.	1,175,931.	

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 ...	4,845,378.	4,845,378.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include 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	1,771.		1,771.	
c Accounting	191,043.	191,043.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	105,385.	105,385.		
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	72,989.	72,989.		
13 Office expenses	1,251,720.	1,202,628.	49,092.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	58,873.	56,250.	2,623.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	216,503.	120,649.	95,854.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,940.	47,646.	2,294.	
23 Insurance	14,492.	1,111.	13,381.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	482,641.	482,641.		
b REIM. OF PERSONNEL COST	384,585.	384,585.		
c MISCELLANEOUS	78,858.	78,858.		
d RENTAL OF EQUIPMENT AND	48,577.	48,577.		
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,802,755.	7,637,740.	165,015.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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	2,738,805.	1	4,246,876.
	2 Savings and temporary cash investments	4,760,299.	2	4,762,574.
	3 Pledges and grants receivable, net	10,976,080.	3	2,139,490.
	4 Accounts receivable, net	510.	4	267,630.
	5 Loans and other receivables from current and 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 300,528.		
	b Less: accumulated depreciation	10b 212,758.	137,710.	10c 87,770.
	11 Investments - publicly traded securities	23,297,671.	11	43,111,203.
	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	3,533,950.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,445,025.	16	54,615,543.	
Liabilities	17 Accounts payable and accrued expenses	291,807.	17	530,251.
	18 Grants payable		18	
	19 Deferred revenue	18,944.	19	0.
	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	0.	25	1,641,239.
	26 Total liabilities. Add lines 17 through 25	310,751.	26	2,171,490.
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	162,052.	27	547,165.
	28 Temporarily restricted net assets	15,468,961.	28	20,390,656.
	29 Permanently restricted net assets	29,503,261.	29	31,506,232.
	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	45,134,274.	33	52,444,053.	
34 Total liabilities and net assets/fund balances	45,445,025.	34	54,615,543.	

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	12,103,009.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,802,755.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,300,254.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,134,274.
5	Net unrealized gains (losses) on investments	5	3,118,748.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-109,222.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,444,054.

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		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2248584.	4728135.	3891518.	3327454.	10925226.	25120917.
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	2248584.	4728135.	3891518.	3327454.	10925226.	25120917.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						400,511.
6 Public support. Subtract line 5 from line 4.						24720406.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2248584.	4728135.	3891518.	3327454.	10925226.	25120917.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	765,636.	660,818.	1053938.	1025896.	935,978.	4442266.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		633.	1,208.	690.	1,852.	4,383.
11 Total support. Add lines 7 through 10						29567566.
12 Gross receipts from related activities, etc. (see 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 2016 (line 6, column (f) divided by line 11, column (f))	14	83.61 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	80.91 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 12a or 12b 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 organization.</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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the first day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI.) **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		
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2013 AMOUNT: \$ 633.

2014 AMOUNT: \$ 1,208.

2015 AMOUNT: \$ 690.

2016 AMOUNT: \$ 1,852.

DRAFT

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

2016

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Name of organization 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
1	ANHEUSER-BUSCH, INC. 1400 MARLBOROUGH AVE RIVERSIDE, CA 92507	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ARROWHEAD COUNTRY CLUB 3433 PARKSIDE DR SAN BERNARDINO, CA 92404	\$ 21,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	AUEN FOUNDATION P.O. BOX 13390 PALM DESERT, CA 92255	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BANK OF AMERICA 3650 14TH ST., STE. 204 RIVERSIDE, CA 92501	\$ 18,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BEACON POINTE ADVISORS, LLC 24 CORPORATE PLAZA DR STE 150 NEWPORT BEACH, CA 92660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BENOIT FOR SUPERVISOR 2150 RIVER PLAZA DR., STE. 150 SACRAMENTO, CA 95833	\$ 25,000.	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
7	BERNARD OSHER FOUNDATION ONE FERRY BUILDING, STE. 255 SAN FRANCISCO, CA 94111	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BEST, BEST & KRIEGER, LLP 3390 UNIVERSITY AVE., 5TH FLOOR RIVERSIDE, CA 92501	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BIGHORN PROPERTIES, INC. 255 PALOWET DR PALM DESERT, CA 92260	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BOEING GLOBAL CORPORATE CITIZENSHIP P.O. BOX 516 M/C 5084-7000 ST. LOUIS, MO 63166	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BRADFORD PORTRAITS 2651 IRVINE AVE STE 152 COSTA MESA, CA 92627	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	MRS. DEBBIE BROWN 1837 COUNTRY CLUB 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.)

