

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2022



May 15, 2023

Associated Students California State University San Bernardino 5500 University Parkway San Bernardino, CA 92407

Associated Students California:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

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

Enclose a check or money order for \$200, payable to Department of Justice.

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

A few final reminders relating to your tax return filings:

• There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial

- accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared	For:					
	Associated Students California State University San Bernardino 5500 University Parkway San Bernardino, CA 92407					
Prepared	Ву:					
	CliftonLarsonAllen LLP 301 North Lake Avenue, Suite 900 Pasadena, CA 91101					
Amount D	ue or Refund:					
	Not applicable					
Make Che	ck Payable To:					
	Not applicable					
Associated Students California State University San Bernardino 5500 University Parkway San Bernardino, CA 92407 Prepared By: CliftonLarsonAllen LLP 301 North Lake Avenue, Suite 900 Pasadena, CA 91101 Amount Due or Refund: Not applicable Make Check Payable To:						
	Not applicable					
Return Mu	ust be Mailed On or Before:					

Special Instructions:

Not applicable

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning JUL 1 , 2021, and ending JUN

•	,	TTTTT	0.0	0.0
2021	and ending	JUN	30	20 25

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

| Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

EIN or SSN 95 - 6126562

MIKE RISTER

Name and ti	tle of officer or person subject to tax	EXECUTIVE DIRECTOR		
Part I	Type of Return and Ret	urn Information		
Form 5330 or 10a belo whichever	filers may enter dollars and cents. ow, and the amount on that line fo	e using this Form 8879-TE and enter the applicable of control of the forms, enter whole dollars only. If you che the return being filed with this form was blank, then e-). But, if you entered -0- on the return, then enter -0- of the first power in the control of the first power in the control of the first power in t	heck the box on line 1a, 2a, 3a leave line 1b, 2b, 3b, 4b, 5b, a	a, 4a, 5a, 6a, 7a, 8a, 9a, 8b, 7b, 8b, 9b, or 10b,
la Foi	rm 990 check here ~~~ X	b Total revenue, if any (Form 990, Part VIII, colu	ımn (A), line 12) ~~~~~	lb <u>1,705,771.</u>
2a For	m 990-EZ check here ~ 3a	b Total revenue, if any (Form 990-EZ, line 9)	b	2b
Foi	rm 1120-POL check here	Total tax (Form 1120-POL, line 22) ~~~~~	-~~~~~	3b
4a Foi	rm 990-PF check here ~	b Tax based on investment income (Form 990-	PF, Part V, line 5) ~~~~	4b
5a Forr	m 8868 check here ~~ 6a	b Balance due (Form 8868, line 3c) ~~~~	~~~~~~~	5b
Form 99	20-T check here ~~ 7a	b Total tax (Form 990-T, Part III, line 4) ~~~		6b
Form 47	720 check here ~~ 8a	b Total tax (Form 4720, Part III, line 1) • • • • • • • •	-•••••• b FMV of	7b
Form 52	227 check here ~~ 9a	assets at end of tax year (Form 5227, Item D)	i	8b
Form 533	30 check here ~~	b Tax due (Form 5330, Part II, line 19)	,	9b
	rm 8038-CP check here	b Amount of credit payment requested (Form 8		10b
Part II	Declaration and Signat	ure Authorization of Officer or Person S	Subject to Tax	
2021 electrocomplete. Intermedia acknowled of any refu entry to the financial in later than 2 payment opersonal id	onic return and accompanying sch I further declare that the amount in the service provider, transmitter, or a dgement of receipt or reason for rejund. If applicable, I authorize the U.se infinancial institution account indice stitution to debit the entry to this a Dusiness days prior to the payment of taxes to receive confidential info	edules and statements, and, to the best of my knowledge and statements, and, to the best of my knowledge and the return electronic return originator (ERO) to send the return election of the transmission, (b) the reason for any delectronic return and its designated Financial Agent to initiated in the tax preparation software for payment of account. To revoke a payment, I must contact the Late (settlement) date. I also authorize the financial instantion necessary to answer inquiries and resolve is nature for the electronic return and, if applicable, the	edge and belief, they are true, he electronic return. I consent to the IRS and to receive from any in processing the return or relate an electronic funds without the federal taxes owed on this J.S. Treasury Financial Agent aritutions involved in the process sues related to the payment.	correct, and to allow my the IRS (a) an fund, and (c) the date awal (direct debit) return, and the t 1-888-353-4537 no ing of the electronic nove selected a
X I	authorize <u>CLIFTONLARSON</u>	IALLEN LLP	to enter my PIN	92407
		ERO firm name		Enter five numbers, but do not enter all zeros
٧	, ,	e1 electronically filed return. If I have indicated with charities as part of the IRS Fed/State program, I also creen.		•
	eturn. If I have indicated within this	ax with respect to the entity, I will enter my PIN as my return that a copy of the return is being filed with a s my PIN on the return's disclosure consent screen.	,	•
	ficer or person subject to tax	Sighed by:	Date	5/15/2023
Part III	Certification and Authe	ntication		
	/PIN. Enter your six-digit electronic FIN) followed by your five-digit self-		369055902	

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 | DAVID ROBYDEK

Do not enter all zeros

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

102521 01-11-22

 $10530515 \quad 131839 \quad A209421$

 $2021.05080 \ ASSOCIATED \ STUDENTS \ CALIF \ A2094211$

Department of the Treasury Internal Revenue Service

Signature of officer

MIKE RISTER, EXECUTIVE DIRECTOR

Sign

Here

Return of Organization Exempt From Income Tax 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. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	e 2021 calendar year, or tax year beginning $A=1000000000000000000000000000000000000$	ending ${f J}$	UN 30, 2022	
	heck if pplicab	ASSOCIATED STUDENTS CALIFORNIA		D Employer identific	cation number
	Addre	ge STATE UNIVERSITY SAN BERNARDINU			
	Name chang			95-612650	62
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return			(909) 53	
	termir ated	City or town, state or province, country, and ZIP or toreign postal code		G Gross receipts \$	
	Amer	BAN DERNAIDING, CA 32401		H(a) Is this a group re	
	Applie tion pendi	i Name and address of philicipal officer.) (IA	†	es? — Yes ^X No
	F	5500 UNIVERISTY PARKWAY, SAN BERNARDING), CA	H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X_{501(c)(3)}$ 501(c) ()§ (insert no.) 4947(a)(1) of the contract of the contr	or 527	If "No," attach a	i list. See instructions
JY	Veb:	ite: WWW.CSUSB.EDU/ASI		H(c) Group exemptio	n number
		f organization: $f{X}$ Corporation Trust Association Other $f{I}$ Summary	L Year o	of formation: $1988{}_{ extsf{M}}$	State of legal domicile: CA
	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{TO PI}}$	ROVIDE	AND SUPPORT	
Governance					
ШQ		ACTIVITIES RELATED TO THE UNIVERSITY'S INS	TRUCT	<u>'IONAL PROGI</u>	AM.
ove	2	Check this box if the organization discontinued its operations or disposed	d of more tl	nan 25% of its net asse	els.
ر ک	3	Number of voting members of the governing body (Part VI, line 1a) ~~~~~~~	~~~~~	3	19
		Thirmsel of voiling members of the governing body (For Vi, line 10)		1 3	
Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)	~~~~	-~~~~ 4	12
•	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) ~~~	~~~~	~~~~~ 5	44
	6	Total number of volunteers (estimate if necessary)	~~~	6	12
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	-~~~	-~~~~ 7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		• • • • • • · · · · · · · · · · · · · ·	0.
				Prior Year	Current Year
a)					
Revenue	8	Contributions and grants (Part VIII, line 1h)	~~	0.	0.
eve	9	Program service revenue (Part VIII, line 2g)	~~	1,727,180.	1,682,150.
~	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~	42,895.	18,621.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~	~~	-40,308.	5,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	•••	1,729,767.	1,705,771.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	~~	447,366.	296,477.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	~~	0.	0.
<u>s</u>	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~	~~~	558,123.	477,965.
Expense	16a	Professional fundraising fees (Part IX, column (A), line 11e)	~~ _	0.	0.
ф	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>O.</u>		
மி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~~~~	~~	1,381,190.	552,652.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~	~~	2,386,679.	1,327,094.
	19	Revenue less expenses. Subtract line 18 from line 12 ••••••••••		-656,912.	378,677.
ام م	5		Ве	ginning of Current Year	End of Year
sets	20 21 22	Total assets (Part X, line 16) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ _	2,361,291.	2,471,459.
t As	21	Total liabilities (Part X, line 26)	~~	444,035.	175,526.
S E	22	Net assets or fund balances. Subtract line 21 from line 20 ••••••••••		1,917,256.	2,295,933.
	ırt II	Signature Block			
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd statements	s, and to the best of my kn	owledge and belief, it is
true,	corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepare	er has any knowledge.	UZ3

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

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: ASSOCIATED STUDENTS, THROUGH ITS PROGRAMS, ACTIVELY SUPPORTS THE RETENTION AND DEVELOPMENT OF STUDENTS AND PROVIDES ACTIVITIES RELATED TO THE UNIVERSITY'S INSTRUCTIONAL PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? $\sim\sim\sim\sim\sim$ Yes $^{\rm X}$ No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ $\frac{824,504.}{}$ including grants of \$ $\frac{296,477.}{}$) (Revenue \$ $\frac{1,687,150.}{}$
	SUPPORT OF STUDENT SERVICES FOR THE STUDENTS OF CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO AND GRANTS TO SUPPORT STUDENT ACTIVITIES, EDUCATION, AND CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of the contract

) (Revenue \$

4e Total program service expenses |

824,504.

Form 990 (2021) 132002 12-09-21

Pa	rt IV Checklist of Required Schedules			_
			Yes	No
1	Is the organization described in section 501 (c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	X	
0	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
2				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
	public office? If "Yes," complete Schedule C, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- 5		
4	Section 501 (c) (3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect			X
	during the tax year? If "Yes," complete Schedule C, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
,	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	, , , , , , , , , , , , , , , , , , , ,			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а		1,,	X	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			3.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	The state of the s	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~~~~	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
D		12b		X
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	140		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1.4h		X
	or more? If "Yes," complete Schedule F, Parts I and IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	19		X
20	Da Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20a		X
20	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
۷.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

132003 12-09-21

Form 990 (2021)

Form 990 (2021)

Page 4

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	22		Λ_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24c		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	25b		X
0.4	·	200		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	2/		X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	26		Λ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III~~~	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
50	Note: All Form 990 filers are required to complete Schedule O •••••••••••••••••••••••	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V •••••••••••••••••••••••••••••••••••			
	споскії основою о сонтань втозронье огного то вну што ін шів I віт у		Yes	No
	1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable la 10			
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(camblina) winnings to prize winners?	1c	X	

 $10530515\ 131839\ A209421$

Form 990 (2021)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~~~~ 2a	44		103	140
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4					
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4~		X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~		4a		
b	If "Yes," enter the name of the foreign country J See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	5a		X
Ju	was the digatilization a party to a prohibited tax sheller transaction at any time doiling the tax years		oa		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~~~~		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic	it			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and a contrib	or?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided? ———————————————————————————————————		7b		
	to file Form 8282? •••••••••••••••••••••••••••••••••	•	ፘ		X
٦	If "Yes," indicate the number of Forms 8282 filed during the year 2007				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	~	7e		X
C	bla the digatization receive any totias, directly of indirectly, to pay premions on a personal benefit confidery		, 0		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~~~	~	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	~	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	Çŝ	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~ 10a				
	·				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
ا م	Cross in some from other sources. (Do not not amounts due armaid to other sources against				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••• 12b Section 501(c)(29) qualified nonprofit health insurance issuers.				

b Enterthe amount of

140 Did the arganization receive any papers for incoor forming services during the lax year? 151 It is regardated in 700 to report these payments? If Wo, "provide an explanation on Schedule 0 152 Its the arganization subject to the section \$% of the year? 153 Its the arganization subject to the section \$% of the year? 154 It is the arganization subject to the section \$% of the year? 155 It is the arganization or selected the institution subject to the section of the year? 156 It is the arganization are descendent institution subject to the section 47% excise tax on net investment income? 157 Section 301(c)(21) arganizations. Did the hust, any disqualified person, or mine appropriate provides the thing would result in the imposition of an excise tax under section 4751, 4752 or 47539 157 It is a section 4751, 4752 or 47539 158 It is a section 4751, 4752 or 47539 159 It is a section 4751, 4752 or 47539 159 It is a section 4751, 4752 or 47539 150 It is a sec		arganization is licensed to issue qualified health plans	13b			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17 Section 501 (c) (21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 If "Yes," complete Form 6069.		c Ehter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13c			
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	14a	Did the organization receive any payments for indoor tanning services during the tax year? ~~~	-~-	14a		X
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	lule 0 ~~~~~~	- 14b		
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 "Yes," complete Form 6069.	15		eration or	15		X
If "Yes," complete Form 4720, Schedule O. Section 501 (c) (21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		If "Yes," see the instructions and file Form 4720, Schedule N.				37
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		If "Yes," complete Form 4720, Schedule O.		16		-A
If "Yes," complete Form 6069.	17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage i	in any			
120000 120001 1200000 120000 120000 120000 120000 120000 120000 1200000 120000 120000 120000 120000 120000 120000 1200000 120000 120000 120000 120000 120000 120000 1200000 120000 120000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000 1200000000 120000000 1200000000 12000000000 120000000000			-~~~~~~	17		
	132005	12-09-21 5		Forn	990	(2021)
	102000					(2022)
				_		

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Part VI

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

	to line ba, bb, or 10b below, describe the direamstances, processes, or changes on schedule of see instructions.											
	Check if Schedule O contains a response or note to any line in this Part VI • • • • • • • • • • • • • • • • • •	• •	X									
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ la 19	-										
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent $\sim\sim\sim\sim$ 1b 12											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		X								
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	X									
b	Each committee with authority to act on behalf of the governing body?	8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O • • • • • • • • • • • • • • • • • •	9		X								
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
0000	ION B. 1 GIGGS (This Section B requests information about policies not required by the Internal Nevertae code.)		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_								
		110										
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~~~~~	120	21									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	X									
	on Schedule O how this was done	13	X									
13	bid the digatization have a withen whisheblower policy?	14	X									
14		14	Λ									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-	v									
а	The organization's CEO, Executive Director, or top management official	15a	X									
b	Other officers or key employees of the organization ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	15b	Λ									
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			V								
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements? ••••••••••••••••••••••••••••••••••••	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ${ m JCA}$											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s of the section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s of the section 6104 requires and 6104 requires an organization for the section 6104 requires and 6104 req	only) a	vailab	le								
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain on Schedule 0)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finana	ial									
17		III IUI IC	iui									
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records											
20 132006	state the name, address, and telephone number of the person who possesses the organizations books and records 5-12-09-21	Form	990	(2021)								

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

 See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor o	,	anızı	atioi			ensc	itea	,	•	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more				one	Reportable	Reportable	Estimated
	hours per					s both r/truste		compensation	compensation	amount of
	week		cei ai	lu a u	irecto	i/ii usi	,,	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ordi	99			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trustee		Đ.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tr	onal		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. PAZ OLIVEREZ	1.00									
PRESIDENT'S REPRESENTATIVE	40.00	X						0.	223,162.	89,543.
(2) DR. DARIA GRAHAM	1.00								100.010	50 511
ADVISOR	40.00	X						О.	169,616.	76,711.
(3) BETH STEFFEL	1.00	X							99.796	40.446
FACULTY REPRESENTATIVE	40.00	Λ						0.	82,736.	40,446.
(4) ALFREDO BARCENAS EXECUTIVE DIRECTOR	40.00	X		X				75,041.	О.	14,227.
(5) JESSICA MADRIGAL	40.00									
SPECIAL REPRESENTATIVE	1.00	X						56,688.	О.	6,405.
(6) PAOLA GALVEZ	20.00									
EXECUTIVE VICE PRESIDENT				X				17,905.	0.	О.
(7) DAISY ESTRELLITA RAMOS GOMEZ	20.00								_	_
PRESIDENT		X		X				16,247.	О.	О.
(8) SUANY ECHEVARRIA	20.00								_	_
VICE PRESIDENT OF FINANCE				X				4,290.	О.	О.
(9) ALEXIA MACIEL	1.00									
ARTS & LETTERS		X						0.	О.	О.
(10) CARLENE LUNA	1.00									
ATHLETICS		X						О.	О.	Ο.
(11) HANNAH WAGNER	1.00									
BUSINESS & PUBLIC ADMINISTRATION		X						О.	Ο.	Ο.
(12) MICHAEL VAZQUEZ	1.00									
GRADUATE		X						O.	О.	О.
(13) SAVREEN KAUR	1.00									
INTERNATIONAL		X						О.	Ο.	О.
(14) AUGUSTE TORRES	1.00									
NATURAL SCIENCES		X						0.	О.	0.
(15) ANGELIQUE MELENDREZ	1.00									
PALM DESERT CAMPUS		X						O.	О.	О.
(16) GUADALUPE ROMERO	1.00	37								
SOCIAL & BEHAVIORAL SCIENCES	1.00	X						О.	О.	О.
(17) DANIELLE PENN	1.00	X						О.		0
STUDENT-AT-LARGE 132007 - 12-03-21		Λ						0.	0.	Form 990 (2021)

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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	box	not c , unles cer and	s per	tion more son is	than s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ited nt of er
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)	/	from to organize and rele organize	the ation ated
(18) ANGEL CONTRERAS STUDENT-AT-LARGE	1.00	X						0.	(Э.		О.
(19) ALEXIS MCGOWAN SUSTAINABILITY	1.00	X						О.	(Э.		О.
1b Subtotal ~~~~~~~	~~~~~	~~	~~~	~~~	~~~	-		170,171.	475,51	4.	227,	332.
c Total from continuation sheets to Part d Total (add lines 1b and 1c) • • • • • • • • •					~~	~~	I	0. 170,171.	475,51). 4.	227,	0. 332.
Total number of individuals (including but no compensation from the organization	ot limited to the	ose li	isted	abo	ove)	who	o re	ceived more than \$100,0	000 of reportable			0
3 Did the organization list any former officer, cline 1a? If "Yes," complete Schedu			•			or h	igh	est compensated emplo	oyee on 		Yes	s No X
4 For any individual listed on line 1a, is the sum	of reportable	con	nper	nsatio	on c						4 X	
and related organizations greater than \$1 5 Did any person listed on line 1 a receive or c	ccrue compe	nsat	tion f	rom	any	y uni	ela	ted organization or indiv	vidual for services			v
rendered to the organization? If "Yes," complete	e Schedule J fo	or su	ich p	ersoi	η •	• • •	••	•••••	•••		5	X
Section B. Independent Contractors 1 Complete this table for your five highest com	npensated inde	epei	nder	nt cc	ntro	acto	s th	at received more than \$	100,000 of comper	satic	on from	
the organization. Report compensation for (A)	the calendar y			•	with	orv	vithi	in the organization's tax (B)	year.		(C)	
Name and business	address	N(ONE	<u> </u>				Description of s	ervices	Сс	ompensat	ion
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lim	nited	to th	nose O	e liste	ed a	bove) who received mo	ore than			

