	Form 990-T	LX	empt Organization L	าทสอ	r section 6033(e))	ix iveluiii		OMB No. 1545-0687
			ar 2016 or other tax year beginning _			6/30 , 20	117	2016
		-						E 010
Dep	artment of the Treasury rnal Revenue Service		on about Form 990-T and Its In enter SSN numbers on this form as it			=	и.	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if	- DO HOL			changed and see instructions.	ization is a sortejtoji	D E	molover identification number
	□ address changed		California State U		•	0.7	(E	mployees' trust, see structions.)
	Exempt under section		Hills Foundation	IIIVE	isicy, bomingu	CZ		95-2543028
	X 501(c)(3) 408(e) 220(e)		1000 E. Victoria S	tree	t, SCC 202	-	F U	nrelated business activity
	408A 530(a)		Carson, CA 90747				_ c	odes (See instructions.)
	529(a)							
\overline{c}	Book value of all assets at	F Group	exemption number (See instruct	tions.)	·	1		
_	end of year 23,720,962.		k organization type			(c) trust 40	1(a)	trust Other trust
Н			y unrelated business activity.		, ,	(4)	. ()	
<u>*</u>			-					
1			ration a subsidiary in an affilia			iary controlled groι	ıp?	► Yes XNo
			fying number of the parent cor	porati				
	The books are in care of				,	elephone number		· · · · · · · · · · · · · · · · · · ·
			lusiness Income	,	(A) Income	(B) Expenses		(C) Net
1	a Gross receipts or sale							
_	b Less returns and allowance:		c Balance►	1c	***************************************			Minimum of Comment of ASSE Series of the Series
			line 7)	2				
3			line 1c	3				
			Schedule D)	4a				
			7) (attach Form 4797)	4b 4c			36.09	
	Income (loss) from pa		and S corporations	40				
	(attach statement)			5				
6	Rent income (Schedu	e C)		6	115,095.	45,2	20.	69,875.
7	Unrelated debt-finance	ed income	(Schedule E)	7	70,000.	57,0	79.	12,921.
8	Interest, annuities, royalties,	and rents fro	m controlled organizations (Schedule F)	8				
9			(9), or (17) organization (Schedule G)					
10		-	(Schedule I)	10				
11	_ ,	-		11			505500000	
12	Other income (See ins	structions;	attach schedule)					
	T. I. I. O) He can also 1		12	105.005	100		00 =04
			2n Elsewhere (See instruc	13 otion	185,095.	102,25		82,796.
та	rt II Deductions	not rake deducti	ons must be directly con	necte	s for illinications on ed with the unrelate	aeauctions.) (c ed husiness inc	ome	i) :ht ioi
14			ors, and trustees (Schedule K)				14	
15	•					<u></u>	15	
16	Repairs and maintena	nce					16	
17	Bad debts					:	17	
18	Interest (attach sched	ule)					18	
19							19	
20			tructions for limitation rules)				20	
21						20,600.		
22	·•		hedule A and elsewhere on ret				22b	
23							23	
24			nsation plans			<u>-</u>	24	
25			E.I. IN			}	25	
26		-	lule I)				26 27	
27 28	•	-	e)			<u> </u>	28	
29	•		rough 28			L-	29	
30			ne before net operating loss de			<u> </u>	30	82,796.
31	•		ited to the amount on line 30).				31	
32			ne before specific deduction. S				32	82,796.
33	•	-	000, but see line 33 instruction			<u></u>	33	1,000.
34	Unrelated business taxable	income. Sub	tract line 33 from line 32. If line 33 is (greater i	nan line 32, enter the smaller	ot zero or line 32	34	81,796.