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
13	BUD'S TIRE AND WHEEL, TIRE PROS 8651 INDIANA AVE STE F RIVERSIDE, CA 92504	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	CALIF. ASSOC. FOR MICROENTERPRISE 1 HALLIDIE PLZ STE 715 SAN FRANCISCO, CA 94102	\$ 5,000.	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	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CALIFORNIA STATE UNIVERSITY, FRESNO 5241 N. MAPLE AVE. FRESNO, CA 93740	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CALIFORNIA WELLNESS FOUNDATION 515 S. FLOWER ST., STE. 1100 LOS ANGELES, CA 90071	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CARDENAS MARKETS 2501 E GUASTI RD ONTARIO, CA 91761	\$ 99,000.	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	CARNEGIE CORPORATION OF NEW YORK 437 MADISON AVE. NEW YORK, NY 10022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CHILDREN'S FUND 348 W. HOSPITALITY LN., STE. 110 SAN BERNARDINO, CA 92408	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CITI COMMUNITY DEVELOPMENT 740 LOMAS SANTA FE DR., STE. 208 SOLANA BEACH, CA 92075	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CITY OF SAN BERNARDINO WATER DEPT. P.O. BOX 710 SAN BERNARDINO, CA 92408	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	COCA COLA USA OPERATIONS 2603 CAMINO RAMON STE 550 SAN RAMON, CA 94583	\$ 7,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	COMERICA P.O. BOX 75000 DETROIT, MI 48275	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CSUSB PHILANTHROPIC FOUNDATION