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to d	any line iAthis Part Total revenue	Related of exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s s	1 /	Federated campaigns ~~~~ la					
gur		Membership dues ~~~~~ 1b					
Contributions, Gifts, Grants and Other Similar Amounts	ٔ '	Fundraising avants					
	· '	Deleted an array is attached					
	(
ns, Sin	,	Government grants (contributions)					
e Hi	1	All other contributions, gifts, grants, and					
걸		similar amounts not included above ~ 1f					
t d	!	Noncash contributions included in lines 1a-1f					
<u>Q</u> p		Total. Add lines 1a-1f • • • • • • • • • • • • • • • • • • •	• • •				
			Business Code				
d)	2 (ASI STUDENT FEES	900099	1,682,150.	1,682,150.		_
ÿ)					
Program Service Revenue		·					
Z Z							
ga Rej	· '	<u> </u>					
õ	l '	,					
ш		All other program service revenue ~~~~		1 600 150			
	!	Total. Add lines 2a-2f •••••••••	•••	1,682,150.			
	3	Investment income (including dividends, interes					
		other similar amounts)~~~~~~	~~~~~	18,621.			18,621.
	4	Income from investment of tax-exempt bond	proceeds				
	5	_Rovollies •••••••					
		(i) Real	(ii) Personal				
	4	Gross rents ~~~~ 6a					
		d Glossieilis					
		Less: rental expenses ~ Rental income or (loss) 6c					
		Net rental income or (loss) •••••••	••••				
		(i) So ourities	(ii) Other				
	7 (dioss amount nom sales of	(II) OTHER				
		assets other than inventory 70					
	1	Less: cost or other basis					
Пе		and sales expenses ~~~ 7b					
Revenue	(Gain or (loss) ~~~~ 7c					
Re		Net gain or (loss) ••••••••• <u>••</u>	••				
Other	8 (Gross income from fundraising events (not					
₽		including \$of					
		contributions reported on line 1c). See					
		Part IV, line 18 ~~~~~~ 8a					
		Less: direct expenses ~~~~~ 8b					
		·	• • • •				
			ı				
	9 (Gross income from gaming activities. See					
	l .	Part IV, line 19 ~~~~~~~ 9a					
		D Less: direct expenses ~~~~~ 9b					
	۱ ۱	Net income or (loss) from gaming activities	• • • • •				
	10 (Gross sales of inventory, less returns					
		and allowances ~~~~~~~ 10a					
		Less: cost of aoods sold ~~~~~ 10b					
	L_	Net income or (loss) from sales of inventory	•••••				
-			Business Code				
SUS (11 0	OTHER INCOME	900999	5,000.	5,000.		
) Jue							
Miscellaneous Revenue	'						<u>'</u>
Sce	'	d All other revenue ~~~~~~~					
Ž	'	L. Control of the Con		5,000.			
	12	Total. Add lines 11a-11d • • • • • • • • • • • • • • • • • •		1,705,771.	1 687 150	0.	18,621.

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com			piete column (A).	/D)
Do 1 7b,	n ot include க்பிரவைksif-தெரிர்களியில் மிக்க வி ர் ,ains a res 8 <i>b, 9b, and 10b of Part VIII</i> .	ponse or hote to any li Total expenses	ne in this fart IX • • • Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	296,477.	296,477.		
0	and domestic governments. See Part IV, line 21 ~		,		
2	Grants and other assistance to domestic				
2	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 ~~~~~~				
4 5	Compensation of current officers, directors,				
J	trustees, and key employees ~~~~~	213,940.	53,485.	160,455.	
6	Compensation not included above to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) ~~~				
7	Other salaries and wages ~~~~~~	341,546.	192,460.	149,086.	
8	Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)	-165,264.		-165,264.	
9	Other employee benefits ~~~~~~	64,246.		64,246.	
10	Payroll taxes ~~~~~~~~	23,497.		23,497.	
11	Fees for services (nonemployees):				
 а	Management ~~~~~~~				
b	Legal ~~~~~~~~~~	2,735.		2,735.	
С	Accounting ~~~~~~~~	17,024.		17,024.	
d	Lobbying ~~~~~~~				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees ~~~~~~				
g	Other. (If line 11g amount exceeds 10% of line 25,				
0	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion ~~~~~~	10,757.	10,757.		
13	Office expenses~~~~~~~~	96,853.	43,428.	53,425.	
14	Information technology ~~~~~				
15	Royalties ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
16	Occupancy ~~~~~~~~~				
17	Travel ~~~~~~~~~~~	24,882.	21,075.	3,807.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials ~				
19	Conferences, conventions, and meetings ~~				
20	Interest ~~~~~~~~~~~				
21	Payments to affiliates ~~~~~~~	7 000	2 000		
22	Depreciation, depletion, and amortization $\sim\sim$	5,363.	5,363.	10.000	
23	Insurance ~~~~~~~~~	18,839.		18,839.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schodulo (2).				
а	amount, list line 24e expenses on Schedule O.) SCHOOL EVENTS	194,434.	194,434.		
a b	CAMPUS SERVICES	133,389.	10 1,404.	133,389.	
С	BUILDING EQUIPMENT AND	28,733.		28,733.	
d	ORIENTATION	3,893.		3,893.	
e e	All other expenses	15,750.	7,025.	8,725.	
25	Total functional expenses. Add lines 1 through 24e	1,327,094.	824,504.	502,590.	C
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)				

Page 11

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in t	his Part X •••••••	• • • •	•••••
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing ~~~~~~~~	~ 67,131.	1	133,696.
	2	Savings and temporary cash investments	2,003,373.	2	1,942,501.
	3	Pledges and grants receivable, net	~	3	
	4	Accounts receivable, net	~ 1,006.	4	2,109.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons ~~~~~~	~~	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	~~	6	
\$	7	Notes and loans receivable, net	~	7	10045
Assets	8	Inventories for sale or use	~ 18,947.	8	18,947.
٩	9	Prepaid expenses and deferred charges	~	9	
	10a	Land, buildings, and equipment: cost or other	019		
		basis. Complete Part VI of Schedule D ~~~ 10a 118,5 Less: accumulated depreciation ~~~~ 10b 111,4		10	6 771
		·	12,134.		6,771.
	11	Investments - publicly traded securities	~	11	
	12 13	Investments - orner securities. See Part IV, line 11	~	13	
	14	Intangible assets	~	14	
	15	Other assets. See Part IV, line 11 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 258,700.	15	367,435.
	16	Total assets. Add lines 1 through 15 (must equal line 33) •••••••	2,361,291.	16	2,471,459.
	17	Accounts payable and accrued expenses	~ 198,974.	17	9,941.
	18	Grants payable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~	18	
	19	Deferred revenue ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~	19	
	20	Tax-exempt bond liabilities ~~~~~~~~~~~~	~	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ~~	-~	21	
Ş	22	Loans and other payables to any current or former officer, director,			
Ei		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons ~~~~~~	~	22	
:=	23	Secured mortgages and notes payable to unrelated third parties $\sim\sim\sim\sim$	~~	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	0.45 0.01		105 505
		of Schedule D	~ 245,061.	25	165,585.
	26	Organizations that follow FASB ASC 958, check here. L. X	444,035.	26	175,526.
Ş		organizations that follow 17/3b7/3C 730, check field			
JCe	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	~ 1,917,256.	27	2,295,933.
a	27		1,517,255.	28	2,200,000.
A B	28	Net assets with donor restrictions	~	20	
- L		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	~	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund ~~~~~	~	30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds ~~		31	
ē	32	Total net assets or fund balances	~ 1,917,256.	32	2,295,933.
	33	Total liabilities and net assets/fund balances ••••••••••	2,361,291.	33	2,471,459.
	•		•		Form 990 (2021)

Form 990 (2021)

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Part XI Reconciliation of Net Assets

1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 378,677. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,917,256. 5 Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 2, 295, 933. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		Check it Schedule O contains a response or note to any line in this Part XI • • • • • • • • • • • • • • • • • •		• • • •	•	
Total expenses (must equal Part XI, column (A), line 25 Total expenses (must equal Part XI, column (A), line 25 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses line 6 Revenue less expenses line 1 Revenue less expenses line 6 Revenue lese expenses less expenses subtract line 6 Revenue less expenses l						
Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Prives from period adjustments Net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis	1	Total revenue (must equal Part VIII, column (A), line 12)				
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,917,256. Net unrealized gains (losses) on investments 5 5	2	Total expenses (must equal Part IX, column (A), line 25)	2			
Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) **Check if Schedule O contains a response or note to any line in this Part XII **Check if Schedule O contains a response or note to any line in this Part XII **Check if Schedule O contains a response or note to any line in this Part XII **If the arganization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the arganization's financial statements compiled or reviewed by an independent accountant? 2a Were the arganization's financial statements compiled or reviewed by an independent accountant? 2b Were the arganization's financial statements audited by an independent accountant? 2c X 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: **X Separate basis** **Consolidated basis** **Desparate basis** **Consolidated basis** **Desparate basis** **Consolidated basis** **Desparate basis** **Consolidated basis** **Desparate ba	3	Revenue less expenses. Subtract line 2 from line 1				
Solid Net Ne	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~~~~~	4	1,91	7,2	56.
Prior period adjustments expenses 7	5		5			
Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 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? 2b 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a A	6	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6			
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b X 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: X Separate basis Consolidated basis. Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Cons	7	Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7			
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O con	8	Prior period adjustments	8			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI, line 32, 2,295,933.) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Begrate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 1 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: 1 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: 2 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: 3 Separate basis Consolidated basis Both consolidated and separate basis 4 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? 2 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3 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? 4 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	9	·	9			Ο.
Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1	10					
Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other			10	2,29	5,9	33.
Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII		• • • •	• X	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		, , , , , , , , , , , , , , , , ,				No
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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: Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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 on Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			D.			
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: Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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 on Schedule O. 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? 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 on Schedule O and describe any steps taken to undergo such audits 3b						
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		, , , , ,				
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		·				
b Were the organization's financial statements audited by an independent accountant?						
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consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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?	_	, ,				
X Separate basis Consolidated basis Both consolidated and separate basis 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?		,				
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? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
review, or compilation of its financial statements and selection of an independent accountant?	С		audit.			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? 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 on Schedule O and describe any steps taken to undergo such audits 3b	_	, , ,		2c	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? 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 on Schedule O and describe any steps taken to undergo such audits 3b		·				
Act and OMB Circular A-133? 3a 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 on Schedule O and describe any steps taken to undergo such audits ************************************	30					
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 on Schedule O and describe any steps taken to undergo such audits ••••••••• 3b	oa		~~~~~	3a		X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits ••••••••• 3b	h		ed audit			
	D			3b		
		, , , , , , , , , , , , , , , , , , ,		Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Public Charity Status and Public Support

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

| Attach to Form 990 or Form 990-EZ.
| Go to www.irs.gov/Form990 for instructions and the latest information.

ZUZI

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO Employer identification number 95-6126562

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization lister (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 above (see instructions)) organization support (see instructions) support (see instructions) Yes No

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

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

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.)

Se	ction A. Public Support					1	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") $\sim\sim$	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge ~						
4	Total. Add lines 1 through 3 ~~~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
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) ~~~~~~						
6	Public support. Subtract line 5 from line 4.						8712006.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4 ~~~~~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources ~	32,479.	45,106.	58,817.	42,895.	18,621.	197,918.
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.) ~~~~	1,025.	609.	98.	1,886.	5,000.	8,618.
11	Total support. Add lines 7 through 10						8918542.
12	Gross receipts from related activ	vities etc. (see	instructions)	~~~~~~~	.~~~~~	12	_
	First 5 years. If the Form 990 is for the	•	•	urth, or fifth tax ve	ar as a section 50	1(c)(3)	
. 0	organization, check this box and sto	O .				. , . ,	Ī
Sec	ction C. Computation of Publi						
	Public support percentage for 2021			11, column (f)) ~~	~~~~~	14	97.68 %
	Public support percentage from					15	97.77 %
	33 1/3% support test - 2021. If the org					re, check this box	
	stop here. The organization qualifies of						_I X
b	33 1/3% support test - 2020. If the org						s box
	and stop here. The organization quali						Ī
170	10% -facts-and-circumstances test - :						r more.
	and if the organization meets the fac	· ·					
	meets the facts-and-circumstances te			•	•	~~~~~~	
r	10% -facts-and-circumstances test -	=			9		•
~	more, and if the organization meets the	ū					
	organization meets the facts-and-circu						~~~
	18 Private foundation. If the organize		-				ctions • • • I
_		, , , , , , , , , , , , , , , , , , ,					(Form 990) 2021

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

Page 3

(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 bus-						
iness under section 513 ~~~~						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf ~~~~						
5 The value of services or facilities 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			1	Т		1
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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.) Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the						n,
check this box and stop here ••••			• • • • • • • • • •	•••••	•••••	
Section C. Computation of Public					1.5	
15 Public support percentage for 2021 (•		~~~~~~~	15	%
16 Public support percentage from 2020Section D. Computation of Invest					16	%
•			ine 12 politica (0)		17	~~
17 Investment income percentage for 20.	•		. , ,		18	
18 Investment income percentage from 19a 33 1/3% support tests - 2021. If the org						
more than 33 1/3%, check this box a	_					

15

line 18 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

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Paae 4

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A. D. and E. If you checked box 12d. Part I. complete Sections A and D. and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501 (c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* Part VI *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* Part VI *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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? *If "Yes," provide detail in* Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1		
ı		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	40		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	·		
	8		
	9a		
	9b		
	9c		
	10a		
	130		
dule	A ¹⁰ brn	n 990)	2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

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? If "Yes" or "No" provide details in Part VI.

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these activities but for the organization's involvement.
 Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

3b | Schedule A (Form 990) 2021

<u> Schedule A (Form 990) 2021</u>

STATE UNIVERSITY SAN BERNARDINO

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Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) Add lines 1 through 3. 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4

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

5

Schedule A (Form 990) 2021

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

ASSOCIATED STUDENTS CALIFORNIA

	dule A (Form 990) 2021 STATE UNIVERSITY SAN BERNARDINO		5-6126562 Pag	ge
Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)		
Sect	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in</i> Part VI)	5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive			
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2021 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount	10		
Secti	IOITE - DISTINUTION AND CANONS 1966 HISTOCHOUST 1 EXCESS DISTINUTIONS 1	(ii) distributions ∋-2021	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
2	able cause required - <i>explain in</i> Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
_	From 2016			
_	From 2017			
_	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
	Distributions for 2021 from Section D,			
4	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2022, Add lines 3i			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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							
2017	AMOUNT:	\$	1,025.				
2018	AMOUNT:	\$	609.				
2019	AMOUNT:	\$	98.				
2020	AMOUNT:	\$	1,886.				
2021	AMOUNT:	\$	5,000.				

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

| Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
| Attach to Form 990.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

ASSOCIATED STUDENTS CALIFORNIA Name of the organization

Employer identification number

	STATE UNIVERSITY SAN			6126562	4
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or	r Accounts. Com	olete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and ot	her accounts	
1	Total number at end of year ~~~~~~~~				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
4			al funa ala		
5	Did the organization inform all donors and donor advisors in writing the organization's property subject to the organization			Vas	NIa
,	are the organization's property, subject to the organization			res	No
6	Did the organization inform all grantees, donors, and donor adv	5 5	•		
	for charitable purposes and not for the benefit of the donor or do		-		
Pa	impermissible private benefit? ••••••••••••••••••••••••••••••••••••				No
га			arriv, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (for example, recreation	or education) Preservation of a h	nistorically important	land area	
	Protection of natural habitat	Preservation of a	certified historic struc	ture:	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of			
	day of the tax year.			ne End of the Ta	ax Year
а	Total number of conservation easements	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 2a		
b	Total acreage restricted by conservation easements ~~~~~	~~~~~~~~~~~~~	2b		
С	Number of conservation easements on a certified historic stru	ucture included in (a) ~~~~~~	~ 2c		
d	Number of conservation easements included in (c) acquired af				
	listed in the National Register ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~~~~~~~	. 2d		
3	Number of conservation easements modified, transferred, releas	sed, extinguished, or terminated by the c	organization during the	tax	
	year				
4	Number of states where property subject to conservation easem	nent is located			
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easemer	nts it holds? ~~~~~~~~~~	~~~~~~	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, han	ndling of violations, and enforcing conse	rvation easements dur	ing the vegr	
Ü	I	idiing of violations, and officially conso	Transfit Gasofficinis doi	ing mo you	
7	Amount of expenses incurred in monitoring, inspecting, handling	a of violations, and enforcing conservation	on easements during th	ne vear	
,	\$	y or violations, and emorcing conservation	on easements admig th	ie yeur	
0	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(b)	(A) (D) (i)		
0	and section 170(h)(4)(B)(ii)? ~~~~~~~~~~~			Vas	Na
0	In Part XIII, describe how the organization reports conservation			Yes	No
9		· ·			
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's tinancial stateme	nts that describes the		
Pa	organization's accounting for conservation easements. "t III Organizations Maintaining Collections of Ar	t Historical Treasures or Oth	ar Similar Assats		
ı a			ei Oliilliai Assets	•	
	Complete if the organization answered "Yes" on Form 99				
la	If the organization elected, as permitted under FASB ASC 958, no	•			
	of art, historical treasures, or other similar assets held for public		· ·		
	service, provide in Part XIII the text of the footnote to its financial				
b	If the organization elected, as permitted under FASB ASC 958, t	to report in its revenue statement and b	palance sheet works o	f	
	art, historical treasures, or other similar assets held for public exhi	ibition, education, or research in further	ance of public service),	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~		~ \$		
				-	
	(ii) Assets included in Form 990, Part X ~~~~~~~	~~~~~~~~~~~~~	1 \$		
	, ,		1 T		

132051 10-28-21

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide								
	the following amounts required to be reported under FASB ASC 958 relating to these items:								
а	Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_							

Schedule D (Form 990) 2021

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ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