Part III	Tax Computation			
	nizations Taxable as Corporations. See instructions for tax computation.			
Cont	rolled group members (sections 1561 and 1563) check here ► See instructions and:	100000		
a Ente	r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1)	\$ (2) \$ (3) \$			
	r organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
(2) A	dditional 3% tax (not more than \$100,000)\$			
	me tax on the amount on line 34	► 35 c		16,061.
36 Trus	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		200	
	ne 34 from: Tax rate schedule or Schedule D (Form 1041)			
37 Prox	y tax. See instructions	▶ 37		
38 Alter	native minimum tax	. 38		
39 Tax	on Non-Compliant Facility Income. See instructions	39		
40 Tota	I. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		16,061.
Part IV	Tax and Payments			
	ign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41 a			
	r credits (see instructions)			
	eral business credit. Attach Form 3800 (see instructions)	\dashv		
	it for prior year minimum tax (attach Form 8801 or 8827)	\dashv		
	I credits. Add lines 41a through 41d	- 41 e		0.
	ract line 41e from line 40	42		16,061.
42 Othe	r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	\ <u></u>		10,001.
	Other (attach schedule)	43	,	
	I tax. Add lines 42 and 43			16,061.
	nents: A 2015 overpayment credited to 2016			10,001.
	estimated tax payments	\dashv		
	deposited with Form 8868. 45c	\dashv		
	gn organizations: Tax paid or withheld at source (see instructions) 45d			
	up withholding (see instructions)	\dashv		
	it for small employer health insurance premiums (Attach Form 8941)	\dashv		
	r credits and payments: Form 2439	\dashv		
	Form 4136 ☐ Other Total ► 45 g			
1		46	1	0
	payments. Add lines 45a through 45g.	_		0.
	nated tax penalty (see instructions). Check if Form 2220 is attached			497.
	due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		16,558.
	payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		
50 Ente	r the amount of line 49 you want: Credited to 2017 estimated tax ► Refunded	50		
Part V	Statements Regarding Certain Activities and Other Information (see instructions)			
51 At an	y time during the 2016 calendar year, did the organization have an interest in or a signature or other authority	over a		Yes No
finan	cial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCl	EN Form	ı 114,	7 2 3 30
	art of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here $ ilde{lack}$			X
•	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to			X
	S, see instructions for other forms the organization may have to file.	o, a .o.o	,g.,	1
25 CHEE	the amount of tax-exempt interest received or accrued during the tax year > \$ 0. Thirder penalties of periory, I declare that have examined this return, including accompanying schedules and statements, and to the be	st of mv kr	nowledge and	
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a	any knówle	dge.	
Sign Here	5/15/14 Controller	Fille bid	sparci silowii be	
11010	Signature of officer Date Title	instruc	tions)? XY	es No
	Print/Type preparer's name Preparer's signature () 0 I/ Date Check	16 F	TIN	
Paid	Folker Domination	"		20
Pre-	ROTTAIR VASTI		20064488	
parer	140241, 110341	- 95-	4401626	
Use	Firm's address 5000 N. Parkway Calabasas #201			
Only	Calabasas, CA 91302 Phone no.	(8	118) 222	
RAA	TEFA0202L 09/19/16		Form 9	90-T (2016)

The same of the sa	· · · · · · · · · · · · · · · · · · ·	UME TOEBLE		<u> </u>				
Schedule A — Cost of Goo	ods Sold. En	ter method of inv	···· · · · · · · · · · · · · · · · · ·		ook			
1 Inventory at beginning of ye	ear	1		6 Invent	ory at	end of year [6	
2 Purchases		2		7 Cost o	of goog	is sold. Subtract		
3 Cost of labor		3				ne 5. Enter here , line 2	7	
4 a Additional section 263A costs (attac	ch schedule)			and in	alti	, [Yes No
F an		4a		B Dothe	rules	of section 263A (with	respect to	
b Other costs (attach sch)		4 b				duced or acquired for zation?		l x
Schedule C — Rent Income		~	d Personal I		-			1 1
1 Description of property	c (110111 Hoc	ir roporty un		1060.1			- p - 1 - 3 / (
(1) Commercial Filming								
(2) Townhome 849 E Vic	···							
(3)	COLLA							
(4)			*					
	2 Rent receiv	ed or accrued			1			*****
(a) From personal prop			real and person	al propert	.v	3(a) Deductions	directly connection columns 2(a) a	cted with
(if the percentage of rent for	r personal	(if the perc	entage of rent	for persor	ial		ch schedule)	πα Ζ(μ)
property is more than 10% more than 50%)	but not	property ex	xceeds 50% or i d on profit or in	t the rent come)	IS	See Statemen	+ 1	
(1)					058.		<u> </u>	26,549.
(2)					037.			18,671.
(3)					00,.			
(4)								
Total		Total		115,	095.			
(c) Total income. Add totals of co	lumne 2/a) and					(b) Total deductions. E	nter	
here and on page 1, Part I, line 6				115	095	here and on page 1, Part I, line 6, column (B)	►	45,220.
Schedule E - Unrelated Do			instructions)		0,001	1.1		
			2 Gross incor		3 De	eductions directly con debt-finance	nected with or seed property Se	allocable to
1 Description of debt	t-financed prop	erty	or allocable to financed prop		(a) Straight line		(b) Other de	
			indiace pr	орону	depr	eciation (attach sch)	(attach so	
(1)President's House I	Rental		 	0,000.	 	12,822.		44,257.
(2)	KGHCa.		,	0,000.	'	12,022.		
(3)								-
(4)					 			
4 Amount of average	5 Average a	djusted basis of	6 Colum	n 4	1	7 Gross income	8 Allocable of	deductions
acquisition debt on or	or allocable	to debt-financed	divided	by	rep	ortable (column 2 x	(column 6	
allocable to debt-financed property (attach schedule)	property (at	tach schedule)	columr			column 6)	columns 3(a)	i and S(b))
(1)			1.00.	0000 %		70,000.		57,079.
(2)				ક				
(3)		 _		ક				
(4)	-			ક				
					Enter	here and on page 1 I, line 7, column (A).	Enter here and	d on page 1,
Totale				•		70,000.	. = , / ,	57,079.
Totals Total dividends-received deducti	iane included in	n column 2				70,000.		21,013.
	oris included fi	***************************************	EEA0203L 09/19/16				Form	990-T (2016)
BAA		13	LEMOZOSE DSITSITO				. 5,111	(,