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
25	THE COMMUNITY FOUNDATION 3700 6TH ST STE 200 RIVERSIDE, CA 92501	\$ 63,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CRANKSTART FOUNDATION 2626 VALLEJO ST. SAN FRANCISCO, CA 84123	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CUCAMONGA VALLEY WATER DISTRICT P.O. BOX 638 RANCHO CUCAMONGA, CA 91729	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	FIDELITY INVESTMENTS P.O. BOX 770001 CINCINNATI, OH 45277	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	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 checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	GARNER HOLT PRODUCTIONS, INC. 825 E COOLEY AVE SAN BERNARDINO, CA 92408	\$ 5,000.	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	MRS. JANE GOTHER 74704 ARROYO DR. INDIAN WELLS, CA 92210	\$ 20,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	GRTR PALM SPRINGS CONVENTION & VISITORS 70-100 HIGHWAY 111 RANCHO MIRAGE, CA 92270	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	MS. ASHLEY GUFTAFSON 610 OPPERMAN DR. EAGAN, MN 55123	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	IN-N-OUT BURGER FOUNDATION 4199 CAMPUS DR., 9TH FLOOR IRVINE, CA 92612	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MR. JEFFREY LANDAU 3615 MOORE ST. LOS ANGELES, CA 90066	\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	MR. JOHN F. LEONARD 328 AUBURN DR. DAYTON, FL 32118	\$ 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
37	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.)
38	LOS ANGELES TIMES 202 W. FIRST ST. LOS ANGELES, CA 90012	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	MRS. MARYJANE MCCOY 15929 N. GLENCREST DR. SPOKANE, WA 99208	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	MET AUTO SERVICE 1030 KENDALL DR. 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.)
41	MORGAN STANLEY GIFT 1177 AVENUE OF THE AMERICAS, 41ST FLOOR NEW YORK, NY 10104	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	MR. KENNETH NICKERSON 1241 N. 41ST ST. LINCOLN, NE 68530	\$ 26,582.	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. MARK NICKERSON 49995 CANYON VIEW DR PALM DESERT, CA 92260	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	MR. CHARLES D. OBERSHAW 3470 N. CIRCLE RD. SAN BERNARDINO, CA 92405	\$ 991,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	PALM DESERT-INDIAN WELLS WOMEN'S CLUB P.O. BOX 413 PALM DESERT, CA 92261	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	MRS. JODY PARKER 74-535 WREN DR. INDIAN WELLS, CA 92210	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	PEDEGO LA QUINTA 78075 MAIN ST., STE. 104 PALM DESERT, CA 92253	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	MR. NEALE A. PERKINS P.O. BOX 9330 REDLANDS, CA 92375	\$ 7,545.	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	RABOBANK, N.A. 1448 W MAIN ST EL CENTRO, CA 92243	\$ 8,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	MS. JOHNNIE ANN RALPH 825 SHERIDAN RD SAN BERNARDINO, CA 92407	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	SAN BERNARDINO CITY UNIFIED SCHOOL DIST. 777 N. F ST. SAN BERNARDINO, CA 92410	\$ 48,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52	SAN MANUEL BAND OF MISSION INDIANS 26569 COMMUNITY CENTER DR HIGHLAND, CA 92346	\$ 14,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	MS. ADINA L. SAVIN 2003 PELHAM AVE. LOS ANGELES, CA 90025	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	MR. GIL SCHROEDER 37500 COOK ST PALM DESERT, CA 92211	\$ 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	SMALL BUSINESS DEV CORP OF ORANGE COUNTY 271 N. SYCAMORE ST. SANTA ANA, CA 92701	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	SOUTHERN CALIFORNIA EDISON P.O. BOX 700 ROSEMEAD, CA 91770	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	MS. JEAN M. STEPHENS 11355 MT. JOHNSON CT. RANCHO CUCAMONGA, CA 91737	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	STONE EAGLE GOLF CLUB 72-500 STONE EAGLE DR. PALM DESERT, CA 92260	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59	DR. CLEMENS JOHN TARTER 3121 HIGHLAND AVE. S, NO. 101 BIRMINGHAM, AL 35205	\$ 17,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	MR. ROBERT W. TEMPLETON, C.F.A. 3233 FEDERAL AVE LOS ANGELES, CA 90066	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	MS. FRANCES M. TODD 3166 N G ST SAN BERNARDINO, CA 92405	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	TOMMY BAHAMA 400 FAIRVIEW AVENUE NORTH, STE. 488 SEATTLE, WA 98109	\$ 7,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	UNICARS HONDA 78-970 VARNER RD. INDIO, CA 92203	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	US INTERNATIONAL MEDIA 1201 ALTA LOMA RD. LOS ANGELES, CA 90069	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	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.)
66	DR. HAROLD J. VOLLKOMMER 6843 AMBER ST. HIGHLAND, CA 92346	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CSUSB PHILANTHROPIC FOUNDATION	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
67	WALTON FAMILY FOUNDATION P.O. BOX 2030 BENTONVILLE, AR 72712	\$ 9,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	MR. TED WEGGELAND 3750 UNIVERSITY AVE., STE. 175 RIVERSIDE, CA 92501	\$ 5,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	WELLS FARGO BANK 4141 INLAND EMPIRE BLVD., STE. 350 ONTARIO, CA 91764	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	WESTERN MUNICIPAL WATER DISTRICT 14205 MERIDIAN PKWY MARCH AIR RESERVE BASE, CA 92518	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	MR. DOUGLAS W. WILLIAMS P.O. BOX 2815 APPLE VALLEY, CA 92307	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	ZAPLETAL FAMILY TRUST ONE WEST FOURTH ST., 2ND FLOOR WINSTON-SALEM, NC 27101	\$ 44,168.	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
73	PECHANGA BAND OF LUISENO INDIANS P.O. BOX 2183 TEMECULA , CA 92592	\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	\$ 116,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	ASSOCIATED STUDENTS INCORPORATED 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	\$ 182,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	UNIVERSITY ENTERPRISES CORPORATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	\$ 3,915,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
<u>2</u>	GOLF _____ _____ _____	\$ <u>21,375.</u>	<u>08/24/16</u>
<u>11</u>	SPONSORSHIP _____ _____ _____	\$ <u>5,000.</u>	<u>05/10/17</u>
<u>13</u>	SPONSORSHIP _____ _____ _____	\$ <u>5,000.</u>	<u>03/27/17</u>
<u>23</u>	SODA _____ _____ _____	\$ <u>7,282.</u>	<u>08/25/16</u>
<u>29</u>	BOOKS _____ _____ _____	\$ <u>10,000.</u>	<u>08/25/16</u>
<u>31</u>	SECURITIES _____ _____ _____	\$ <u>20,259.</u>	<u>12/19/16</u>