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

3	Using the organization's acquisition, accessio	n, and other records	s, check any of t	he following that	make si	gnificant	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or e	xchange progro	am				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they furthe	er the organizatio	n's exen	npt purpo:	se in Part X	(III.	
5	During the year, did the organization solicit or	r receive donations	of art, historical	reasures, or othe	er similar	assets			
_	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's	collection? ••	• • • • •	• • • •		Yes	No
Paı	t IV								
	reported an amount on Form 990, Pa		if the organizat	ion answered "Y	'es" on F	orm 990,	Part IV, lir	ne 9, or	
	·								
Ia	Is the organization an agent, trustee, custodic on Form 990, Part X? ~~~~~~~						~	Yes	No
b	If "Yes," explain the arrangement in Part XIII o	and complete the fo	llowing table:						
								Amount	
						1c			
С	Beginning balance	~~~~~~~~	~~~~~~~~	~~~~~~~	~~~~	1d			
d	Additions during the year	~~~~~~	~~~~~~	~~~~~~~~~	~~~~	le			
е	Distributions during the year	~~~~~	~~~~~~~	~~~~~~~	~~~~	1f			
f	Ending balance	~~~~~~~~~		.~~~~~~~~	~~~~				
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or	custodial accou	ınt liabilit	tyż ~~	~~~	Yes	No
	If "Yes" explain the arrangement in Part XIII C						• • • • •	• • • •	
	t V Endowment Funds. Complete if	the organization an	swered "Yes" or	Form 990, Part I	IV, line 1	0.			
		(a) Current year	(b) Prior yec	r (C) Two yea	rs back	(d) Three	years back	(e) Four yea	rs back
la	Beginning of year balance ~~~~~								
b	Contributions ~~~~~~~~								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships ~~~~~~								
е	Other expenditures for facilities and programs ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
f	Administrative expenses ~~~~~								
g	End of year balance								
2	Provide the estimated percentage of the curre	nt vear end balance	(line la column	(a)) held as:					
	Board designated or quasi-endowment	•	7. (iii ic 19, coloitii	(a)) ricia as.					
	Permanent endowment	%	/0						
	Term endowment								
C	The percentages on lines 2a, 2b, and 2c shou	ild eaual 100%.							
3а	Are there endowment funds not in the posses	•	ion that are held	d and administere	ed for the	e organiza	ation		
	by:							Yes	. No
	(i) Unrelated org	ganizations ~~~	-~~~~~~	~~~~~~~	~~~~~	~~~~~	~~~~	3a(i)	T
	(ii) Related organ	izations ~~~~	-~~~~~	~~~~~~~	~~~~	~~~~~	~~~~	3a(ii)	
b	If "Yes" on line 3a(ii), are the related org	ganizations listed c	is required on	Schedule R?	~~~~~	~~~~~	~~~~	3b	
4	Describe in Part XIII the intended uses of the c	oraanization's endov	vment funds.					•	
Pai	t VI Land, Buildings, and Equipme	•							
	Complete if the organization answere), Part IV, line 11	a. See Form 990,	Part X, I	line 10.			
	Description of property	(a) Cost or o	ther (b)	Cost or other	(c) A	.ccumulate	ed	(d) Book va	lue
	1 - 11 7	basis (investm	, ,	asis (other)	٠,	preciation			
1a	Land ~~~~~~~~~~								
b	Buildings ~~~~~~~~~								
С	Leasehold improvements ~~~~~~								
d	Equipment ~~~~~~~~~			118,212.		111,4	41.	6,7	771.
е	Other • • • • • • • • • • • • • • • • • • •								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B),	line 10c.) • • • •	• • • •	••••		6,7	771.

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organization answered of the organization and the organization and the organization and the organization answered of the organization and the organi	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 en	d-of-year market value
(1) Financial derivatives ~~~~~~~~			
2) Closely held equity interests ~~~~~~~			
3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Fotal (Col. (b) must equal Form 900, Part V, col. (B) line 13.)			
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	
	Description	714. 300 10111 770,1 dit X, iiile 10.	(b) Book value
(1) OPEB ASSET	·		367,435
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			907.495
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ••••••	••••••	367,435
	5 000 5 1 H 1 H		
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	ETTE or TT. See Form 990, Part X, line 25	(b) Book value
(1) Federal income taxes			(b) book value
(2) ACCRUED COMPENSATED ABSENCE	ES		25,126
(3) LIABILITIES FOR PENSION BE		140,459	
(4)			2, 230
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		165,585

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO 95-6126562

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

Page	Д

Complete if the organization answered "Yes" on Form 990, Part IV, line 120	a.		
1 Total revenue, gains, and other support per audited financial statements ~~~	~~~~~~~	1	1,705,771.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d ~~~~~~~~~~	.~~~~~~~~~	2e	0.
3 Subtract line 2e from line 1 ~~~~~~~~~~	~~~~~~~~	3	1,705,771.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		0
c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4c 5	$\frac{0.}{1,705,771.}$
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) • • Part XII Reconciliation of Expenses per Audited Financial Statem			1,700,771.
Complete if the organization answered "Yes" on Form 990, Part IV, line 120	•	i i totaiii.	
	u.	1	1,327,094.
1 Total expenses and losses per audited tinancial statements ~~~ 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	Ο.
3 Subtract line 2e from line 1		3	1,327,094.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•••••	5	1,327,094.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		e 4; Part X, li	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		
PART X, LINE 2:			
ASI IS EXEMPT FROM FEDERAL INCOME TAXES AS A	NONPROFIT ORGAN	NIZATIO	N UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE COD	DE. A COMPARABLE	EXEMP	TION HAS
BEEN GRANTED BY THE STATE OF CALIFORNIA FOR A	ASI'S FORM 990, F	RETURN	OF
ORGANIZATION EXEMPT FROM INCOME TAX.			

Schedule D (Form 990) 2021 132054 10-28-21 24 $2021.05080 \ ASSOCIATED \ STUDENTS \ CALIF \ A2094211$ 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. Go to www.irs.gov/Form990 for the latest information.

ASSOCIATED STUDENTS CALIFORNIA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~~~~

Open to Public

OMB No. 1545-0047

Inspection

		S CALIFORNIA An Bernardin	NO				Employer identification number $95\text{-}6126562$
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records criteria used to award the grants Describe in Part IV the organization's property. Part II Grants and Other Assistance to D	or assistance? cedures for monite omestic Organiza	oring the use of grant tions and Domestic C	funds in the United Governments. Cor	States mplete if the orga	~~~~~~	~~~~~~~	-~~ X Yes No
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II can k	oe duplicated if addition (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash 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)	0.	14,477.			SUPPORT SCHOLARSHIPS AND UNIVERISTY PROGRAMS
THE UNIVERSITY ENTERPRISES CORPORATION OF CSUSB - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	95-6067343	501(C)(3)	0.	162,000.			SUPPORT OF CHILDREN'S CENTER
CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	95-3104280	501(C)(3)	0.	120,000.			SUPPORT SCHOLARSHIPS

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

Schedule I (Form 990) 2021

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
Part IV Supplemental Information. Provide the information	on required in Part I, line	2; Part III, column (b); and any other add	ditional information.	
PART I, LINE 2:					
RECORDS FOR THOSE ASSISTED WITH	CDANTE OF EI	INDS EDOM	THE ACLADE	LIEDT WITH	
RECORDS FOR THOSE ASSISTED WITH	GRANIS OF FO	JNDS FROM	THE ASI ARE	A KEFI WIIII	
THE UNIVERSITY'S STUDENT FINANCE	DEPARTMENT	AND THE F	OUNDATION.		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

| Attach to Form 990. | Go to www.irs.gov/Form990 for instructions and the latest information. 2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Employer identification number 95-6126562

				Yes	No
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 re	egarding these items.			
	First-class or charter travel Housing allow	ance or residence for personal use			
	Travel for companions Payments for	business use of personal residence			
	Tax indemnification and gross-up payments Health or socio	al club dues or initiation fees			
	Discretionary spending account Personal service	es (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written polic	y regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," co	mplete Part III to explain ~~~~~~~ 1	b		
2	Did the organization require substantiation prior to reimbursing or allowing expense	es incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items	s checked on line 1a?2	2		
3	Indicate which, if any, of the following the organization used to establish the com	pensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods	used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written emplo	yment contract			
	Independent compensation consultant Compensatio	n survey or study			
	Form 990 of other organizations Approval by the	e board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with	respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4	а		X
b	Participate in or receive payment from a supplemental nonqualified retirem	ent plan? ~~~~~~~~4	b		X
	Participate in or receive payment from an equity-based compensation arrangem		С		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for				
	Only section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations must complete li	nes 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:				
а	The organization?		а		X
b	Any related organization?		b		X
	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:				
а	The organization?	<u>6</u>	а		X
b	Any related organization?	<u>6</u>	b		X
	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 pro	vide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	.~~~~~~~~~	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a co	=			**
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "	es," describe in Part III ~~~~~~~	3		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption proces				
	Regulations section 53.4958-6(c)? •••••••	•••••	7		

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

Schedule J (Form 990) 2021

STATE UNIVERSITY SAN BERNARDINO

95-6126562

Page 2

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. PAZ OLIVEREZ	(i)	0.	О.	О.	0.	0.	0.	0.
PRESIDENT'S REPRESENTATIVE	(i) (ii)	223,162.	0.	О.	65,976.	23,567.	312,705.	0.
(2) DR. DARIA GRAHAM	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
ADVISOR	(ii)	169,616.	О.	0.	41,733.	34,978.	246,327.	0.
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(11)							

132112 11-02-21

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ASSOCIATED STUDENTS CALIFORNIA

STATE UNIVERSITY SAN BERNARDINO

95-6126562 Page 3 Schedule J (Form 990) 2021 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.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.
| Go to www.irs.gov/Form990 for the latest information.

202 I

Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Employer identification number 95-6126562

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

A COPY OF THE 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:

A BOARD MEMBER WHO IS FACED WITH A CONFLICT OF INTEREST ISSUE IS NORMALLY
REQUIRED TO DISCLOSE IN WRITING TO THE CHAIR OF THE BOARD WHO SHALL HAVE
THE AFFIRMATIVE DUTY TO ADVISE THE POLICIES AND PROCEDURES COMMITTEE OF THE
CONFLICT AS SOON AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNING BOARD OF THE ORGANIZATION SHALL PROVIDE SALARIES, WORKING
CONDITIONS AND BENEFITS, EXCLUSIVE OF PERMANENT STATUS BENEFITS, FOR ITS

FULL-TIME EMPLOYEES WHICH ARE COMPARABLE TO THOSE PROVIDED TO CAMPUS

EMPLOYEES PERFORMING SIMILAR SERVICES. FOR THOSE EMPLOYEES WHOSE DUTIES ARE

NOT COMPARABLE TO CLASSES IN CAMPUS EMPLOYMENT, THE SALARIES ESTABLISHED

SHALL BE AT LEAST EQUAL TO THE SALARIES PREVAILING IN OTHER SIMILAR

EDUCATIONAL INSTITUTIONS IN THE AREA, OR COMMERCIAL OPERATIONS OF LIKE

NATURE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ALSO UPON

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

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

> ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

 $\begin{array}{c} \text{Employer identification number} \\ 95\text{-}6126562 \end{array}$

(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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO							
- 33-0644150, 5500 UNIVERSITY PARKWAY, SAN	PROVIDING EDUCATIONAL			STATE			
BERNARDINO, CA 92407	SERVICES TO THE PUBLIC	CALIFORNIA	115(1)	INSTITUTION			X
THE UNIVERSITY ENTERPRISES CORPORATION OF							
CSUSB - 95-6067343, 5500 UNIVERSITY PARKWAY,	EDUCATION, ADMINISTRATION,						
SAN BERNARDINO, CA 92407	AND RELATED SERVICES	CALIFORNIA	501(C)(3)	LINE 5			X
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077							
5500 UNIVERSITY PARKWAY	MANAGING GIFTS AND						
SAN BERNARDINO, CA 92407	ENDOWMENT FUNDS	CALIFORNIA	501(C)(3)	LINE 5			X
SANTOS MANUEL STUDENT UNION - 95-3104280	FINANCING, OPERATING, AND						
5500 UNIVERSITY PARKWAY	CONTRUCTING CAMPUS UNION						
SAN BERNARDINO, CA 92407	ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 5			X

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

Schedule R (Form 990) 2021

95-6126562

Schedule R (Form 990) 2021

Page 2

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	Dispropri alloca Yes	tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr Yes	Percenta ging ownersh	~~~

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

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	33	

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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?

Yes No

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)	1c		
d Loans or loan guarantees to or for related organization(s)			X
	. 1d		X
	1e		X
f Dividends from related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	, 1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	. 1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)	_ 11		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	_ <u>1n</u>		X
o Sharing of paid employees with related organization(s)	10		X
		37	
p Reimbursement paid to related organization(s) for expenses	. 1p	X	
q Reimbursement paid by related organization(s) for expenses	. 1q	X	
	1		X
r Other transfer of cash or property to related organization(s)	lr		X
s Other transfer of cash or property from related organization(s) ••••••••••••••••••••••••••••••••••	1s		Λ
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) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount type (a-s)	nt involved		
CALIFORNIA STATE UNIVERSITY, SAN			
(1) BERNARDINO P 335,431.FMV			
(2) CSUSB PHILANTHROPIC FOUNDATION P 123,670. FMV			
(3) SANTOS MANUEL STUDENT UNION P 44,620. FMV			
THE UNIVERISTY ENTERPISES CORPORATION OF			
(4) CSUSB P 162,000. FMV			
[4] OBOBB TO2,000.FMV			
[4] COOOD 1 102,000.FMV			
(5) SANTOS MANUEL STUDENT UNION Q 61,031.FMV CALIFORNIA STATE UNIVERSITY, SAN			
(5) SANTOS MANUEL STUDENT UNION Q 61,031.FMV CALIFORNIA STATE UNIVERSITY, SAN	dule R (Form	n 9901	2021

95-6126562

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	Are all partners sold (c) orgs. Yes	sec. 3)	(f) Share of total income	(g) Share of end-of-year assets	Dispretion allocate	nnor-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Cond	j) eral or aging ner?	(k) Percentage ownership

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

<u>chedule R</u>	[Form 990] 2021	 Page 5
Part VII	(Form 990) 2021	
	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
	Trondo adamenta information to responses to questions en centrada in the second size.	

132165 11-17-21 Schedule R (Form 990) 2021

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2022

Prepared For:		
	Associated Students Californ State University San Bernard 5500 University Parkway San Bernardino, CA 92407	
Prepared By:		
	CliftonLarsonAllen LLP 301 North Lake Avenue, Suit Pasadena, CA 91101	te 900
To be Signed	and Dated By:	
	Not applicable	
Amount of Ta	x:	
	Total Tax	\$ 0
	Less: payments and credits	\$ 0
	Plus: other amount	\$
	Plus: interest and penalties	\$
	No payment is required	\$
Overpayment	:	
	Credited to your estimated tax	\$
	Other amount	\$
	Refunded to you	\$0
Make Check F	Pavable To:	
	Not applicable	
Mail Tax Retu	rn and Check (if applicable)	То:
	This return has qualified for eand accuracy. We will then to paper copy of the return to the	electronic filing. Please review the return for completeness ransmit your return electronically to the FTB. Do not mail the ne FTB.
Return Must k	pe Mailed On or Before:	
	Not applicable	
Special Instru	ctions:	
-poolal mond		

TAXABLE YEAR 2021

California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Calendar Year	2021 or fiscal year beginning (mm/dd/yyyy)	07/01/202	$oldsymbol{1}$, an	nd ending (mm/	'dd/yyyy)	06	3/30/2022	
	anization name ATED STUDENTS CALIFORNIA UNIVERSITY SAN BERNARDIN				California co	rporation r 4018		
	ation. See instructions.				FEIN			
						3126	562	
Street address (s	suite or room) NIVERSITY PARKWAY				PMB n	D.		
City				State		-		
SAN BE	RNARDINO			C	A 924	07		
Foreign country	name	Foreign province/state/county	у		Foreign	postal co	de	
A First retu	ırn ~~~~~~~	Yes X No I	Did the organi	ization have an	v changes to it	s guidelii	nes	
	ed return ~~~~~~~.	Yes ^X No	_	d to the FTB? S	-	-	7.	√ _{No}
C IRC Sect	ion 4947(a)(1) trust ~~~~~~~~~~	~ Yes [∞] No J I		er R&TC Sectio		_		v
	rmation return?			political activi			v	
	•	o l	•	zation exempt			9	, NO
	: (mm/dd/yyyy) • :counting method: (1)			the gross rece ation a limited	•			No
	eturn filed? (1) • 990T (2) • 990PF (3) •	` '	•	zation file Forn	•	•		
	ther 990 series		•	ble income?			Yes X	No
	group filing? See instructions ~~~~~ •	**		ation under au				7
	ganization in a group exemption ~~~~~			l in a prior yea			τ.	
It "Yes,"	what is the parent's name?			rm 1023/1024		~~~	~~~~ res	, NO
			Date illeu with	1RS		-		
Part I	Complete Part I unless not required to file this form	. See General Informat	tion B and C.					
						1 1	1 705 77	7-11
	 Gross sales or receipts from other sources Gross dues and assessments from memb 					2	1,705,77	1 00
	2 Gross dues and assessments from memb3 Gross contributions, gifts, grants, and sim			~~~~~~		3		00
	4 Total gross receipts for filing requirement test							
Receipts	This line must be completed. If the result is	s less than \$50,000, se	ee General Inf	formation B	<u> </u>	4	1,705,77	1 00
and Revenues	5 Cost of goods sold ~~~~~~~					0		
Kevenues	6 Cost or other basis, and sales expenses of		~~ • 6		C	0		1 20
	7 Total costs. Add line 5 and	line 6	~~~~~~~		~~~~~	7	1,705,77	00
	8 Total gross income. Subtract line 7 fro		~~~~~	~~~~~		8	$\frac{1,705,77}{1,258,45}$	
Expenses	 9 Total expenses and disbursements. From S 10 Excess of receipts over expenses and disbu 		ne 9 from line	8 -		10	447,32	
	11 Total payments ~~~~~~~~				~~~~	11		00
	12 Use tax. See General Information K \sim	.~~~~~~~	~~~~~	~~~~~	~~~~	12		00
	13 Payments balance. If line 11 is more than lin	•		~~~~~	.~~~~	13		00
Filing Fee	14 Use tax balance. If line 12 is more than line	,	rom line 12	~~~~~	.~~~~	14		00
	15 Penalties and interest. See Generalia Balance due. Add line 12 and line 15. The		~~~~~ ~ the recult		~~~~~	15		00
	16 Balance due. Add line 12 and line 15. The Under penalties of perjury, I declare that I have examined this it is true, correct, and complete. Declaration of preparer (other	s return, including accompan	nying schedules a	nd statements, an			dge and belief,	100
Sign	DocuSigned by:	than taxpayer) is based on		Millicii preparei ii		_	Telephone	
Here	Signature of officer		XECUTIV	E DIRE	5/15/202	3	(909) 537-3	954
	Preparers DAVID ROBVIEK		Date		Check if		• PTIN	
	signature DAVID ROBYDEK		05/	15/23	self-employed		P02127582	
Paid	Firm's name (or yours, CLIFTONLARSONALLEN	LLP					• Firm's FEIN 41-0746749	
Preparer's	if self- 201 NODTH I AIZE AV		'ፑ: 900				41-0746749 • Telephone	
Use Only	and address PASADENA, CA 91101		E 500				(626) 793-3	600
	May the FTB discuss this return with the prepa		e instruction	s — X		Yes	No	

3651214 Form 199 2021 Side 1

STATE UNIVERSITY SAN BERNARDINO

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.