Schedule F – Interest, A		os, royani			trolled O			3		(,
1 Name of controlled organization	ider	Employer htification number	is	ncome	related (loss) uctions)	,	4 Total of spec payments ma		organiz		in c	eductions directly onnected with ome in column 5
(1)						†						
(2)						\top						
(3)				**		\top						
(4)		****										
Nonexempt Controlled Organiza	ations					1					·····	
7 Taxable Income	8 No	et unrelated ome (loss) instructions)			f specifie its made	d	10 Part of included in organizatio	n the d	ontrolling		connected	tions directly I with income Jumn 10
(1)												
(2)												
(3)												
(4)												
Totals				••••			Add columns here and on p 8, co		, Part I, line		and on p	6 and 11. Enter age 1, Part I, line umn (B).
Schedule G - Investmen							or (17) Organ	nizati	on (see ins	struction	ns)	
1 Description of income		2 Amount			3 dire	De ctly	ductions connected schedule)		4 Set-aside ttach sched	s	5 Total set-as	deductions and sides (column 3 us column 4)
(1)												
(2)												
(3)										-		
(4)												
TotalsSchedule I — Exploited E	▶	Enter here an Part I, line 9,	colum	1n (A).	ner Tha	n A	Advertisina I	ncon	ne (see ins	truction	Part I, li	re and on page 1 ne 9, column (B).
1 Description of exploited a		2 Gross unrelate business income fro trade or business	d s om	3 Expen		4 I fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	5 Gross activi unrela	s income from ty that is not ated business income	6 Exp attribu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)	• •						10.11					
(4)												
Totals		Enter here on page Part I, line column (1, 10,	on p Part I	here and page 1, , line 10, nn (B).							Enter here and on page 1, Part II, line 26.
Schedule J – Advertising	a Inco	me (See inst	ructio:	ns)		Control (C)			a en propo estra en entre estra en contrata de la c	and the second second section of the section		
Part I Income From Per					nsolida	tec	l Basis					
Tarcis income From Fe	TOUTO	2 Gross)irect	, _	Advertising gain or	5 Ci	rculation	6 Rea	dership	7 Excess readership
1 Name of periodical		advertisir income	ng	adve	ertising osts	(1)	oss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.		ncome		osts	costs (col. 6 minus col. 5, but not more than col. 4).
(1)												
(2) (3) (4)		-										
Totals (carry to Part II, line (5))	,,,,,											
												000 T (001 0

95-2543028

Part II Income From Periodica 7 on a line-by-line basis.)	ls Reported o	ı a Separate I	Basis (For each p	eriodical listed in	Part II, fill in co	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2) (3) (4)		:				
(4)						
Totals from Part I	,					
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensation of	Officers, Dire	ctors, and Tro	ustees (see instru	uctions)		
1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					ક	
					용	
					ક	
					%	
Total. Enter here and on page 1, Part II	, line 14				<u> </u>	
BAA		TEEA0204 L	09/19/16		F	orm 990-T (2016)