Name of organization CSUSB PHILANTHROPIC FOUNDATION	Employer identification number 45-2255077
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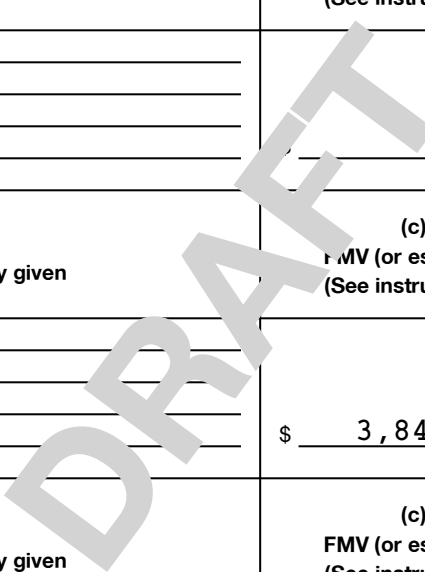
Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

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.

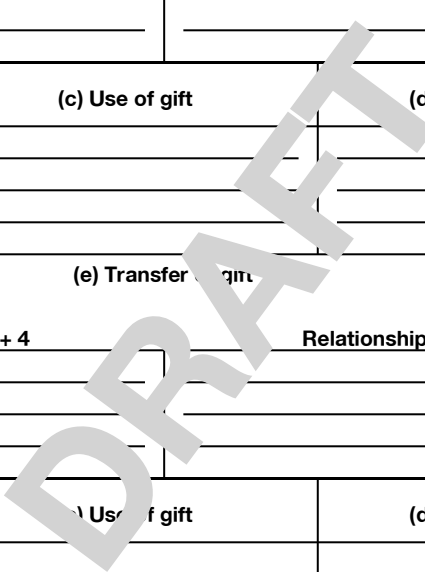
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
61	MISCELLANEOUS _____ _____ _____	\$ 16,000.	06/29/17
62	MISCELLANEOUS _____ _____ _____	7,040.	05/22/17
76	CHARITABLE REMAINDER TRUST _____ _____ _____	\$ 3,846,121.	12/31/16
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



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)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including amounts for revenue and assets.

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 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 amount liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Form 990, Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	32,804,641.	24,600,879.	24,578,751.	21,312,719.	19,170,823.
b Contributions	5,178,085.	8,461,337.	44,527.	3,626,417.	2,581,473.
c Net investment earnings, gains, and losses	826,584.	807,610.	986,967.	594,629.	686,153.
d Grants or scholarships	794,455.	750,855.	579,504.	707,179.	852,789.
e Other expenditures for facilities and programs					
f Administrative expenses	304,974.	314,330.	429,862.	247,835.	198,645.
g End of year balance	37,709,881.	32,804,641.	24,600,879.	24,578,751.	21,312,719.

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

- a Board designated or quasi-endowment %
- b Permanent endowment 83.55 %
- c Temporarily restricted endowment 16.45 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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" on 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		300,528.	212,758.	87,770.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				87,770.

Part VII Investments - Other Securities.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) OTHER LONG-TERM LIABILITIES TO	
(3) BENEFICIARIES	1,641,239.
(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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	15,112,534.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,118,748.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-109,222.	
e	Add lines 2a through 2d	2e		3,009,526.
3	Subtract line 2e from line 1		3	12,103,008.
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	12,103,008.

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

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

1	Total expenses and losses per audited financial statements		1	7,802,755.
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	7,802,755.
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 VIII, line 8.)		5	7,802,755.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 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 V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS -109,222.