128951 01-19-22

	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	18,621	00
	3	Dividends ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3		00
Receipts	4	Gross rents ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		00
from	5	Gross royalties ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		00
Other	6	Gross amount received from sale of assets (See instructions)	6		00
Sources	7	Other income ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7	1,687,150	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	1,705,771	00
	9	Contributions, gifts, grants, and similar amounts paid	9	296,477	00
	10	Disbursements to or for members ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10		00
	11	Compensation of officers, directors, and trustees ——————S-E-ES-T-A-T-E-M-E-N-T3	11	145,296	00
	12	Other salaries and wages	12	341,546	00
Expenses	13	Interest ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13		00
and	14	Taxes ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14	23,497	00
Disburse-	15	Rents ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	15		00
ments	16	Depreciation and depletion (See instructions) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	16		00
	17	Other expenses and distursements	17	451,634	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 •	18	1,258,450	00

Schedule L Balance Sheet Beginning of taxable year End of taxable year

Assets	(a)	(b)	(c)		(d)
1 Cash ~~~~~~~~~~~		2,070,504		•	2,076,197
2 Net accounts receivable		1,006		•	2,109
3 Net notes receivable ~~~~~~~				•	
4 Inventories ~~~~~~~~~		18,947		•	18,947
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans ~~~~~~				•	
9 Other investments				•	
10 a Depreciable assets ~~~~~~	118,212		118,212		
b Less accumulated depreciation ~~~~	(106,078)	12,134	(111,441)		6,771
11 Land ~~~~~~~~~~~~				•	
12 Other assets $\sim\sim\sim\sim\sim$ $S_{\sim}T_{\sim}M_{\sim}T_{\sim}$ 5		258,700		•	367,435
13 Total assets		2,361,291			2,471,459
Liabilities and net worth					
14 Accounts payable ~~~~~~		198,974		•	9,941
15 Contributions, gifts, or grants payable ~~				•	
16 Bonds and notes payable ~~~~~~				٠	
17 Mortgages payable ~~~~~~				•	
18 Other liabilities $\sim\sim\sim$ S \sim T \sim M \sim T \sim 6		245,061			165,585
19 Capital stock or principal fund ~~~~~				•	
20 Paid-in or capital surplus. Attach reconciliation ~				•	
21 Retained earnings or income fund ~~~~		1,917,256		•	2,295,933
22 Total liabilities and net worth •		2,361,291			2,471,459

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 ~~~~~~~~	• 447,321	7 Income recorded on books this year	
2 Federal income tax	•	not included in this return. Attach schedule ~	•
3 Excess of capital losses over capital gains ~~~	•	8 Deductions in this return not charged	
4 Income not recorded on books this year.		against book income this year.	
Attach schedule~~~~~~~~~	•	Attach schedule ~~~~~~~	•
5 Expenses recorded on books this year not		9 Total. Add line 7 and line 8 ~~~~~~	
deducted in this return. Attach schedule ~~~~	•	10 Net income per return.	
6 Total Add line 1 through line 5	447.321	Subtract line 0 from line 6	447.321

Side 2 Form 199 2021 022 3652214

ASSOCIATED STUDENTS		95-6126562 }}}}}}}	
CA 199	OTHER INCOME	>>>>>>>>>	STATEMENT 1 }}}}}}
DESCRIPTION }}}}}} OTHER INCOME ASI STUDENT FEES			AMOUNT }}}}}}} 5,000. 1,682,150. }}}}
TOTAL TO FORM 199, I		1,687,150.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	CASH CONTRIBUTIONS, GIFTS, C		STATEMENT 2
<b>&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>	» » » » » » » » » » » » » » » » » » »	:}}}}}	}}}}}}
ACTIVITY CLASSIFICATI	ON: SCHOLARSHIPS AND PROGRAM	SUPPORTS	
DONEES NAME  }}}}}}  CSUSB PHILANTHROPIC	DONEES ADDRESS }}}}}}}}  5500 UNIVERSITY PKWY - SAN	RELATIONSHIP }}}}}} NONE	AMOUNT }}}}}}
FOUNDATION	BERNARDINO, CA 92407	NONE	296,477.
	TOTAL FOR THIS ACTIVITY		296,477.
TOTAL INCLUDED ON F	ORM 199, PART II, LINE 9		<pre>}}}}}}} } } }  296,477.</pre>

ASSOCIATED STUDENTS CALIFORNIA STATE	UNI }}	95-6126562 }}}}}}}
CA 199 COMPENSATION OF OFFICERS	s, DIRECTORS AND TRUSTEES }}}}}}}}	
NAME AND ADDRESS  }}}}}}} }} ALFREDO BARCENAS  5500 UNIVERSITY PARKWAY  SAN BERNARDINO, CA 92407	TITLE AND AVERAGE HRS WORKED/WK \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	COMPENSATIO }}}}}}}
PAOLA GALVEZ 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	EXECUTIVE VICE PRESIDENT 20.00	17,07
DAISY ESTRELLITA RAMOS GOMEZ 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	PRESIDENT 20.00	19,29
SUANY ECHEVARRIA 5500 UNIVERSITY PARKWAY	VICE PRESIDENT OF FINANCE 20.00	$12,\!52$
SAN BERNARDINO, CA 92407		
		$145,\!29$
TOTAL TO FORM 199, PART <b>II</b> , LINE 11  CA 199  OTHE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	STATEMENT 4
	R EXPENSES	145,29 ~~~~~~~ ~~~~~~~ STATEMENT 4

ASSOCIATED STUDENTS CALIFORNIA ST \$}}}}}}}	'ATE UNI }}}}}	95-6126562
CA 199 }}}}}}}}	OTHER ASSETS }}}}}}}}}	STATEMENT 5
DESCRIPTION  }}}}}}}  OPEB ASSET  TOTAL TO FORM 199, SCHEDULE L, LI	}}}}}}}}	END OF YEAR  }}}}}}  \$  367,435.  367,435.
CA 199 (C)	~~~~~~~~~~~ OTHER LIABILITIES \$}}}}}}}}}	STATEMENT 6
DESCRIPTION  }}}}}}  ACCRUED COMPENSATED ABSENCES LIABILITIES FOR PENSION BENEFITS  TOTAL TO FORM 199, SCHEDULE L, LI	}}}}}}}} 48,073. 196,988. }}}}}	END OF YEAR  \$ } \$ \$ 25,126.  140,459.  \$ \$ \$ 165,585.
CA 199		STATEMENT 7
DESCRIPTION  }}}}}}  NET ASSETS WITHOUT DONOR RESTRICTI	(ONS 1,917,256.	2,295,933.
TOTAL TO FORM 199, SCHEDULE L, LI	3}}}}}}} 3; ENE 21 1,917,256.	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;

Date Accepted _

### TAXABLE YEAR

California e-file Return Authorization for 2021 **Exempt Organizations** 

FORM 8453-EO

Exempt Organization name		Identifying number
ASSOCIATED STUDENTS CALIFORNIA		
STATE UNIVERSITY SAN BERNARDINO		95-6126562
Part I Electronic Return Information (whole dollars only)		
1 Total gloss receipts (Ferri 1777, into 1)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 -0
3 Total expenses and disbursements (Form 199, line 9) ~~~~~~	.~~~~~~~~~~~~~~~~~	~~ 3 <u>1,258,450</u>
Part II Settle Your Account Electronically for Taxable Year 2021		
4 Electronic funds withdrawal 4a Amount	4b Withdrawal date (mm/da	d/yyy)
Part III Banking Information (Have you verified the exempt organization 5 Routing number	n's banking information?)	
6 Account number	7 Type of account: Checkin	ng Savings
Part IV Declaration of Officer  I authorize the exempt organization's account to be settled as designated in Part II. It on line 4a.  Under penalties of perjury, I declare that I am an officer of the above exempt organizatransmitter, or intermediate service provider and the amounts in Part I above agree w California electronic return. To the best of my knowledge and belief, the exempt organization electronic return. I understand that if the Franchise Tax Board (FTB) does not receive organization will remain liable for the fee liability and all applicable interest and penaltistatements be transmitted to the FTB by the ERO, transmitter, or intermediate service provided by:  Sign  Bookusigned by:  5/15/2023  Date	tion and that the information I provided to my ele ith the amounts on the corresponding lines of the anization's return is true, correct, and complete. I we full and timely payment of the exempt organiz- ties. I authorize the exempt organization return an wice provider. If the processing of the exempt o	ctronic return originator (ERO), exempt organization's 2021 f the exempt organization is filing ation's fee liability, the exempt d accompanying schedules and
Part V Declaration of Flectronic Return Originator (FRO) and Paid Problem I declare that I have reviewed the above exempt organization's return and that the end am only an intermediate service provider, I understand that I am not responsible for reaccurately reflects the data on the return.) I have obtained the organization officer's provided the organization officer with a copy of all forms and information that I will 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO of the exempt organization return is filed, whichever is later, and I will make a copy avail declare that I have examined the above exempt organization's return and accompative, correct, and complete. I make this declaration based on all information of which the signature and the signature of the providers.	tries on form FTB 8453-EO are complete and corrective wing the exempt organization's return. I declass signature on form FTB 8453-EO before transmil file with the FTB, and I have followed all other in file for four years from the due date of the retailable to the FTB upon request. If I am also the paranying schedules and statements, and to the best I have knowledge.    Date   Check if also paid V   Check if services are considered in the paranying schedules and statements.	re, however, that form FTB 8453-EO tting this return to the FTB; I have requirements described in FTB Pub. curn or four years from the date id preparer, under penalties of perjury, t of my knowledge and belief, they are
Must Firm's name (or yours CLIFTONLARSONALLEN LLI	1	Firm's FEIN 41-0746749
Sign if self-employed) = 301 NORTH LAKE AVENU PASADENA, CA		ZIP code 91101
Under penalties of perjury, I declare that I have examined the above organization's ret and belief, they are true, correct, and complete. I make this declaration based on all in		and to the best of my knowledge

Firm's name (or yours

Paid

Preparer

Paid preparer's PTIN

Firm's FEIN

FTB 8453-EO 2021

129021 12-29-21

6

### TAX RETURN FILING INSTRUCTIONS

**CALIFORNIA FORM RRF-1** 

#### FOR THE YEAR ENDING

June 30, 2022

### **Prepared For:**

Associated Students California State University San Bernardino 5500 University Parkway San Bernardino, CA 92407

### Prepared By:

CliftonLarsonAllen LLP 301 North Lake Avenue, Suite 900 Pasadena, CA 91101

### **Amount of Tax:**

Balance due of \$200

### Make Check Payable To:

Department of Justice

#### Mail Tax Return To:

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

### **Return Must Be Mailed On Or Before:**

Please mail as soon as possible.

### **Special Instructions:**

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

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.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 301-306, 309, 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE PAGE 1 of 5 (For Registry Use Only)

Signature of Authorized Agent Printed Name		Т	itle Date			
DocuSigned by:  MIKE RISTER		I	EXECUTIVE DIRECTOR 5/15	/202	3	
I declare under penalty of perjury that I have examined this rep and belief, the content is true, correct and complete, and I c	_		documents, and to the best of my knowle	dge		
9. At the end of this reporting period, did the organization hold	I restricted net asse	ts, while rep	porting negative unrestricted net assets?		X	
Did the organization conduct an independent audit and prep generally accepted accounting principles for this reporting		ial stateme	nts in accordance with	X		
7. Does the organization conduct a vehicle donation program?					X	
6. During this reporting period, did the organization hold a raffle	e for charitable purp	poses?			X	
5. During this reporting period, did the organization receive any	governmental fund	ding?			X	
4. During this reporting period, were the services of a commercial coventurer used?	cial fundraiser, fund	draising cou	unsel for charitable purposes, or		X	
3. During this reporting period, were any organization funds use	ed to pay any penc	alty, fine or j	judgment?		X	
<ol><li>During this reporting period, was there any theft, embezzlem or funds?</li></ol>	nent, diversion or m	isuse of the	e organization's charitable property		X	
<ol> <li>During this reporting period, were there any contracts, loans, and any officer, director or trustee thereof, either directly or any financial interest?</li> </ol>	with an entity in w	hich any su	uch officer, director or trustee had		X	
Note: All questions must be answered. If you answer "yes" to providing an explanation and details for each "yes" re				Yes	No	
PART B - STATEMENTS REGARDING ORGANIZATION DURIN	NG THE PERIOD C	OF THIS RE	PORT			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
PART A - ACTIVITIES  For your most recent full accounting period (beginning)	ng <u>07/01/20</u>	<u>21</u> er	nding 06/30/2022 ) list:			
Between \$100,001 and \$250,000 \$75 Between \$5,000,0	001 and \$5 million 001 and \$20 million	illion \$200 Between \$100,000,001 and \$500 million			\$1,000 \$1,200	
<u>Total Revenue</u> Less than \$50,000  Fee   <u>Total Revenue</u> Between \$250,00	<u> </u>		Total Revenue  Between \$20,000,001 and \$100 million	<u>Fee</u> \$80		
ANNUAL REGISTRATION RENEWAL FEE SCHI Make Check P	EDULE (11 Cal. Co ayable to Departn					
(909)         537-5932         ASI-UA@CSUSB.E.           Telephone Number         E-mail Address	<u>DU</u>	Federal E	Employer ID No. $95-6126562$			
City or Town, State, and ZIP Code	d ZIP Code					
Address (Number and Street)  SAN BERNARDINO, CA 92407  Corporation or Organization No. 1604018						
5500 UNIVERSITY PARKWAY		State Ch	arity Registration Number CT $010307$			
List all DBAs and names the organization uses or has used						
STATE UNIVERSITY SAN BERNARDINO Name of Organization		Ame	ended report			
ASSOCIATED STUDENTS CALIFORNIA		Check if: Cha	nge of address			

Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and ending JUN 30, 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 Check if C Name of organization D Employer identification number applicable: ASSOCIATED STUDENTS CALIFORNIA Address change STATE UNIVERSITY SAN BERNARDINO Name change 95-6126562 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Final return/ termin-ated 5500 UNIVERSITY PARKWAY (909) 537-5932 1,705,771. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN BERNARDINO, CA 92407 H(a) Is this a group return F Name and address of principal officer: MIKE RISTER Applica-X for subordinates? -Yes Nο tion pending 5500 UNIVERISTY PARKWAY, SAN BERNARDINO, H(b) Are all subordinates included? 501(c) ( ) S (insert no.) 501(c)(3) If "No," attach a list. See instructions WWW.CSUSB.EDU/ASI K Form of organization: XL Year of formation:  1988  M State of legal domicile:  $^{\mathrm{CA}}$ Corporation Trust Association Other I Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE AND SUPPOR Governance <u>ACTIVITIES RELATED TO THE UNIVERSITY'S INSTRUCTIONAL PROGR</u> Check this box | if the organization discontinued its operations or disposed of more than 25% of its net 19 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 44 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 12 Total number of volunteers (estimate if necessary) ~~ 6 0. 7c 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ο. b Net unrelated business taxable income from Form 990-T, Part I, line 11 В Prior Year Current Year Revenue O Ο. Contributions and grants (Part VIII, line 1h) 1,727,1801,682,150.9 Program service revenue (Part VIII, line 2g) 42,895.18,621. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -40,308 5,000. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,705,771.1,729,76712 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) • • • 447,366. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 296,477.  $\mathbf{O}$ Benefits paid to or for members (Part IX, column (A), line 4) 558,12315 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 477.965Expense 16a Professional fundraising fees (Part IX, column (A), line 11e) O О. b Total fundraising expenses (Part IX, column (D), line 25) 552,652. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,381,190. 2,386,679 1,327,094. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~ -656,912.378,677. 19 Revenue less expenses. Subtract line 18 from line 12 •••••••• Assets or dalances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,361,291. 2,471,459. 21 444,035. 175,526. Total liabilities (Part X, line 26) 2,295,933.1,917,256. 22 Net assets or fund balances. Subtract line 21 from line 20 ••••• Part II Signature Block

Sign

Here

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.

5/15/2023 Signature-of-officer Date MIKE RISTER, EXECUTIVE DIRECTOR

X yes b

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

### Part III Statement of Program Service Accomplishments

1	Check if Schedule O contains a response or note to any line in this Part III •••••••••••••••••••••••••••••••••
	RETENTION AND DEVELOPMENT OF STUDENTS AND PROVIDES ACTIVITIES RELATED
	TO THE UNIVERSITY'S INSTRUCTIONAL PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? $\sim\sim\sim\sim\sim$ Yes $^{\rm X}$ No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ $824,504$ . including grants of \$ $296,477$ . ) (Revenue \$ $1,687,150$ .
	CLIDDODE OF CHILDENE CEDVICES FOR THE CHILDENES OF CALLEODNIA CHARE
	SUPPORT OF STUDENT SERVICES FOR THE STUDENTS OF CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO AND GRANTS TO SUPPORT STUDENT ACTIVITIES,
	EDUCATION, AND CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

) (Revenue \$ 824,504.