Form **2220**

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

► Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

OMB No. 1545-0123 2016

Department of the Treasury Internal Revenue Service

California State University, Dominguez Hills Foundation

Employer identification number

95-2543028

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

	or on the commence that period with the company						
Pai	Required Annual Payment		1			····	
							1.0.001
	Total tax (see instructions)					1	16,061.
2 8	a Personal holding company tax (Schedule PH (Form 112 on line 1			2 a			
ł	Look-back interest included on line 1 under section 460 long-term contracts or section 167(g) for depreciation u forecast method	(b)(2) nder t	for completed he income	2 b			
,	Credit for federal tax paid on fuels (see instructions)			2 c			
ì	I Total. Add lines 2a through 2c					2d	
3	Subtract line 2d from line 1, If the result is less than \$5 doesn't owe the penalty	00, d	o not complete or fi	le this form. The co	rporation	3	16,061.
	Enter the tax shown on the corporation's 2015 income t zero or the tax year was for less than 12 months, skip to	this lii	ne and enter the an	ount from line 3 o	n line 5	4	
5	Required annual payment. Enter the smaller of line 3 o enter the amount from line 3					5	16,0 <u>61.</u>
Par	tili Reasons for Filing – Check the boxes be file Form 2220 even if it doesn't owe a p	elow enal	/ that apply. If a ty. See instructi	ny boxes are ch ons.	necked,	the corp	oration must
6	The corporation is using the adjusted seasonal insta	allmer	nt method.				
7	The corporation is using the annualized income inst	allme	nt method.				
8	The corporation is a 'large corporation' figuring its f	irst re	quired installment b	ased on the prior y	ear's tax.		
Par	t III Figuring the Underpayment						
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	10/15/16	12/15/16	3/1	.5/17	6/15/17
10 11	column (a) only, enter the amount from line 11 on line 15. See instructions.	10 11	4,015.	4,015.	,	4,015.	4,016.
	Complete lines 12 through 18 of one column before going to the next column.		In the second se	e .			
	Enter amount, if any, from line 18 of the preceding column	12					
13	Add lines 11 and 12	13		1 015		0 000	10.045
14	Add amounts on lines 16 and 17 of the preceding column	14		4,015.		8,030.	12,045.
15 16	Subtract line 14 from line 13. If zero or less, enter -0	15 16	0.	0. 4,015.		0. 8,030.	0.
	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	4,015.	4,015.		4,015.	4,016.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the	10					ELECTRIC CONTROL CONTR

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

35

36

37

Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns.....

before 3/16/2018.....

36

Underpayment

on line 17

Number of days

on line 35

365

37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36

67.34

497.

174,15

147,38

107.80

		Page 1
California State University, Dominguez Client CSUDHF Hills Foundation		95-2543028
5/14/18		02:36PM
Statement 1 Form 990-T, Schedule C, Line 3 Deductions Directly Connected with Income		
Commercial Filming Licenses and Permits Miscellaneous Repairs Wages and Salaries Administrative fees Fees and service charges Rental expense	\$	3,154. 2,006. 1,160. 4,760. 6,659. 1,500. 7,310.
Total Townhome 849 E Victoria Depreciation Repairs Administrative fees Contracted services	<u>\$</u> \$	7,778. 1,405. 1,575. 1,120.
Fees and service chargesOther feesTaxes and licenses	\$	12. 2,860. 3,921. 18,671.
Statement 2 Form 990-T, Schedule E, Line 3b Other Deductions Allocable to Debt-Financed Property		
President's House Rental Interest Pest Control Repairs Utilities Administrative fees Community Relations Contracted services Fees and service charges	\$	10,331. 420. 624. 5,118. 7,000. 71. 9,520. 1,068.
Other fees	\$	3,510. 6,595. 44,257.

California State University, Dominguez Hills Foundation

95-2543028

1

2

3

4

5

Form **990-W**

(Worksheet)

Department of the Treasury Internal Revenue Service For Form 990-T Purposes
Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations
(and on Investment Income for Private Foundations)

(and on Investment Income for Private Foundations)

Keep for your records, Do not send to the Internal Revenue Service.

1 Unrelated business taxable income expected in the tax year.....

2 Tax on the amount on line 1. See instructions for tax computation.....

Total. Add lines 2 and 3.....

3 Alternative minimum tax. See instructions.....

5 Estimated tax credits. See instructions.....

2017

OMB No. 1545-0976

81,796.

16,061.

16,061.

6	Subtract line 5 from line 4					16,061.
7	Other taxes, See instructions				7	
8	Total. Add lines 6 and 7	,,,,			8	16,061.
9	Credit for federal tax paid on fuels. See	instru	ections		9	
	a Subtract line 9 from line 8. Note: If less is not required to make estimated tax pa see instructions	symer See s, ski	nts. Private foundations 	f zero or a amount	16,061.	
C	2017 Estimated Tax. Enter the smaller of enter the amount from line 10a on line 1	f line 0c	10a or line 10b. If the	organization is required	to skip line 10b, 10c	16,064.
				1		
			(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11		(b) 12/15/17	(c) 3/15/18	(d) 6/15/18
••	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large	11				6/15/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large		10/16/17	12/15/17	3/15/18	6/15/18 4,016.
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large organization'.	12 13	10/16/17 4,016.	12/15/17 4,016.	3/15/18 4,016.	6/15/18 4,016.