**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" on 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

2016

**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" on 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 noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	33-0644150	115(1)	1,310,659.	0.			TO PROVIDE ASSISTANCE TO STUDENTS THAT MEET SPECIFIC CRITERIA.
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	33-0644150	115(1)	0.	3,462,972.	FMV	ART COLLECTION	THE ART COLLECTION AIDS IN THE EDUCATIONAL MISSION OF THE
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	95-3104280	501(C)	37,064.	0.			TO PROVIDE ASSISTANCE TO STUDENTS THAT MEET SPECIFIC CRITERIA.
UNIVERSITY ENTERPRISES CORPORATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	95-6067343	501(C)	34,683.	0.			TO PROVIDE ASSISTANCE TO STUDENTS THAT MEET SPECIFIC CRITERIA.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**
- 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) (2016)

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

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

DRAFT

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part II, 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)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 on 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 (such as, 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 on 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 only 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 on Form 990, Part VII, Section A, line 1a, receive any payment 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 on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on 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) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-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 on 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)	387,049.	0.	72,000.	79,754.	18,943.	557,746.	0.
(2) DR. DOUGLAS FREER TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	208,674.	0.	0.	54,430.	18,581.	281,685.	0.
(3) DR. RONALD FREMONT EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	202,730.	0.	4,800.	51,549.	24,740.	283,819.	0.
(4) DR. ALEXANDRU ROMAN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	149,685.	0.	0.	21,901.	21,317.	192,903.	0.
(5) DR. DOROTHY CHEN-MAYNARD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	126,798.	0.	0.	25,780.	8,736.	161,314.	0.
(6) DR. BRIAN HAYNES DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	199,983.	0.	0.	51,959.	23,703.	275,645.	0.
(7) DR. SUNG-KYOO HUH DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	136,572.	0.	0.	29,087.	22,944.	188,603.	0.
(8) DR. SAMUEL SUDHAKAR DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	201,325.	0.	0.	51,959.	25,240.	278,524.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DRAFT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at 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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	1,017,221.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	289	328,422.	FAIR MARKET VALUE
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**

- 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 isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

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 11B:

A COPY OF FORM 990 IS PROVIDED TO AND REVIEWED BY MANAGEMENT AND THE BOARD
OF DIRECTORS BEFORE IT IS FILED.

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

EACH MEMBER OF THE BOARD SHALL RECEIVE ANNUALLY A COPY OF THE APPLICABLE
SECTIONS OF THE CALIFORNIA EDUCATION CODE WITH INTERPRETATION OF THE LAW BY
THE FOUNDATION'S COUNSEL AND WILL CERTIFY, BY SIGNATURE, HIS OR HER
COMPLIANCE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ALSO UPON
REQUEST OF THE PUBLIC AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

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

CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS -109,222.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A DESIGNATED COMMITTEE THAT REVIEWS AND APPROVES
THE FINANCIAL STATEMENT AUDIT PRIOR TO THE PRESENTATION AND ACCEPTANCE
BY THE FULL BOARD. EXTERNAL AUDITORS ARE SELECTED THROUGH OPEN BID

PROCESSES AT THE END OF THE SPECIFIED CONTRACT PERIODS. THE PROCESS HAS

Name of the organization

CSUSB PHILANTHROPIC FOUNDATION

Employer identification number

45-2255077

NOT CHANGED FROM THE PRIOR YEAR.

DRAFT

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2016

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.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q	X	
1r		X
1s		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) UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	B	34,683.	FMV
(2) SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO	B	37,064.	FMV
(3) UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	C	3,915,686.	FMV
(4) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	Q	116,959.	FMV
(5) ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO	C	182,000.	FMV
(6) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	P	232,478.	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
CALIFORNIA STATE UNIVERSITY, SAN (7)BERNARDINO	B	4,773,631.	FMV
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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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

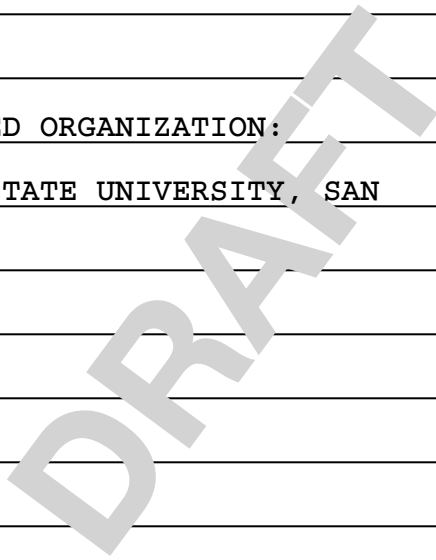
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, SAN
BERNARDINO