Form 990 (2021) 132002 12-09-21

4e Total program service expenses |

Page 3

Is the argonization described in section 50 (c1/3) or 4P87[c1/1] (other than a private loundation)   If "Pres," complete Schedule B, Schedule of Contributions' See instructions   1	Pa	rt IV Checklist of Required Schedules			
## PYes," complete Schedule B, Schedule of Contributors' See instructions  2 is the cognitication reginge in direct or indirect political composition children's Schedule of Contributors' See instructions  3 Did the cognitication reginge in direct or indirect political commoding activities on behalf of or in opposition to condidates for public offices' if if "Yes," complete Schedule C, Part II  4 Section 50 [E.[3] organizations. Did the organization regions in lobbying activities, or have a section 501 [ft] election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Did the organization reactions in cycloped soft during or any winds fruits or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment and accounts for a propriet and accounts for a propriet and accounts for a propriet and account in a propriet and accounts for a propriet and accounts in Part X, line 21, for escaled and account liability, serve as a custodian for amounts for the right of a propriet and accounts for a propriet and accounts for a propriet and accounts for accounts for a propriet and accounts for accounts for a propriet and accounts for				Yes	No
## PYes," complete Schedule B, Schedule of Contributors' See instructions  2 is the cognitication reginge in direct or indirect political composition children's Schedule of Contributors' See instructions  3 Did the cognitication reginge in direct or indirect political commoding activities on behalf of or in opposition to condidates for public offices' if if "Yes," complete Schedule C, Part II  4 Section 50 [E.[3] organizations. Did the organization regions in lobbying activities, or have a section 501 [ft] election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Did the organization reactions in cycloped soft during or any winds fruits or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which choose have the right to provide advice on the distribution or investment and accounts for a propriet and accounts for a propriet and accounts for a propriet and account in a propriet and accounts for a propriet and accounts in Part X, line 21, for escaled and account liability, serve as a custodian for amounts for the right of a propriet and accounts for a propriet and accounts for a propriet and accounts for accounts for a propriet and accounts for accounts for a propriet and accounts for	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the cognitation required to complete Schedule B, Schedule of Contributors's See instructions 3 X 3 X 4 Section Still (E) Cognitation to direct or indirect prolifect compaging contributes on tehelat of or in apposition to condidate for public offices? If 1'es," complete Schedule C, Part II 4 Section Still (E) 3 organization is both the organization engage in lobbying activities, or howe a section Still, by election in effect outrig the lox year? If "Yes," complete Schedule C, Part II 5 In the arganization a section Still, (e) (3) (e) (f), or 50 (e) (e) (e) organization that receives membership dues, assessments, or similar amounts as defined in mark + lox, Part 1' Yes, Complete Schedule C, Part III 6 Did the organization maintain only clonar advised funds or any similar funds or accounts for which donors have the night to provide advise on the dathicular or investment of aromatis in such under accounts for which donors have the night to provide advise on the dathicular or investment of accounts in such under accounts for which donors have the night to provide account in such under a cocounts for which donors have the night to provide account in such under a cocounts for which donors have the night to provide account countries? If Yes, "complete Schedule D, Part II Yes," complete Schedule D, Part IV 7 Did the organization export on amount for large X, line 21, for export or custodial account liability, serve as a custodian for amounts and stead in Part X, provide accold countries, debt for management credit provide accold countries, and the complete schedule D, Part IV 8 Did the organizations, debt or through a related region accountries and ac	·		1	X	
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b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A). line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II  17 Did the organization report more than \$15,000 of total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a	12a		120	X	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	complete schedule of rate III	20a		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	2		20b		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ************ 21 X	21				
	<b>∠</b> 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Page 4

Part IV	Checklist of Required Schedules (continued)			
			Yes	No
	the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	22		X
	the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
and	former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete edule J ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	23	X	
	he organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
last o	day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete edule K. If "No," go to line 25a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	240		X
	the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	ny tax-exempt bonds?	24c		
	id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~~~	24d		
	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	saction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b Is the	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete edule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	25b		X
	the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	ormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
cont	trolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	26		X
	the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
crec	ator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
entit	y (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III~~~	27		X
28 Was	the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	uctions for applicable filing thresholds, conditions, and exceptions):			
a Acu <i>"Yes</i>	urrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If complete Schedule L, Part IV	28a		X
b A fo	amily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
"Yes		28c		X
	the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~	29		<u> </u>
	the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation tributions? If "Yes," complete Schedule M ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	30		X
	the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	edule N, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	32		X
	the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	ions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	33		X
34 Was	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
Pa	art V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	es" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	X	
37 Did 1	the organization conduct more than 5% of its activities through an entity that is not a related organization			X
	that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Λ_
	the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X	
Part V	e: All Form 990 filers are required to complete Schedule O •••••••••••••••••••••••••••••••••••	30	41	
•	Check if Schedule O contains a response or note to any line in this Part V •••••••••••••••••••••••••••••••••••			
	спеск в западне о сонтана атеаротае от поте то ану ште из нив т анту	3 J J J	Yes	No
]a Fr	nter the number reported in box 3 of Form 1096. Enter -0- if not applicable la 10			
	of the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~~~~~~~ 1b 0			
c Didtl	he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	NO
	filed for the calendar year ending with or within the year covered by this return $\sim\sim\sim\sim\sim\sim\sim\sim$ 2a $44$		<b>3</b> 7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~~	4a		Λ
b	If "Yes," enter the name of the foreign country <b>J</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~~~	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7b		
	to file Form 8282?	₹		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~~~	7f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~	7g		
_	If the organization received a contribution of qualified intellectual property, and the organization file a form 1098-C?	79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
O	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	O		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501 (c) (7) organizations. Enter:	7.0		
а	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year •••••• 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			

b Enterthe amount of

	grganization is licensed to issue qualified health plans	1:	<del>3b</del>				
	c Ehter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del>3c</del>				
14a	Did the organization receive any payments for indoor tanning services during the tax year? $\sim\sim\sim$	.~ ~-	~~	~~~~~	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ule C	)	~~~~~	<del>-14b-</del>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?	eratio	on c	or	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.						X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Yes," complete Form 4720, Schedule O.			e? ~~~~	16		^
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	n any	y				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? $\sim$ If "Yes," complete Form 6069.	~~~	~~~	~~~~~	<u>17</u>		
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# ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

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Page 6

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 on Schedule O. See instructions.

	to line bu, ob, or 100 below, describe the circumstances, processes, or changes on schedule of see instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI • • • • • • • • • • • • • • • • • •	• • • •	•	X	
Section	n A. Governing Body and Management				
		10E		Yes	No
1a Ente	er the number of voting members of the governing body at the end of the tax year ~~~~~ la	19			
If th	here are material differences in voting rights among members of the governing body, or if the governing				
bod	dy delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Ent	rer the number of voting members included on line 1a, above, who are independent ~~~~~ 1b	12			
2 Did	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
offi	icer, director, trustee, or key employee?	L	2		X
3 Did	If the organization delegate control over management duties customarily performed by or under the direct supervision				
of	officers, directors, trustees, or key employees to a management company or other person?	L	3		X
4 Did	the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~	~ L	4		X
5 Did	the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did	the organization have members or stockholders?	L	6		X
7a Did	the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
mo	ore members of the governing body?		7a		X
b Are	e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	rsons other than the governing body?		7b		X
•	the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
	here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	ganization's mailing address? If "Yes," provide the names and addresses on Schedule O • • • • • • • • • • • • • • •		9		X
	B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,		
Ocollon	B. 1 Glidies (This Section & Tequesis information about policies not required by the Internal Nevertae Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a	103	X
	'es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		100		
	d branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		11a	X	
		´	I	11	
	scribe on Schedule O the process, if any, used by the organization to review this Form 990.		12a	X	
	tid the organization have a written conflict of interest policy? If "No," go to line 13		12b	X	
	re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~~~~~~	F	120	71	
	If the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		12c	X	
	on Schedule O how this was done ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		13	X	
	bla the digarilization have a wither writisheblower policy?	-	14	X	<u> </u>
	Did the organization have a written document retention and destruction policy?	~~	14	Λ	
	If the process for determining compensation of the following persons include a review and approval by independent				
	rsons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	X	
	e organization's CEO, Executive Director, or top management official	<b>—</b>	15a	X	
	her officers or key employees of the organization ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~	15b	Λ	
	Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did	the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1.		V
tax	table entity during the year?	-	16a		X
b If"Y	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	oint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	empt status with respect to such arrangements?		16b		
	n C. Disclosure				
	the states with which a copy of this Form 990 is required to be filed $J$				
	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s or	nly) a	/ailab	le
	public inspection. Indicate how you made these available. Check all that apply.				
Х	Own website Another's website X Upon request Other (explain on Schedule 0)				
19 Des	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fi	nanci	al	
	tements available to the public during the tax year.	aria III	i iul ici	aı	
	ternems available to the public auting the tax year. Ite the name, address, and telephone number of the person who possesses the organization's books and records $\perp$				
132006 12-0			Form	990	(2021)

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 the instructions for definition of "key employee."

_Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

  See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DR. PAZ OLIVEREZ PRESIDENT'S REPRESENTATIVE	1.00	X						0.	223,162.	89,543.
(2) DR. DARIA GRAHAM ADVISOR	1.00	X						O.	169,616.	76,711.
(3) BETH STEFFEL FACULTY REPRESENTATIVE	1.00	X						O.	82,736.	40,446.
(4) ALFREDO BARCENAS EXECUTIVE DIRECTOR	40.00	X		X				75,041.	О.	14,227.
(5) JESSICA MADRIGAL SPECIAL REPRESENTATIVE	40.00	X						56,688.	О.	6,405.
(6) PAOLA GALVEZ EXECUTIVE VICE PRESIDENT	20.00			X				17,905.	0.	О.
(7) DAISY ESTRELLITA RAMOS GOMEZ PRESIDENT	20.00	X		X				16,247.	О.	О.
(8) SUANY ECHEVARRIA VICE PRESIDENT OF FINANCE	20.00			X				4,290.	0.	0.
(9) ALEXIA MACIEL ARTS & LETTERS	1.00	X						O.	О.	О.
(10) CARLENE LUNA ATHLETICS	1.00	X						O.	О.	О.
(11) HANNAH WAGNER BUSINESS & PUBLIC ADMINISTRATION	1.00	X						O.	О.	О.
(12) MICHAEL VAZQUEZ GRADUATE	1.00	X						O.	О.	0.
(13) SAVREEN KAUR INTERNATIONAL	1.00	X						O.	0.	0.
(14) AUGUSTE TORRES NATURAL SCIENCES	1.00	X						0.	0.	О.
(15) ANGELIQUE MELENDREZ PALM DESERT CAMPUS	1.00	X						0.	0.	0.
(16) GUADALUPE ROMERO SOCIAL & BEHAVIORAL SCIENCES	1.00	X						0.	0.	0.
(17) DANIELLE PENN STUDENT-AT-LARGE	1.00	X						0.	0.	Form 990 (2021)

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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	offi	not c , unle	ss per	ition more rson is	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amour othe	ited nt of er
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC) 1099-NEC)	/	from to organize and relorganize	the ation ated
(18) ANGEL CONTRERAS STUDENT-AT-LARGE	1.00	X						0.		o.		О.
(19) ALEXIS MCGOWAN SUSTAINABILITY	1.00	X						0.	(	o.		О.
1b Subtotal ~~~~~~	~~~~~	~~~	~~	~~~	~~~	-		170,171.	475,51		227,	
c Total from continuation sheets to Part d Total (add lines 1b and 1c) ••••••••					~~	~~	l	0. 170,171.	475,51	0. 4.	227,	0. 332.
Total number of individuals (including but no compensation from the organization	ot limited to the	ose I	isted	abo	ove)	who	o re	ceived more than \$100,0	000 of reportable			0
3 Did the organization list any former officer, of line 1a? If "Yes," complete Schedu			•		•	, or h	igh	est compensated emplo	oyee on 		Yes	x No
4 For any individual listed on line 1a, is the sum and related organizations greater than \$1											4 X	
5 Did any person listed on line 1 a receive or c										ı	4 21	
rendered to the organization? If "Yes," complete	te Schedule J fo	or su	ich p	ersoi	n•	• • •	• •	• • • • • • • • • • • • • • • • • • • •	• • •		5	X
Section B. Independent Contractors  1 Complete this table for your five highest con	noncated ind	ono	ndor	nt 00	ntro	roto	n th	eat received more than §	100,000 of compan		on from	
Complete this table for your five highest com     the organization. Report compensation for	•							·	·	isand	JITIOITI	
(A) Name and business	address	NO	ONE	C				(B) Description of s	ervices	С	(C) ompensat	ion
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lim	nited	to th	hose C	e liste	ed a	above) who received mo	ore than			

Frant VIII²⁰²¹⁾Statement of Revenue

		Check if Sch	nedule O contain	s a respo	nse or note to o	ny line iAthis Part Total revenue	VIII •• (B) •••• Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated camp Membership due Fundraising ever Related organize Government grai All other contributions in Noncash contributions i	es ~~~~~ ints ~~~~~ cations ~~~~ ints (contributions) ons, gifts, grants, and t included above ~	la lb lc ld le lf lg \$					
C _C		Total. Add lines 1		•••••	Business Code 900099	1,682,150.	1 699 150		
Program Service Revenue	2	ASI STUDE	INI FEES		900099	1,082,130.	1,082,130.		
am Se eveni		I							
Prog R		All other program	service revenue	~~~~					
		Total. Add lines 2	2a-2f • • • • • • •	•••••	•••	1,682,150.			
	3	other similar c	ne (including divide umounts)~~~~ estment of tax-exe	~~~~	~~~~	18,621.			18,621.
	5		•••••	• • • • •	· ·				
	6	Gross rents ~~ Less: rental experise Rental income or	6a 6b	i) Real	(ii) Personal				
	7	Net rental incom Gross amount from s assets other than in	ales of (i) Se	ecurities	(ii) Other				
Revenue		Less: cost or other and sales expenses Gain or (loss) ~~	7b 7c						
Other Re	8	Net gain or (loss) Gross income from		not					
Ō			ported on line 1c).	- 8a					
		Net income or (lo			• • • •				
	9	Less: direct expe	enses ~~~~~	~ 9a -~ 9b					
	10	Net income or (lo			•••••  				
		and allowances							
		: Net income or (I	oss) from sales of	inventory	Business Code				
Miscellaneous Revenue	11	OTHER INC	OME		900999	5,000.	5,000.		
cellaneo Revenue									
1isce Re		: I All other rever	nue ~~~~~	~~~~					
2		Total. Add lines			••••	5,000.	1.005.150		10.001
	12	Total revenue Se	e instructions • • •			1,705,771.	□.687.150.	Ο.	18,621

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		_	plete column (A).	
Do i 7b,	not include <b>ബിയുത്യട്ടിട് ഉതൻഷിൾ ത്രഭടത്ത്</b> ,ains a re 8b, 9b, and 10b of Part VIII.	sponse or hote to any lotal expenses	line in this Part IX • • • Program service expenses	(C)  Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	200 455	202 455		
	and domestic governments. See Part IV, line 21 $\sim$	296,477.	296,477.		
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 $\sim\sim\sim$				
4	Benefits paid to or for members ~~~~~				
5	Compensation of current officers, directors,	010.040	<b>50.405</b>	100 455	
	trustees, and key employees ~~~~~~	213,940.	53,485.	160,455.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) ~~~	0.41 7.40	100.400	1.40.000	
7	Other salaries and wages ~~~~~~~	341,546.	192,460.	149,086.	
8	Pension plan accruals and contributions (include	105 004		107 904	
	section 401(k) and 403(b) employer contributions)	-165,264.		-165,264.	
9	Other employee benefits ~~~~~~~	64,246.		64,246.	
10	Payroll taxes ~~~~~~~~	23,497.		23,497.	
11	Fees for services (nonemployees):				
а	Management ~~~~~~~	9.795		0.725	
b	Legal ~~~~~~~~~~	2,735.		2,735.	
С	Accounting ~~~~~~~~	17,024.		17,024.	
d	Lobbying ~~~~~~~~				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees ~~~~~~				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	10,757.	10,757.		
12	Advertising and promotion ~~~~~~		· ·	E2 49E	
13	Office expenses~~~~~~~~	96,853.	43,428.	53,425.	
14	Information technology ~~~~~				
15	Royalties ~~~~~~~~~~~~				
16	Occupancy ~~~~~~~~~	24,882.	21,075.	3,807.	
17	Travel ~~~~~~~~~	24,002.	21,075.	3,607.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials ~				
19	Conferences, conventions, and meetings ~~				
20	Interest ~~~~~~~~~~				
21	Payments to affiliates ~~~~~~~	<b>7</b> 9.69	<b>7</b> 0.00		
22	Depreciation, depletion, and amortization ~~	5,363.	5,363.	10.020	
23	Insurance ~~~~~~~~	18,839.		18,839.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e averages on Schodulo (A).				
~	amount, list line 24e expenses on Schedule O.) SCHOOL EVENTS	194,434.	194,434.		
a h	CAMPUS SERVICES	133,389.	101,104.	133,389.	
Ω Ω	BUILDING EQUIPMENT AND	28,733.		28,733.	
d	ORIENTATION	3,893.		3,893.	
a e	All other expenses	15,750.	7,025.	8,725.	
25	Total functional expenses. Add lines 1 through 24e	1,327,094.	824,504.	502,590.	C
	<u> </u>	1,021,001.	021,001.	332,330.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
		1	i		

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Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F	'art X •••••••	• • • •	• • • • • • • • • • • •
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	67,131.	1	133,696.
	2	Savings and temporary cash investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2,003,373.	2	1,942,501.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,006.	4	2,109.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons ~~~~~~~		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\sim\sim$		6	
sts	7	Notes and loans receivable, net	10045	7	10045
Assets	8	Inventories for sale or use ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	18,947.	8	18,947
٩	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D ~~~ 10a 118,215			6.771
	b	Less: accumulated depreciation 10b 111,441	12,134.	10c	6,771
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	258,700.	14 15	367,435
	15 16	Total assets. Add lines 1 through 15 (must equal line 33) •••••••	2,361,291.	16	2,471,459
	17	Accounts payable and accrued expenses	198,974.	17	9,941
	18	Grants payable cana accided expenses	100,011.	18	0,011
	19	Deferred revenue		19	
	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 any current or former officer, director,			
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons ~~~~~~~		22	
$\stackrel{\cdot}{\vdash}$	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	245,061.	25	165,585.
	26	Total liabilities. Add lines 17 through 25	444,035.	26	175,526
		Organizations that follow FASB ASC 958, check here $$   $$ $$ $$ $$ $$ $$			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1,917,256.	27	2,295,933.
Ва	28	Net assets with donor restrictions ~~~~~~~~~~~~		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
S or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund ~~~~~~~		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds ~~~~		31	
S N	32	Total net assets or fund balances	1,917,256.	32	2,295,933.
	33	Total liabilities and net assets/fund balances ••••••••••	2,361,291.	33	2,471,459.