EIN: 95-6126562

5500 UNIVERSITY PARKWAY

SAN BERNARDINO, CA 92407



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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

		Enter filer's identifying number
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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1120-A	08
Form 4720 (individual)	03	Form 4720 (corporation individual)	09
Form 990-PF	04	Form 522	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form	12

LISA IANNOLO

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

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016**, and ending (mm/dd/yyyy) **06/30/2017**

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	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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> <p>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</p>	<p>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</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing requirement, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal action 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Filed with IRS _____</p>
---	---

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 III, line C	1	7,875,854.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	10,925,226.00
	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	18,801,080.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	6,698,071.00
	7	Total costs. Add line 5 and line 6	7	6,698,071.00
	8	Total gross income. Subtract line 7 from line 4	8	12,103,009.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,802,755.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,300,254.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	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 <input checked="" type="checkbox"/> PTIN P00165007 <input type="checkbox"/> FEIN 95-2662063 <input type="checkbox"/> Telephone (909) 889-0871
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
	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			

May the FTB discuss this return with the preparer shown above? See instructions Yes 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.

628951 11-30-16

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00		
	2	Interest	•	2	00		
	3	Dividends	•	3	935,978.00		
	4	Gross rents	•	4	00		
	5	Gross royalties	•	5	00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	6,938,024.00	
	7	Other income	SEE STATEMENT 4	•	7	1,852.00	
	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	7,875,854.00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9	4,845,378.00	
	10	Disbursements to or for members		•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	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	49,940.00
		17	Other Expenses and Disbursements	SEE STATEMENT 6	•	17	2,907,437.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	7,802,755.00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		7,499,104.		9,009,450.
2 Net accounts receivable		510.		267,630.
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 7	23,297,671.		43,111,203.
10 a Depreciable assets	300,528.		300,528.	
b Less accumulated depreciation	(162,818.)	137,710.	(212,758.)	87,770.
11 Land				
12 Other assets	STMT 8	14,510,030.		2,139,490.
13 Total assets		45,445,025.		54,615,543.
Liabilities and net worth				
14 Accounts payable		291,807.		530,251.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 9	18,944.		1,641,239.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		45,134,274.		52,444,053.
22 Total liabilities and net worth		45,445,025.		54,615,543.

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	• 7,309,780.	7	Income recorded on books this year not included in this return. STMT 11	• 3,118,748.
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	3,118,748.
4	Income not recorded on books this year	•	10	Net income per return. Subtract line 9 from line 6	4,300,254.
5	Expenses recorded on books this year not deducted in this return	STMT 10			
		• 109,222.			
6	Total. Add line 1 through line 5	7,419,002.			

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

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

CSUSB PHILANTHROPIC FOUNDATION45-2255077

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

CSUSB PHILANTHROPIC FOUNDATION45-2255077

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

CSUSB PHILANTHROPIC FOUNDATION45-2255077

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

CSUSB PHILANTHROPIC FOUNDATION

45-2255077

PECHANGA BAND OF LUISENO INDIANS	P.O. BOX 2183 TEMECULA , CA 92592	07/26/16	39,000.
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CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	12/31/16	116,959.
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ASSOCIATED STUDENTS INCORPORATED	5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	12/31/16	182,000.
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UNIVERSITY ENTERPRISES CORPORATION	5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	12/31/16	69,565.
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TOTAL INCLUDED ON LINE 3			<u>1,612,358.</u>
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FORM 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ARROWHEAD COUNTRY CLUB	3433 PARKSIDE DR SAN BERNARDINO, CA 92404		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
GOLF	08/24/16	21,375.	21,375.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
BRADFORD PORTRAITS	2651 IRVINE AVE STE 152 COSTA MESA, CA 92627		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SPONSORSHIP	05/10/17	5,000.	5,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
BUD'S TIRE AND WHEEL, TIRE PROS	8651 INDIANA AVE STE F RIVERSIDE, CA 92504		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SPONSORSHIP	03/27/17	5,000.	5,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
COCA COLA USA OPERATIONS	2603 CAMINO RAMON STE 550 SAN RAMON, CA 94583		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SODA	08/25/16	7,282.	7,282.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
FOLLETT HIGHER EDUCATION GROUP	3 WESTBROOK CORPORATE CENTER, STE. 200 WESTCHESTER, IL 60154		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BOOKS	08/25/16	10,000.	10,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MRS. JANE GOTHER	74704 ARROYO DR. INDIAN WELLS, CA 92210		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SECURITIES	12/19/16	20,259.	20,259.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MR. JEFFREY LANDAU	3615 MOORE ST. LOS ANGELES, CA 90066		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MISCELLANEOUS	12/31/16	37,000.	37,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MR. CHARLES D. OBERSHAW	3470 N. CIRCLE RD. SAN BERNARDINO, CA 92405		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SECURITIES	12/30/16	991,862.	991,862.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PEDEGO LA QUINTA	78075 MAIN ST., STE. 104 PALM DESERT, CA 92253		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BIKES	05/10/17	12,000.	12,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SAN BERNARDINO CITY UNIFIED SCHOOL DIST.	777 N. F ST. SAN BERNARDINO, CA 92410		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MISCELLANEOUS	03/24/17	48,466.	48,466.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
STONE EAGLE GOLF CLUB	72-500 STONE EAGLE DR. PALM DESERT, CA 92260		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
GOLF	05/22/17	18,000.	18,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MR. ROBERT W. TEMPLETON, C.F.A.	3233 FEDERAL AVE LOS ANGELES, CA 90066		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SECURITIES	12/13/16	5,100.	5,100.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MS. FRANCES M. TODD	3166 N G ST SAN BERNARDINO, CA 92405		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MISCELLANEOUS	06/29/17	16,000.	16,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TOMMY BAHAMA	400 FAIRVIEW AVENUE NORTH, STE. 488 SEATTLE, WA 98109		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MISCELLANEOUS	05/22/17	7,040.	7,040.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
UNIVERSITY ENTERPRISES CORPORATION	5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
CHARITABLE REMAINDER TRUST	12/31/16	3,915,686.	3,846,121.

TOTAL INCLUDED ON LINE 3

5,050,505.

FORM 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 3

DESCRIPTION	DATE	DATE	METHOD	
	ACQUIRED	SOLD	ACQUIRED	
SALE OF INVESTMENT ASSETS			PURCHASED	
	COST OR		EXPENSE	GROSS
	OTHER BASIS	DEPREC.	OF SALE	SALES PRICE
	6,698,071.	0.	0.	6,938,024.
TOTAL TO FORM 199, PAGE 2, LN 6	6,698,071.	0.	0.	6,938,024.

FORM 199

OTHER INCOME

STATEMENT 4

DESCRIPTION	AMOUNT
OTHER	1,852.
TOTAL TO FORM 199, PART II, LINE 7	1,852.

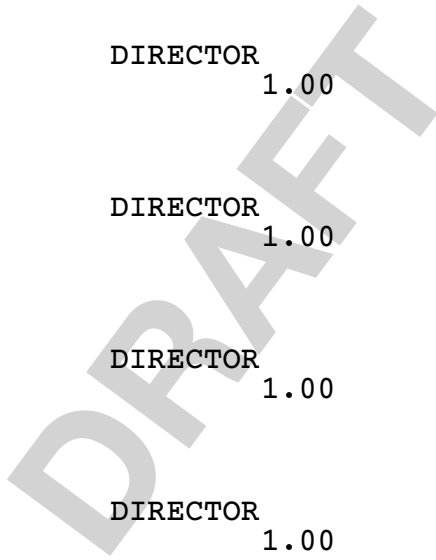
FORM 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