Form 990 (2021)

## Part XI Reconciliation of Net Assets

	Check it Schedule O contains a response or note to any line in this Part XI • • • • • • • • • • • • • • • • • •	• • • • • • •	<u>, , , , , , , , , , , , , , , , , , , </u>	•	
	,				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,70		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,32		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~~~~	4	1,91	7,2	56.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	9 90	5.0	99
Do	column (B)) · · · · · · · · · · · · · · · · · ·	10	2,29	5,9	၁၁.
Га				v	
	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C		0		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~		2a		Λ
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis		01	X	
b	Were the organization's financial statements audited by an independent accountant?		2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:  X Separate basis — Consolidated basis — Both consolidated and separate basis				
	coparate basis Bern consolidated basis				
С				X	
	review, or compilation of its financial statements and selection of an independent accountant? ~~~~~~~		2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit			X
	Act and OMB Circular A-133?	~~~~~	3a		Λ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits ••••••••••	• • •	3b	000	
			Form	990	12021

### SCHEDULE A

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501 (c)(3) organization or a section

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

| Attach to Form 990 or Form 990-EZ.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

 $\begin{array}{c} \text{Employer identification number} \\ 95\text{-}6126562 \end{array}$ 

Pa	art I	Reason for Public Cl	าarity Status. (All	organizations must cor	mplete thi	is part.) Se	ee instructions.	
he	oraan	ization is not a private found	ation because it is: (1	For lines 1 through 12, ch	eck only o	ne box.)		
1		church, convention of churc					)(A)(i).	
						( - ) (	7. 7.7	
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170(	(b)(1)(A)(iii	).	
4		A medical research organiz						er the hospital's name,
		city, and state:						
5	X	An organization operated f	or the benefit of a co	ollege or university owne	d or opera	ated by a g	governmental unit descr	ibed in
		section 170(b)(1)(A)(iv). (C		,	·	,		
6		A federal, state, or local gov		nental unit described in	section 170	0(b)(1)(A)	(v).	
7		An organization that norma	=				•	oublic described in
,		section 170(b)(1)(A)(vi). (Co			iii a govoi	Till Tollian c	orm or norm me general p	voolie doscribed ii i
8		A community trust describe		MAN/vil (Complete Part	шΛ			
9		An agricultural research org				d in conjur	action with a land grant (	college
7		or university or a non-land-				-	=	=
		university:	gram college or agin		. Lillei ille	ridirie, cii	y, and state of the colle	g <del>e</del> oi
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	oort from o	contributio	ons membership fees a	nd gross receipts from
10		activities related to its exen						
		income and unrelated bus	-	·				=
				e (less section 311 lax) ii	OTT DUSINE	esses acqu	oned by the organization	Tallel Julie 30, 1773.
1 1		See section 509(a)(2). (Con An organization organized of		ivaly to tost for public safe	oty soo s	coation EC	)0(a)(4)	
11		Arrorganization organizea (	aria operarea exclusi	very to test for public sair	ery. see s	section 30	J9 (G) (4).	
12		An organization organized of	and operated exclusi	ively for the benefit of, to	perform th	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1)	or section s	509(a)(2).	See section 509(a)(3). (	Check the box on
		lines 12a through 12d that a	=					
а		Type I. A supporting organiz				•	_	aivina
u		the supported organization				_		
		organization. You must			a majomy c	or tric dire	CIOI3 OF 11031CC3 OF 111C 30	ppormig
b	т	ype II. A supporting organiz	•		n with its sı	unnorted	organization(s), by bayi	na
D		control or management of	·					=
		organization(s). You mus			1110 poisori	is in an ear	mor or manage me sopp	onoa
С	T	ype III functionally integrated	·		nnection	with and	functionally integrated	with
C		its supported organization		·			· -	***************************************
d	т	pe III non-functionally integ		•				ation(s)
u	''	that is not functionally inte	=					
		requirement (see instruc	0	0 ,	,		•	iveriess
_	C	heck this box if the organize	•	•				
е	C	functionally integrated, or					19pc 1, 19pc 11, 19pc 111	
f	Ente	, ,	, ·	nizations ~~~~		~~~~~~~	~~~~~~~	
, ,		ide the following information						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organ		(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				- (				

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

age 2

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1			1-0-100		c=10000
	include any "unusual grants.") ~~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\sim$						
4	Total. Add lines 1 through 3 ~~~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
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) ~~~~~~						
	Public support. Subtract line 5 from line 4.						8712006.
Se	ction B. Total Support	1			Г		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4 ~~~~~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources ~	32,479.	45,106.	58,817.	42,895.	18,621.	197,918.
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.) ~~~~	1,025.	609.	98.	1,886.	5,000.	8,618.
11	Total support. Add lines 7 through 10						8918542.
12	Gross receipts from related activ	vities, etc. (see	instructions)	~~~~~~~	~~~~	12	
13	First 5 years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and sta			• • • • • • • • •	• • • • • • • • • •	• • • • • • •	I
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021	(line 6, column (f)	, divided by line	11, column (f)) ~~	.~~~~~	14	97.68 %
15	Public support percentage from	2020 Schedule A	A, Part II, line 1	4 ~~~~~~	-~-~	15	97.77 %
160	i 33 1/3% support test - 2021. If the org	_					
	stop here. The organization qualifies	as a publicly suppo	rted organization	~~~~~~~~	~~~~~~~~~	~~	_l X
k	33 1/3% support test - 2020. If the org	ganization did not	check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3% o	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly su	upported organiza	tion ~~~~~~~	~~~~~~~~	~~~	I
17c	10% -facts-and-circumstances test -	2021. If the organ	ization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the fac	ts-and-circumstan	ces test, check this	box and stop he	re. Explain in Part V	I how the organize	ation
	meets the facts-and-circumstances te	est. The organization	n qualifies as a pub	olicly supported org	ganization ~~	~~~~~~	~~~
k	10% -facts-and-circumstances test -	2020. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, or 12	7a, and line 15 is 1	0% or
	more, and if the organization meets t	he facts-and-circu	mstances test, che	eck this box and st	top here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. The	organization qual	ifies as a publicly s	supported organiza	ition ~~~~	~~~
_	18 Private foundation. If the organiz	ation did not ched	ck a box on line 13	3, 16a, 16b, 17a, o	or 17b, check this b	oox and see instru	ctions •••
						Schedule A	(Form 990) 2021

## Spart of Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 organ-						
ization'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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 ~~~~~						
Oa 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 on 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.) ~~~~  Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the contect this box and stop here	0				( )( )	n, <b>I</b>
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f	), divided by line	13, column (f))	~~~~~	15	
6 Public support percentage from 2020	Schedule A, Par	t III, line 15 ••••	• • • • • • • • • • • • • • • • • • • •	• • • •	16	
Section D. Computation of Invest	ment Income	Percentage				
7 Investment income percentage for 202	21 (line 10c, colur	mn (f), divided by lii	ne 13, column (f))	~~~~~	17	
18 Investment income percentage from	2020 Schedule A	, Part III, line 17 ~~	-~~~~~~~~	~~	18	
19a 33 1/3% support tests - 2021. If the org more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the org						

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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Part 10 Supporting Organizations

Paae 4

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A. D. and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501 (c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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? *If "Yes," provide detail in* Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	20		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	.10h	6.5	0000
ule	A (Forn	h 990)	2021

one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* Part VI *the role played by the organization in this regard.*

3b | Schedule A (Form 990) 2021

2b

3a

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

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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) Add lines 1 through 3. 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7

Schedule A (Form 990) 2021

instructions).

### ASSOCIATED STUDENTS CALIFORNIA

	dule A (Form 990) 2021 STATE UNIVERSITY SAN BERNARDINO	9	5-6126562	Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)		
Secti	ion D - Distributions		Current Yea	r
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in</i> Part VI)	5		
6	Other distributions ( <i>describe in</i> Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive			
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2021 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount	10		
	(i) (ii)		(iii)	
Section	on E - Distribution Allocations (see instructions) Excess Distributions Underdistribut	ons	Distributable	
	Pre-2021		Amount for 20	J21 
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - <i>explain in</i> Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, <i>explain in</i> Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

#### 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, F	PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS	S INCOME
2017 AMOUNT:	\$ 1,025.
2018 AMOUNT:	\$ 609.
2019 AMOUNT:	\$ 98.
2020 AMOUNT:	\$ 1,886.
2021 AMOUNT:	\$ 5,000.

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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

| Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
| Attach to Form 990.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

ASSOCIATED STUDENTS CALIFORNIA Name of the organization

Employer identification number

Par	t   Organizations Maintaining Donor Advised F		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	organization answered Tes On Form 770, Fair IV, line 6.	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor davised for as	(b) Fortas and officer accoords
	Total number at end of year ~~~~~~~~~		
	Aggregate value of contributions to (during year) ~~~~		
3	Aggregate value of grants from (during year) ~~~~~		
	Aggregate value at end of year ~~~~~~~		
5	Did the organization inform all donors and donor advisors in writing	ing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organizatio	n's exclusive legal control? ~~~~~~	~~~~~ Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose confe	erring
	impermissible private benefit? •••••••••••••		
Par	t II Conservation Easements. Complete if the organi	ization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (	check all that apply).	
	Preservation of land for public use (for example, recreation	or education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a
b	Total acreage restricted by conservation easements ~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structure	
	listed in the National Register ~~~~~~~~~~		2d
	Number of conservation easements modified, transferred, releas		anization during the tax
	year	3.4.4.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	<b>5</b>
	Number of states where property subject to conservation easem	nent is located. I	
	Does the organization have a written policy regarding the period	•	
	violations, and enforcement of the conservation easemer		~~~~~~ Yes No
	violations, and officionism of the conservation casemer	no in riolas.	163
,	Staff and valuateer belief deveted to manifering inspecting ban	adling of violations, and enforcing conserva	ution agramants during the year
6	Staff and volunteer hours devoted to monitoring, inspecting, han	idling of violations, and enforcing conserva	alion easements during the year
7	Annual of the control		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation e	easements during the year
	\$	11.5 11	(0.) (1)
	Does each conservation easement reported on line 2(d) above s		
	and section 170(h)(4)(B)(ii)? ~~~~~~~~~~~~~		
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	<u>e to the organization's financial statements</u>	that describes the
	organization's accounting for conservation easements.	t Historiaal Tasaassaa aa Othaa	Circilar Assats
Par	Organizations Maintaining Collections of Ar		Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its revenue statement and bo	alance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its financi	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, t	o report in its revenue statement and balo	ance sheet works of
	art, historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 \$
	17		
	(ii) Assets included in Form 990, Part X ~~~~~~~	-~-~-	I \$
	1111 / 1000 10 11 10 10 40 41 11 1 0 1 1 1 1 / / U, 1 41 1 /		1 4

132051 10-28-21

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	_

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

### ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

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

3	Using the organization's acquisition, accessic	on, and other records	s, check any of the	following that mo	ake sigr	nificant us	e of its		
	collection items (check all that apply):		,	G	Ü				
а	Public exhibition	d	Loan or exch	ange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	allections and explain	how they further th	ne organization's	evemn	t purpose	in Part V	/III	
5	During the year, did the organization solicit of	•	•	=	-		TITT CITY	MII.	
J	to be sold to raise funds rather than to be mo							Yes	No
Pai	t IV		<del>-</del>						
	Escrow and Custodial Arrange	ments. Complete	if the organization	answered "Yes"	on For	m 990, Po	art IV, lir	ne 9, or	
	reported an amount on Form 990, Pc	ırt X, line 21.							
1a	Is the organization an agent, trustee, custodi on Form 990, Part X? ~~~~~~~							Yes	No
b	If "Yes," explain the arrangement in Part XIII o	and complete the fo	ollowing table:						
								Amount	
						1c			
С	Beginning balance	~~~~~~~~	~~~~~~~~	-~~~~~	~~~	1d			
d	Additions during the year	~~~~~~	~~~~~~~		~~~	le			
е	Distributions during the year	~~~~~	~~~~~~~~~	~~~~~~~	~~~	1f			
f	Ending balance	~~~~~~~~~	.~~~~~~~~	~~~~~~~	~~~				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21, for escrow or cu	stodial account	liability?	~~~	~~~	Yes	No
	t V Endowment Funds. Complete if	heck here if the exp	lanation has been	provided on Part	lino 10	• • • • •	• • • •	• • • •	
	Lindowinient i dinds. Complete ii		(b) Prior year			d) Thron wo	arc back	(a) Faur yaa	rc back
1 ~	Designing of very belonge	(a) Current year	(b) Phor year	(C) Two years b	аск (с	d) Three ye	ars back	(e) Four yea	гѕ раск
la h	Beginning of year balance ~~~~~~								
D									
C	Net investment earnings, gains, and losses  Grants or scholarships ~~~~~~~~								
d	Crams of serioralships								
е	Other expenditures for facilities and programs ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
f	Administrative expenses ~~~~~~								
g g	End of year balance								
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a column (a)	) held as:	<u> </u>				
a	Board designated or quasi-endowment	•		, ricia as.					
h	Permanent endowment	" "							
C									
Č	The percentages on lines 2a, 2b, and 2c show								
3а	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered t	for the c	organizati	on		
	by:							Yes	. No
	(i) Unrelated org	ganizations ~~~	-~~~~~~	~~~~~~~	~~~~	~~~~~	~~~	3a(i)	
	(ii) Related organ	nizations ~~~~	.~~~~~~~~	~~~~~~~	~~~~	~~~~~	~~~	3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed c	is required on Sc	hedule R? ~~~	~~~~	~~~~~	~~~	3b	
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.						
Pai	<u>t Ⅵ</u> Land, Buildings, and Equipm	ent.							
	Complete if the organization answer	ed "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Pc	art X, line	e 10.			
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) Acc	cumulated		(d) Book va	iue
		basis (investm	nent) basis	(other)	depr	eciation			
1a	Land ~~~~~~~~~~								
b	Buildings ~~~~~~~~~~~								
С	Leasehold improvements ~~~~~~			10.010			-		773
	Equipment ~~~~~~~~~~			18,212.	1	11,44	1.	6,	771.
	Other • • • • • • • • • • • • • • • • • • •	agual Farms 000 De 1	V solum= (D) !:-	100)				<i>C I</i>	771.
TOIC!	. AGGIIDES TO INTOUON TE. (COMMINTO) MUSE 6	zuuai i viiii 990, PAIT	A. CUIUITIII (D.), IINE	UL. / • • • • •			1	O.	1 1 L -

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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	d-of-year market value
(1) Financial derivatives ~~~~~~~			
2) Closely held equity interests ~~~~~~~			
3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
ODED ACCEM	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value 367,435
(17			367,439
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15	5.)	•••••	367,435
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.	
(a) Description of liability			(b) Book value
(1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCE	CES		25,126
TIADILIMING NOD DENIGION DI	ENEFITS		140,459
(9)	LI.LLII.		140,400
(4)			1
(4)			
(5)			
(5) (6) (7)			
(5) (6)			

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

### ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO 95-6126562

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

Page	4

Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1 Total revenue, gains, and other support per audited financial statements ~~~	~~~~~~~~~	1	1,705,771.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	~ <u>2</u> a		
b Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_ 2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d ~~~~~~~~~~		2e	0.
3 Subtract line 2e from line 1		3	1,705,771.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T I		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		0
c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4c	$\frac{0.}{1,705,771.}$
5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )  Part XII Reconciliation of Expenses per Audited Financial States		5 Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1		rtetuiri.	
1 Total expenses and losses per audited financial statements ~	zu.	1	1,327,094.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1,021,001.
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	Ο.
3 Subtract line 2e from line 1	~~~~~~~~~~~~~~	3	1,327,094.
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.)			
c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•••••	5	1,327,094.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	art IV, lines 1b and 2b; Part V, line 4	4; Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any $$	additional information.		
PART X, LINE 2:			
I AILI A, LINE 2.			
ASI IS EXEMPT FROM FEDERAL INCOME TAXES AS A	A NONPROFIT ORGANI	ZATIO	N UNDER
THE TAXABLE THOM TEDENCE TRANSPORT		271110	or errolliv
SECTION 501(C)(3) OF THE INTERNAL REVENUE CO	DE. A COMPARABLE E	EXEMP	TION HAS
BEEN GRANTED BY THE STATE OF CALIFORNIA FOR	ASI'S FORM 990, RI	ETURN	I OF
	ASI'S FORM 990, RI	ETURN	I OF
BEEN GRANTED BY THE STATE OF CALIFORNIA FOR ORGANIZATION EXEMPT FROM INCOME TAX.	ASI'S FORM 990, RI	ETURN	1 OF
	ASI'S FORM 990, RI	ETURN	1 OF
	ASI'S FORM 990, RI	ETURN	1 OF
	ASI'S FORM 990, RI	ETURN	I OF
	ASI'S FORM 990, RI	ETURN	I OF
	ASI'S FORM 990, RI	ETURN	I OF
	ASI'S FORM 990, RI	ETURN	I OF
	ASI'S FORM 990, RI	ETURN	1 OF
	ASI'S FORM 990, RI	ETURN	1 OF
	ASI'S FORM 990, RI	ETURN	TOF
	ASI'S FORM 990, RI	ETURN	I OF

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SCHEDULE I (Form 990)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

I Attach to Form 990. | Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

ASSOCIATED STUDENTS CALIFORNIA Name of the organization Employer identification number STATE UNIVERSITY SAN BERNARDINO 95-6126562 Part I General Information on Grants and Assistance 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  $X_{\text{Yes}}$ 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY SUPPORT SCHOLARSHIPS AND 0. 33-0644150 115(1) 14,477 PARKWAY - SAN BERNARDINO, CA 92407 UNIVERISTY PROGRAMS THE UNIVERSITY ENTERPRISES CORPORATION OF CSUSB - 5500 SUPPORT OF CHILDREN'S UNIVERSITY PARKWAY - SAN 95-6067343 501(C)(3) 0. 162,000 CENTER BERNARDINO, CA 92407 CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY 95-3104280 501(C)(3) 0. 120,000 SUPPORT SCHOLARSHIPS SAN BERNARDINO, CA 92407

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~~~~

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

Schedule I (Form 990) 2021

# ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
Part IV Supplemental Information. Provide the informati	ion required in Part I, line	2; Part III, column (	<u> </u>	l ditional information.	
PART I, LINE 2:					
RECORDS FOR THOSE ASSISTED WITH	GRANTS OF FU	JNDS FROM	THE ASI ARE	KEPT WITH	
THE UNIVERSITY'S STUDENT FINANCE	E DEPARTMENT	AND THE F	OUNDATION.		

# SCHEDULE J (Form 990)

## **Compensation Information**

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

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

I Attach to Form 990.

| Attach to Form 990. | Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

**Questions Regarding Compensation** 

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Employer identification number 95-6126562

				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the follow Part VII, Section A, line 1a. Complete Part III to provide any relevant inform First-class or charter travel  Housing	-			
	Travel for companions Payme	ents for business use of personal residence			
	Tax indemnification and gross-up payments Health	or social club dues or initiation fees			
	Discretionary spending account Persona	ıl services (such as maid, chauffeur, chef)			
		·			
b	If any of the boxes on line 1a are checked, did the organization follow a writte	en policy reaardina payment or			
	reimbursement or provision of all of the expenses described above? If "N		1b		
2	Did the organization require substantiation prior to reimbursing or allowing e				
	trustees, and officers, including the CEO/Executive Director, regarding the	·	2		
3	Indicate which, if any, of the following the organization used to establish th	e compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for me	-			
	establish compensation of the CEO/Executive Director, but explain in Part	,			
		employment contract			
	·	ensation survey or study			
		by the board or compensation committee			
	, ppro-ta	2,			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1	a, with respect to the filing			
	organization or a related organization:				37
а	Receive a severance payment or change-of-control payment?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<b>4</b> a		X
b	Participate in or receive payment from a supplemental nonqualified	retirement plan? ~~~~~~~~~~~	4b		X
С	Participate in or receive payment from an equity-based compensation arr	angement? ~~~~~~~~~~~~~~	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amo	ounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must comp	olete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	on pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5b		X
	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	on pay or accrue any compensation			
	contingent on the net earnings of:				37
а	The organization?		6a		X
b	Any related organization?	-~-~-	6b		X
	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 organizati	on provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part	~~~~~~~~	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant	to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3	3)? If "Yes," describe in Part III ~~~~~~~	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption				
	Regulations section 53.4958-6(c)? •••••••••••••••••	• • • • • • • • • • • • • • • •	9		

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Schedule J (Form 990) 2021

Page 2

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.

	(B) Breakdown o	f W-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. PAZ OLIVEREZ	) (		О.	О.	0.	О.	0.
PRESIDENT'S REPRESENTATIVE (iii			0.	65,976.	23,567.	312,705.	0.
(2) DR. DARIA GRAHAM	) (		О.	О.	О.	О.	0.
ADVISOR (ii	169,616	6.	О.	41,733.	34,978.	246,327.	0.
(i	)						
(i)	)						
(i	)						
(i)	)						
(i)	)						
(i	)						
(i)	)						
(i)	)						
(i)	)						
(i)	)						
(i)	)						
(i)	)						
	)						
(i) (i)	)						

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### ASSOCIATED STUDENTS CALIFORNIA

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.

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

# SCHEDULE O (Form 990)

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 Form 990-EZ.
| Go to www.irs.gov/Form990 for the latest information.

202 I

Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Employer identification number 95-6126562

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

A COPY OF THE 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:

A BOARD MEMBER WHO IS FACED WITH A CONFLICT OF INTEREST ISSUE IS NORMALLY
REQUIRED TO DISCLOSE IN WRITING TO THE CHAIR OF THE BOARD WHO SHALL HAVE
THE AFFIRMATIVE DUTY TO ADVISE THE POLICIES AND PROCEDURES COMMITTEE OF THE
CONFLICT AS SOON AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNING BOARD OF THE ORGANIZATION SHALL PROVIDE SALARIES, WORKING
CONDITIONS AND BENEFITS, EXCLUSIVE OF PERMANENT STATUS BENEFITS, FOR ITS
FULL-TIME EMPLOYEES WHICH ARE COMPARABLE TO THOSE PROVIDED TO CAMPUS
EMPLOYEES PERFORMING SIMILAR SERVICES. FOR THOSE EMPLOYEES WHOSE DUTIES ARE
NOT COMPARABLE TO CLASSES IN CAMPUS EMPLOYMENT, THE SALARIES ESTABLISHED
SHALL BE AT LEAST EQUAL TO THE SALARIES PREVAILING IN OTHER SIMILAR
EDUCATIONAL INSTITUTIONS IN THE AREA, OR COMMERCIAL OPERATIONS OF LIKE
NATURE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ALSO UPON

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

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990) 2021

#### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Employer identification number 95-6126562

(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

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
		ŭ ''		501(c)(3))		Yes	No
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO							
- 33-0644150, 5500 UNIVERSITY PARKWAY, SAN	PROVIDING EDUCATIONAL			STATE			
BERNARDINO, CA 92407	SERVICES TO THE PUBLIC	CALIFORNIA	115(1)	INSTITUTION			X
THE UNIVERSITY ENTERPRISES CORPORATION OF							
CSUSB - 95-6067343, 5500 UNIVERSITY PARKWAY,	EDUCATION, ADMINISTRATION,						
SAN BERNARDINO, CA 92407	AND RELATED SERVICES	CALIFORNIA	501(C)(3)	LINE 5			X
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077							
5500 UNIVERSITY PARKWAY	MANAGING GIFTS AND						
SAN BERNARDINO, CA 92407	ENDOWMENT FUNDS	CALIFORNIA	501(C)(3)	LINE 5			X
SANTOS MANUEL STUDENT UNION - 95-3104280	FINANCING, OPERATING, AND						
5500 UNIVERSITY PARKWAY	CONTRUCTING CAMPUS UNION						
SAN BERNARDINO, CA 92407	ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 5			X

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

Schedule R (Form 990) 2021

95-6126562

Schedule R (Form 990) 2021

Page 2

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	Disprop	ortionate ations?	(i)  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr Yes	ral or P ging ner?	(k) Percentage ownership

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	Section 512(b)(13) controlled entity? Yes No

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	33	

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

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

Yes No

95-6126562

1 During the tax year, did the organization engage in any of the following transaction	is with one or more re	elated organizations listed i	in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent fro		=	~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	la		X	
b Gift, grant, or capital contribution to related organization(		-~~~~~~~~~~	.~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1b	X		
c Gift, grant, or capital contribution from related organiza	tion(s) ~	.~~~~~~~~	-~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1c		X	
d Loans or loan guarantees to or for related organization	(s) ~~~			~~~~~~~~~~~~~~~~	1d		X	
e Loans or loan guarantees by related organization(s)	~~~~	.~~~~~~~~~	.~~~~~~	~~~~~~~~~~~~~~~~	1e		X	
							77	
f Dividends from related organization(s)	~~~~~~~~	.~~~~~~~~~~~	~~~~~~	.~~~~~~~~~~~~~~	1f		X	
g Sale of assets to related organization(s)	~~~~~~~	.~~~~~~~~~~~~~	.~~~~~~		1g 1h		X	
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)	~~~~~	.~~~~~~~~~~	.~~~~~~	~~~~~~~~~~~~~~~	1i		X	
j Lease of facilities, equipment, or other assets to related or	ganization(s)	~~~~~~~~~~	.~~~~~~	~~~~~~~~~~~~~~~	1j		Λ	
					1k		X	
k Lease of facilities, equipment, or other assets from related	. ,			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11		X	
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organ			~~~~~	~~~~~~	lm ln		X	
n Sharing of facilities, equipment, mailing lists, or other assets wi	tn relatea organ	ization(s) ~~~~~	~~~~~~	~~~~~~~~~~~~~~~~~	10		X	
o Sharing of paid employees with related organization(s)	~~~	.~~~~~~~~~~~~~	.~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
p Reimbursement paid to related organization(s) for	expenses ~~	-~-~	~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1p	X		
q Reimbursement paid by related organization(s) for	expenses ~~	-~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1q	X		
q Kolimbolionioni pala by foldiod organization(s) fol	CAPCI ISCS							
r Other transfer of cash or property to related organize	ation(s) ~~	.~~~~~~~~	-~~~~~	~~~~~~~~~~~~~~~	1r		X	
s Other transfer of cash or property from related organization(s) •••••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • •	1s		X	
2 If the answer to any of the above is "Yes." see the instructions for information on who	o must complete this	s line, including covered re	elationships ar	nd transaction thresholds.				
(a) Name of related organization	(b) Transaction	(c) Amount involved		(d) Method of determining amount i	nvolved			
G	type (a-s)			9				
CALIFORNIA STATE UNIVERSITY, SAN								
(1) BERNARDINO	P	335,431.	FMV					
(2) CSUSB PHILANTHROPIC FOUNDATION	P	123,670.	FMV					
(3) SANTOS MANUEL STUDENT UNION	P	44,620.	FMV					
THE UNIVERISTY ENTERPISES CORPORATION OF (4) CSUSB	P	162,000.	FMV					
(5) SANTOS MANUEL STUDENT UNION	Q	61,031.	FMV					
CALIFORNIA STATE UNIVERSITY, SAN	,	, , ,						
BERNARDINO	Q	16,971.	FMV	Schedul	e R (Forn	n 9901	2021	
	34							

95-6126562

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are a	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tion alloca Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr Yes	ral or laging er?	(k) Percentage ownership
													_

# ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

Schedule R	(Form 990) 2021	Page 5
Part VII	(Form 990) 2021	
	Supplemental Information	
	Provide additional information for responses to questions on Schedule R. See instructions.	
	riovide additional information for responses to questions on schedule k. see instructions.	
_		

132165 11-17-21 Schedule R (Form 990) 2021

### TAX RETURN FILING INSTRUCTIONS

**CALIFORNIA FORM RRF-1** 

#### FOR THE YEAR ENDING

June 30, 2022

### **Prepared For:**

Associated Students California State University San Bernardino 5500 University Parkway San Bernardino, CA 92407

### Prepared By:

CliftonLarsonAllen LLP 301 North Lake Avenue, Suite 900 Pasadena, CA 91101

#### **Amount of Tax:**

Balance due of \$200

### Make Check Payable To:

Department of Justice

#### Mail Tax Return To:

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

#### **Return Must Be Mailed On Or Before:**

Please mail as soon as possible.

### **Special Instructions:**

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

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.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 301-306, 309, 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE PAGE 1 of 5 (For Registry Use Only)

ASSOCIATED STUDENTS CAI STATE UNIVERSITY SAN BE			inge of address ended report				
Name of Organization							
List all DBAs and names the organization uses or has used							
5500 UNIVERSITY PARKWA	AY	State Charity Registration Number CT $010307$					
SAN BERNARDINO, CA 92407			tion or Organization No. $1604018$				
City or Town, State, and ZIP Code							
(909) 537-5932 ASI-UA Telephone Number E-mail Address	A@CSUSB.EDU	Federal I	Employer ID No. $\underline{95\text{-}6126562}$		—		
	RENEWAL FEE SCHEDULE (11 Cal. C Make Check Payable to Departr		· · · · · · · · · · · · · · · · · · ·				
<u>Total Revenue</u> <u>Fee</u>	<u>Fee</u>	<u>Total Revenue</u>	<u>Fee</u>	<u>9</u>			
Less than \$50,000 \$25 Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,000 \$75	etween \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million \$200 Between \$100,000,001 and \$500 m				00 ,000 ,200		
PART A - ACTIVITIES	B01W0011 40,000,001 4114 420 11111110	Ψ100	Ground man good million	Ψι,	,200		
For your most recent full accountin	ng period (beginning $-07/01/20$	021 er	nding <u>06/30/2022</u> ) list:				
Total Revenue (including noncash contributions) \$ 1,705,77	$71 \over 824,504$ Noncash Contributions \$	Total Evo	Total Assets $\$$ $\frac{2,471}{1,327,094}$	<u>,459</u>	<u> </u>		
PART B - STATEMENTS REGARDING ORG	· · · · · · · · · · · · · · · · · · ·		C115C5 \$				
•	you answer "yes" to any of the quest tails for each "yes" response. Please r		-1 instructions for information required.	Yes	No		
During this reporting period, were there and any officer, director or trustee there any financial interest?					X		
During this reporting period, was there or funds?	any theft, embezzlement, diversion or m	nisuse of the	e organization's charitable property		X		
3. During this reporting period, were any or	rganization funds used to pay any pend	alty, fine or	judgment?		X		
4. During this reporting period, were the se commercial coventurer used?	ervices of a commercial fundraiser, fund	draising co	unsel for charitable purposes, or		X		
5. During this reporting period, did the orga	anization receive any governmental fun	ding?			X		
6. During this reporting period, did the orga	anization hold a raffle for charitable pur	poses?			X		
7. Does the organization conduct a vehicle	e donation program?				X		
Did the organization conduct an independent generally accepted accounting principal principal series.		ial stateme	nts in accordance with	X			
9. At the end of this reporting period, did t	he organization hold restricted net asse	ets, while re	porting negative unrestricted net assets?		X		
I declare under penalty of perjury that I hav and belief, the content is true, correct and			g documents, and to the best of my knowle	dge			
MI	KE RISTER	]	EXECUTIVE DIRECTOR				
Signature of Authorized Agent Pri	inted Name	Т	Title Date				

Department of the Treasury Internal Revenue Service

Governance

Activities

Revenue

Expense

Assets or designations

Sign

Here

### Return of Organization Exempt From Income Tax

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. Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 B Check if C Name of organization D Employer identification number applicable ASSOCIATED STUDENTS CALIFORNIA Address change STATE UNIVERSITY SAN BERNARDINO Name change 95-6126562 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 5500 UNIVERSITY PARKWAY (909) 537-5932 1,705,771. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN BERNARDINO, CA 92407 H(a) Is this a group return F Name and address of principal officer: MIKE RISTER Applica-X for subordinates? — Yes tion pending 5500 UNIVERISTY PARKWAY, SAN BERNARDINO, CA H(b) Are all subordinates included? Tax-exempt status: X 501(c)( 501(c)(3) ) S (insert no.) If "No," attach a list. See instructions 4947(a)(1) or Vebsite: | WWW.CSUSB.EDU/ASI H(c) Group exemption number | K Form of organization: X Corporation L Year of formation:  1988  M State of legal domicile:  $^{\mathrm{CA}}$ Trust Association Other I Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE AND SUPPORT <u>ACTIVITIES RELATED TO THE UNIVERSITY'S</u> INSTRUCTIONAL PRO<del>GRAM</del> Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 44 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) ~~ 12 Total number of volunteers (estimate if necessary) ~~~ 6 O. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7cΟ. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year Prior Year O O. Contributions and grants (Part VIII, line 1h) 1,727,180.1,682,150.9 Program service revenue (Part VIII, line 2g) 42,895.18,621 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -40,308.5,000. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~ 1,705,771.1,729,767.12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) • • • 447,366. 296,477. Grants and similar amounts paid (Part IX, column (A), lines 1-3)  $\mathbf{O}$ Benefits paid to or for members (Part IX, column (A), line 4) 558,123477,965.15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~~~ Ο.  $\overline{\mathbf{O}}$ 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1 -1,381,190. 552,652. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2.386.679.1,327,094. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~ 378,677. -656,912.Revenue less expenses. Subtract line 18 from line 12 •••••••••• Beginning of Current Year End of Year 20 Total assets (Part X, line 16) ~~ 2,361,291. 2,471,459. 21 444,035. 175,526.Total liabilities (Part X, line 26) 1,917,256.2,295,933.22 Net assets or fund balances. Subtract line 21 from line 20 •••••

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.

Signature of officer MIKE RISTER, EXECUTIVE DIRECTOR

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

### ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO 95-6126562

Part III Statement of Program Service Accomplishments

	_
Page	_

1	Check if Schedule O contains a response or note to any line in this Part III •••••••••••••••••••••••••••••••••
	RETENTION AND DEVELOPMENT OF STUDENTS AND PROVIDES ACTIVITIES RELATED TO THE UNIVERSITY'S INSTRUCTIONAL PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ Yes ^X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ $824.504$ . including grants of \$ $296.477$ . ) (Revenue \$ $1.687.150$ . )
	SUPPORT OF STUDENT SERVICES FOR THE STUDENTS OF CALIFORNIA STATE
	UNIVERSITY, SAN BERNARDINO AND GRANTS TO SUPPORT STUDENT ACTIVITIES,
	EDUCATION, AND CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO.
4b	(Code:) (Expenses \$
4C	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

132002 12-09-21

Part IV Checklist of Required Schedules

		Po	age 3
		Yes	No
		103	110
~~~	1	X	
~~~	2		X
es for	3		X
effect	4		X
nts, or	5		X
ht to Part I	6		X
~~~	7		X
te			
~~	8		X
or			
Ś	9		X
~~~			
~~~	10		X
or X,			
e D,			
~~	11a	X	
~~~	11b		X
al			X
~~~	11c		Λ
າ ~~~	11d	X	
~~~	11e	X	
~~~	11f	X	
~~	12a	X	
	12b		X
~~~	13		X
~~~	14a		X
iness, 00,000			
~~~	14b		X
~~~	15		X
~~~	16		X
~~~	17		X
es	18		X
~~~			
~~~	19		X
~~~~	20a		X
~~~~	20b		
	0.1	v	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501 (c) (3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11.	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~~~~~	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~~~~	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12a	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		X
1.5	or more? If "Yes," complete Schedule F, Parts I and IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	our set of the set of	20a		X
20	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2021) 132003 12-09-21

Page 4

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	22	\vdash	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
	Schedule J ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
05 -	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24d		
25 a	Section 501(c)(3), $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	It is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III~~~	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	and the second s			
u	"Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28a		X
b		28b		X
С				
	"Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~~	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		X
0.1	contributions? If "Yes," complete Schedule M	30	\vdash	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32	Schedule N, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
٠,	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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	• • • •		N.1-
	la Enter the number reported in box 3 of Form 1004. Enter 0, if not applicable, accompany 1004.		Yes	No
	1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(aamblina) winnings to prize winners?	10	X	

Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		V	NI-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	44	Yes	No
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. ~~~~~~		X	
30	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule $O \sim \sim \sim \sim$,	
	5 II 163, Has II lifed a Form 770 Florinis years 17 No to line 35, provide an explanation on seriedate of	O.C.	•	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, or financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b	$^{\circ}$ If "Yes," enter the name of the foreign country $^{\circ}$			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			37
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~~	-~~~ 5c		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~	~~~~ 5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~ 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	any contributions that were not tax deductible as charitable contributions?	-~~ 60		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the payor? 7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided? ———————————————————————————————————	7b		
	to file Form 8282? •••••••••••••••••••••••••••••••••	••••		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
		~~~~ 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~	~~~~ 7f		X
		. 10 7		
g		. •		
	·	1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	a Did the sponsoring organization make any taxable distributions under section 4966?	,		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~~~ Section 501(c)(7) organizations. Enter:	~~~~ 9b	•	
	a Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
u	i illindion lees did capital confibbilors included on rain viii, iine 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	of If "Yes," enter the amount of tax-exempt interest received or accrued during the year •••••• 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			

	grganization is licensed to issue qualified health plans	13b				_
	c Ehter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13c				_
14a	Did the organization receive any payments for indoor tanning services during the tax year? ~~~~			14a	X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	~~~~~~	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?	ration	or	15	X	_ _
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yes," complete Form 4720, Schedule O.		ne? ~~~~~	16	X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	any	_~~~~	17		_
	If "Yes," complete Form 6069.				000 (2024	_
132005	12-09-21			Forn	990 (2021	L) —
						_
						_
						_
						_
				-		
				-		
			I			
						_

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 on Schedule O. See instructions.