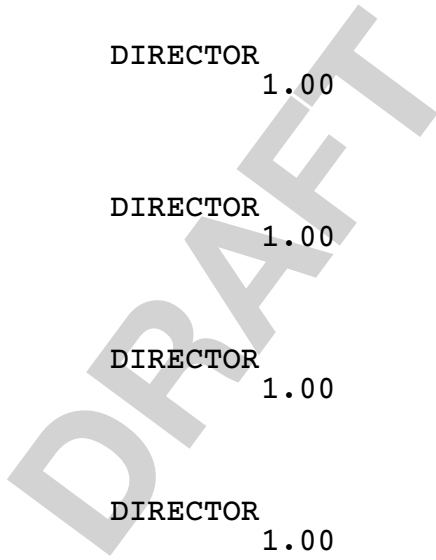
STATEMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
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.
ALEX GUTIERREZ 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. ALEXANDRU ROMAN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. DOROTHY CHEN-MAYNARD 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. BRIAN HAYNES 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. SUNG-KYOO HUH 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
SHARI MCMAHAN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DR. SAMUEL SUDHAKAR 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
AMRO ALBANNA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DONALD AVERILL 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
BOB BURLINGAME 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
LOIS CARSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.



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



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

CSUSB PHILANTHROPIC FOUNDATION

45-2255077

JEFFREY SHOCKEY
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

DIRECTOR
1.00

0.

ERNEST SIVA
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

DIRECTOR
1.00

0.

JEAN STEPHENS
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

DIRECTOR
1.00

0.

WILLIAM STEVENSON
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

DIRECTOR
1.00

0.

EDWARD TEYBER
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

DIRECTOR
1.00

0.

BRUCE VARNER
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

DIRECTOR
1.00

0.

DR. PAULCHRIS OKPALA
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

DIRECTOR
1.00

0.

GARY MCBRIDE
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407

DIRECTOR
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
CONTRACT SERVICES		482,641.
REIM. OF PERSONNEL COST		384,585.
MISCELLANEOUS		78,858.
RENTAL OF EQUIPMENT AND		48,577.
LEGAL FEES		1,771.
ACCOUNTING FEES		191,043.
INVESTMENT MANAGEMENT FEES		105,385.
ADVERTISING AND PROMOTION		72,989.
OFFICE EXPENSES		1,251,720.
TRAVEL		58,873.
CONFERENCES AND CONVENTIONS		216,503.
INSURANCE		14,492.
TOTAL TO FORM 199, PART II, LINE 17		2,907,437.

FORM 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	23,297,671.	43,111,203.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	23,297,671.	43,111,203.

FORM 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	10,976,080.	2,139,490.
ART COLLECTION	3,462,972.	0.
CONSTRUCTION IN PROGRESS	70,978.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	14,510,030.	2,139,490.

FORM 199	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER LONG-TERM LIABILITIES TO BENEFICIARIES	0.	1,641,239.
DEFERRED REVENUE	18,944.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	18,944.	1,641,239.

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 10
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS	109,222.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	109,222.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
NET ASSETS TRANSFERRED FROM UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	3,118,748.
UNREALIZED GAIN ON INVESTMENTS	0.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	3,118,748.

DRAFT

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:
Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.
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.
Due to the federal Emancipation Day holiday observed on April 11, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

639035 12-08-16

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

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

TAXABLE YEAR 2016 Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM 3586 (e-file)

0000000 CSUS 45-2255077 3360972 16 FORM 3
TYB 07-01-2016 TYE 06-30-2017
CSUSB PHILANTHROPIC FOUNDATION

5500 UNIVERSITY PARKWAY
SAN BERNARDINO CA 92407

(909) 537-5918

Amount of Payment 10.

TAXABLE YEAR
2016

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 <u>18,801,080.00</u>
2 Total gross income (Form 199, line 8)	2 <u>12,103,009.00</u>
3 Total expenses and disbursements (Form 199, line 9)	3 <u>7,802,755.00</u>

Part II Settle Your Account Electronically for Taxable Year 2016

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 2016 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. **In the event of a processing delay 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

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, 2016 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 ERO's signature	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00165007
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

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 Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00165007
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	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
CSUSB PHILANTHROPIC FOUNDATION <small>Name of Organization</small>	Corporate or Organization No. <u>3360972</u>
<u>5500 UNIVERSITY PARKWAY</u> <small>Address (Number and Street)</small>	Federal Employer I.D. No. <u>45-2255077</u>
<u>SAN BERNARDINO, CA 92407</u> <small>City or Town, State and ZIP Code</small>	

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 07/01/2016 ending 06/30/2017) list:
 Gross annual revenue \$ 12,103,009. Total assets \$ 54,615,543.

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 indirectly 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