				X	
Sect	Check if Schedule O contains a response or note to any line in this Part VI •••••••••••••••••••••••••••••••••••		•	11	
000	tion A. Governing Body and Management			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ la	19			
TG	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
_	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_			
Ü	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_	5		X
6	Did the organization have members or stockholders?		6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
<i>,</i> a	more members of the governing body?		7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_	, a		
D	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.0		
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	-	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-	OD		
,	organization's mailing address? If "Yes," provide the names and addresses on Schedule O • • • • • • • • • • • • • • • • •		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,		
OCCI	ion B. Folicies (This Section & requests information about policies not required by the Internal Revenue Code.)			Yes	No
100	Did the organization have local chapters branches or affiliates? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		10a	103	X
10a	Eld The elganization have lead enaplety stationed, or alliadies.	_	100		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u> </u>	11a	X	
			110		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
12a		-	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	-	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  on Schedule O how this was done		12c	X	
10	en careage e nen en	<u> </u>	13	X	
13	bla the digatization have a without wrishestower policy:		14	X	
14	Bid the digatilization have a without adeciment foreither and additional policy?	~	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15a	X	
	The organization's CEO, Executive Director, or top management official	<u> </u>	15b	X	
b	emer emedia of her employees of the organization	_	130	71	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		140		X
	taxable entity during the year?		16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1 / la		
Cool	exempt status with respect to such arrangements? ••••••••••••••••••••••••••••••••••••		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $JCA$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s on	nly) av	vailab	le
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule 0)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, or	nd fir	nanci	al	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books and records			000	1000
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POOR 7

# Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

  See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor o	ıpy related org	aniz	atio	n co	mp	enso	itec	any current officer, dire	ector, or trustee.	
(A) Name and title	(B) Average	(do		(C Posi	tion	than c	nne.	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	son is	s both r/truste	an	compensation	compensation	amount of
	week (list any					1,4,400	,	from the	from related organizations	other compensation
	hours for	rdirec	_			pa		organization	(W-2/1099-MISC/	from the
	related	stee o	trustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	ional t		ployee	t comp ee		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. PAZ OLIVEREZ	1.00									
PRESIDENT'S REPRESENTATIVE	40.00	X						0.	223,162.	89,543.
(2) DR. DARIA GRAHAM	1.00	X							100 010	76 711
ADVISOR (3) BETH STEFFEL	1.00	Λ						О.	169,616.	76,711.
FACULTY REPRESENTATIVE	40.00	X						O.	82,736.	40,446.
(4) ALFREDO BARCENAS	40.00								,	
EXECUTIVE DIRECTOR		X		X				75,041.	О.	14,227.
(5) JESSICA MADRIGAL	40.00									
SPECIAL REPRESENTATIVE	1.00	X						56,688.	0.	6,405.
(6) PAOLA GALVEZ EXECUTIVE VICE PRESIDENT	20.00			X				17,905.	O.	О.
(7) DAISY ESTRELLITA RAMOS GOMEZ	20.00			Λ				17,303.	0.	<u> </u>
PRESIDENT	20.00	X		X				16,247.	O.	Ο.
(8) SUANY ECHEVARRIA	20.00									
VICE PRESIDENT OF FINANCE				X				4,290.	0.	О.
(9) ALEXIA MACIEL	1.00									
ARTS & LETTERS	1.00	X						О.	О.	О.
(10) CARLENE LUNA ATHLETICS	1.00	X						O.	O.	О.
(11) HANNAH WAGNER	1.00							0.	<u> </u>	<u> </u>
BUSINESS & PUBLIC ADMINISTRATION		X						O.	O.	О.
(12) MICHAEL VAZQUEZ	1.00							_	_	_
GRADUATE	1.00	X						0.	0.	О.
(13) SAVREEN KAUR	1.00	X							0	0
INTERNATIONAL (14) AUGUSTE TORRES	1.00	Λ						O.	О.	О.
NATURAL SCIENCES	1.00	X						O.	O.	Ο.
(15) ANGELIQUE MELENDREZ	1.00									
PALM DESERT CAMPUS		X						O.	O.	О.
(16) GUADALUPE ROMERO	1.00	X								
SOCIAL & BEHAVIORAL SCIENCES (17) DANIELLE PENN	1.00	Λ						О.	О.	О.
STUDENT-AT-LARGE	1.00	X						O.	O.	Form 990 (2021)
132008 12-09-21	L							1	<u> </u>	+orm 990 (2021)

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Part VII Section A. Officers, Directors, Truste	es, Key Empl	oyee	es, c	ınd I	High	nest	Со	mpensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not c , unles er and	ss per	tion more son is	than s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	ı		(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	<i>:/</i>	fr org an	npenso om th anizat d relat anizat	ie tion ted
(18) ANGEL CONTRERAS STUDENT-AT-LARGE	1.00	X						0.		o.			Ο.
(19) ALEXIS MCGOWAN SUSTAINABILITY	1.00	X						0.		o.			Ο.
1 b Subtotal ~~~~~~~	~~~~~	~~	~~	~~~	-~~		<u>                                      </u>	170,171.	475,51	4.	22	7,3	32.
c Total from continuation sheets to Part d Total (add lines 1b and 1c) • • • • • • • • •					~~	~~	l	0. 170,171.	475,51	O. 4.	22	7,3	0. 32.
Total number of individuals (including but no compensation from the organization	ot limited to the	ose li	isted	abo	ove)	wh	o re	ceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer, of line 1a? If "Yes," complete Schedu			,		, .	or h	nigh	est compensated empl	oyee on		3	Yes	No X
4 For any individual listed on line 1a, is the sum and related organizations greater than \$	n of reportable	con	nper	nsati	on c						4	X	
5 Did any person listed on line 1 a receive or a rendered to the organization? <i>If "Yes," comple</i>	accrue compe	nsat	tion t	from	any	y un	rela	ted organization or indi	vidual for services		5		X
Section B. Independent Contractors	ic Scricadic 5 re	) Ju	ar p	Ci Soi							-		
Complete this table for your five highest con     the organization. Report compensation for	•									nsati	ion fro	m	
(A) Name and business			ONE	_				(B) Description of s		С	(C ompe		'n
Total number of independent contractors (ir \$100,000 of compensation from the organization)	ncluding but no zation	ot lim	nited	to th	hose C		ed a	(bove) who received mo	ore than		102000	12-03-2	

Form 990 (2021)

Part VIII [21]Statement of Revenue

		Check if Schedule O contains a respons	e or note to d	any line ihthis Part Total revenue	VIII •• (B) •••• Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
SS	1 (	Federated campaigns ~~~~ la					
ant	' (	Membership dues ~~~~~ 1b					
Gra	ľ	Fundraising avants					
ts, o	(						
3if Iar	(						
Contributions, Gifts, Grants and Other Similar Amounts	6	Government grants (contributions) 1e					
tior er S	f	All other contributions, gifts, grants, and					
bu:		similar amounts not included above ~ 1f					
ntri O	Ç	Noncash contributions included in lines 1a-1f					
Col	ł	Total. Add lines 1a-1f • • • • • • • • • • • • • •	••				
		E	Business Code				
-	2 (		900099	1,682,150.	1.682.150.		
ice	k			_,,,	_,,,		
Program Service Revenue	,						
n S 'en	(						
rar Sev	(	·					
00	6	-					
Ы	f	All other program service revenue ~~~~					
	Ç	Total. Add lines 2a-2f • • • • • • • • • • • • • • • • • • •	••	1,682,150.			
	3	Investment income (including dividends, interest,	, and				
		other similar amounts)~~~~~~		18,621.			18,621.
	4	Income from investment of tax-exempt bond p					
	5	Royalies • • • • • • • • • • • • • • • • • • •	7				
		(i) Real	(ii) Personal				
		/ =	(ii) i discritai				
		Gross rents ~~~~ 6a					
	k	Less: rental expenses ~ 6b					
	(	Rental income or (loss) 6c 6c					
	(	Net rental income or (loss) ••••••••	•••				
	7 (	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
Э		and sales expenses ~~~ 7b					
en	(	Gain or (loss) ~~~~ 7c					
Rev		Net gain or (loss)	•				
Other Revenue		0	·				
)th	8 (	including \$ of					
0							
		contributions reported on line 1c). See					
		Part IV, line 18 ~~~~~~~ 8a					
		Less: direct expenses ~~~~~ 8b					
	(	Net income or (loss) from fundraising events •	• • • •				
	9 (	Gross income from gaming activities. See					
		Part IV, line 19 ~~~~~~~ 9a					
	ŀ	Less: direct expenses ~~~~~ 9b					
	(	Net income or (loss) from gaming activities •	• • • •				
	10 (	Gross sales of inventory, less returns					
	10 0	and allowances ~~~~~~~ 10a					
	,	D Less: cost of goods sold ~~~~~					
		E033. C031 Of G00G3 301G	•••••				
	(	1	Business Code				
SC		<u></u>	900999	5,000.	5,000.		
eor	(	OTHER INCOME	000000	5,000.	5,000.		
Miscellaneous Revenue	ŀ	)					
Sev	(						
Misc	(	All other revenue ~~~~~~~					
	•	Total. Add lines 11a-11d • • • • • • • • • • • • • • • • • •	• • •	5,000.			
	12	Total revenue. See instructions • • • • • • • • •	• • •	1,705,771.	LL 687 150	0.	18,621.

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Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	•		plete column (A).	(D)
Do i 7b,	o <b>t include கிர்ஷமின் Sported de (Descobl</b> ains a re 8 <i>b, 9b, and 10b of Part VIII.</i>	sponse or hote to any Total expenses	line in this Part IX • • • Program service expenses	Management and general expenses	(D) Fundraising expenses
1	$\label{prop:continuous} \mbox{Grants and other assistance to domestic organizations}$	906 455	906 455		
	and domestic governments. See Part IV, line 21 $\sim$	296,477.	296,477.		
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 $\sim\sim\sim$				
4	Benefits paid to or for members ~~~~~				
5	Compensation of current officers, directors,	213,940.	53,485.	160,455.	
	trustees, and key employees ~~~~~~	213,340.	55,465.	100,455.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) $\sim \sim \sim$	341,546.	192,460.	149,086.	
7	Other salaries and wages ~~~~~~	341,340.	192,400.	149,000.	
8	Pension plan accruals and contributions (include	-165,264.		-165,264.	
	section 401(k) and 403(b) employer contributions)	64,246.		64,246.	
9	Other employee benefits ~~~~~~	23,497.		23,497.	
0	Payroll taxes ~~~~~~~	20,407.		20,407.	
1	Fees for services (nonemployees):				
а	Management ~~~~~~~	2,735.		2,735.	
b	Legal ~~~~~~~~~~~	17,024.		17,024.	
С	Accounting ~~~~~~~~	17,024.		17,024.	
d	Lobbying ~~~~~~~~				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees ~~~~~				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	10,757.	10,757.		
2	Advertising and promotion ~~~~~~	96,853.	43,428.	53,425.	
3	Office expenses~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	00,000.	13,123.	33,123.	
4	michinanori reermeleg,				
5	,				
6	Occupancy	24,882.	21,075.	3,807.	
7	lidvei	21,002.	21,010.	3,331.	
8	Payments of travel or entertainment expenses				
9	for any federal, state, or local public officials ~ Conferences, conventions, and meetings ~~				
	Interest ~~~~~~~~~~				
20 21	Payments to affiliates ~~~~~~				
22	Depreciation, depletion, and amortization ~~	5,363.	5,363.		
:3	Insurance ~~~~~~~~~~~	18,839.		18,839.	
24	Other expenses. Itemize expenses not covered			- ,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SCHOOL EVENTS	194,434.	194,434.		
b	CAMPUS SERVICES	133,389.	-	133,389.	
С	BUILDING EQUIPMENT AND	28,733.		28,733.	
d	ORIENTATION	3,893.		3,893.	
е	All other expenses	15,750.	7,025.	8,725.	
25	Total functional expenses. Add lines 1 through 24e	1,327,094.	824,504.	502,590.	(
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)				

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Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Par	† X • • • • • • • • • • • • • • • • • •	• • • •	• • • • • • • • • • • • •
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing ~~~~~~	-~-~-	67,131.	1	133,696.
	2	Savings and temporary cash investments ~	~~~~~~	2,003,373.	2	1,942,501.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net ~~~~~~	-~-~-	1,006.	4	2,109.
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these per		5		
	6	Loans and other receivables from other disqualified per				
		under section 4958(f)(1)), and persons described in sect	,		6	
Ş	7	Notes and loans receivable, net ~~~~~	~~~~~~		7	
Assets	8	Inventories for sale or use ~~~~~~	~~~~~~	18,947.	8	18,947.
Ž	9	Prepaid expenses and deferred charges ~	~~~~~~		9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D ~~~ 10a	118,212.			
	b	Less: accumulated depreciation ~~~~~ 10b	111,441.	12,134.	10c	6,771.
	11	Investments - publicly traded securities ~~	~~~~~~		11	
	12	Investments - other securities. See Part IV, line 1	1 ~~~~~~		12	
	13	Investments - program-related. See Part IV, line 11	~~~~~~~		13	
	14	Intangible assets ~~~~~~	.~~~~~~		14	
	15	Other assets. See Part IV, line 11 ~~~~~~~	~~~~~~	258,700.	15	367,435.
	16	Total assets. Add lines 1 through 15 (must equal line 3	3) •••••	2,361,291.	16	2,471,459.
	1 <i>7</i>	Accounts payable and accrued expenses ~	~~~~~~	198,974.	17	9,941.
	18	Grants payable ~~~~~~	~~~~~~~		18	
	19	Deferred revenue ~~~~~~~	~~~~~~~		19	
	20	Tax-exempt bond liabilities ~~~~~~	~~~~~~		20	
	21	Escrow or custodial account liability. Complete Part IV		21		
S	22	Loans and other payables to any current or former off	icer, director,			
iii.		trustee, key employee, creator or founder, substantial of				
Liabilities		controlled entity or family member of any of these pers		22		
_	23	Secured mortgages and notes payable to unrelated thir		23		
	24	Unsecured notes and loans payable to unrelated thir		24		
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-24).	0.45 0.01		105 505	
		of Schedule D ~~~~~~	245,061.	25	165,585.	
	26	Total liabilities. Add lines 17 through 25 ••••••	77	444,035.	26	175,526.
S		Organizations that follow FASB ASC 958, check here				
Сe	07	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1 017 950	07	9 905 099
ä	27			1,917,256.	27	2,295,933.
ğ K	28	Net assets with donor restrictions ~~~~~	~~~~~~		28	
ņ		Organizations that do not follow FASB ASC 958, chand complete lines 29 through 33.	eck here			
or F	29	Capital stock or trust principal, or current funds	~~~~~~~		29	
ets (	30	Paid-in or capital surplus, or land, building, or equipmen	ŀ		30	
Asse	31	Retained earnings, endowment, accumulated income,	İ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,917,256.	32	2,295,933.	
ž	33	Total liabilities and net assets/fund balances ••••••	2,361,291.	33	2,230,330. $2,471,459.$	
	JJ		2,001,201.	JJ	<b>2</b> , 111, <del>1</del> 00.	

Form 990 (2021)

# ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Part XI Reconciliation of Net Assets

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	Check if Schedule O contains a response or note to any line in this Part XI ••••••••••		• • • • • •	•	
,	T. I	1	1,70	5.7	71.
1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	1,32		
2	Total expenses (must equal Part IX, column (A), line 25)	3		8,6	
3	Revenue less expenses. Submer line 2 nom line 1	4	1,91		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		- , _	
5	The difference gains (163563) on investments	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9			Ο.
9	Other changes in net assets or fund balances (explain on Schedule O)	7			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) • • • • • • • • • • • • • • • • • •	10	2,29	5,9	33.
Pa	rt XII Financial Statements and Reporting	1		-	
				. X	
	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: Cash X Accrual Other			103	110
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	.0			
20	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~		. 2a		X
Zu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review.				
	separate basis, consolidated basis, or both:	saona			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? ~~~~~~~~~		. 2b	X	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ		2.0		
	consolidated basis, or both:	are basis,			
	V				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		200	X	
	review, or compilation of its financial statements and selection of an independent accountant? ~~~~~		2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, explain on So				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v
	Act and OMB Circular A-133?	~~~~~	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

Form 990 (2021)

3b

#### SCHEDULE A

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO Employer identification number 95-6126562

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 above (see instructions)) organization support (see instructions) support (see instructions) Yes No

# ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

Specific A (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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1			1-0-100		o <b>=</b> 1000
	include any "unusual grants.") ~~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\sim$						
4	Total. Add lines 1 through 3 ~~~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
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) ~~~~~~						
	Public support. Subtract line 5 from line 4.						8712006.
	ction B. Total Support	/ ) 0017	// ) 0010	/ ) 0010	/ 1) 0000	( ) 0001	(O. T. J. J.
	ndar year (or fiscal year beginning in)	(a) 2017 1777970.	(b) 2018 1749618.	(c) 2019 1775087.	(d) 2020 1727180.	(e) 2021 1682151.	(f) Total 8712006.
7	Amounts from line 4 ~~~~~	1777970.	1743010.	1775067.	1727180.	1002151.	8712000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	29 470	45 10C	E0 017	49.905	10 001	107 019
	and income from similar sources ~	32,479.	45,106.	58,817.	42,895.	18,621.	197,918.
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	1.005	coo	0.0	1 000	<b>5</b> 000	0.010
	assets (Explain in Part VI.) ~~~~	1,025.	609.	98.	1,886.	5,000.	8,618. 8918542.
11	Total support. Add lines 7 through 10					10	<u>0910042.</u>
12	'	•	•	~~~~~~~	.~~~~~	12	_
13	First 5 years. If the Form 990 is for the	•		•			
<u></u>	organization, check this box and sta			•••••	• • • • • • • • • •	•••••	I
	ction C. Computation of Publi					1.4	97.68 %
	Public support percentage for 2021					14	
	Public support percentage from					15	,,,
160	33 1/3% support test - 2021. If the org	-					ana _I X
	stop here. The organization qualifies of						'
b	33 1/3% support test - 2020. If the org	0			•		s box
	and stop here. The organization qual						ı
17a	10% -facts-and-circumstances test -	•					
	and if the organization meets the fac			•	•	ū	
	meets the facts-and-circumstances te	_			=	~~~~~~	•
b	10% -facts-and-circumstances test -	<del>-</del>					U% or
	more, and if the organization meets t						_
	organization meets the facts-and-circu		= :				~~~
_	8 Private foundation. If the organize	alion dia not ched	JK O DOX ON IINĖ TS	), 160, 16D, 1/0, C	I I/D, CHECK THIS I		(Form 990) 2021
						SCHEUUE A	11 01111 / / 01 Z0Z1

schedule A (Form 990) 202

Spart of Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") ~~						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513 ~~~~						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge ~						
	6 Total. Add lines 1 through 5 ~~~						
	a Amounts included on lines 1, 2, and						
, (	3 received from disqualified persons						
۲	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 ~~~~~						
_	: Add lines 7a and 7b ~~~~~						
	Public support. (Subtract line 7c from line 6.)						
-	to the complete control (constraint to manning any						
Sec	ction B. Total Support						
	etion B. Total Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale	ndar year (or fiscal year beginning in)   Amounts from line 6 ~~~~~~	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale	ndar year (or fiscal year beginning in)   Amounts from line 6 ~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in)   Amounts from line 6 ~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	Amounts from line 6 ~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	Amounts from line 6 ~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>Cale</b> 9 10a	Amounts from line 6 ~~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	Amounts from line 6 ~~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>Cale</b> 9 10a	Amounts from line 6 ~~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	Amounts from line 6 ~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~  Add lines 10a and 10b ~~~~~  Net income from unrelated business activities not included on line 10b, whether or not the business is	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 1000 b	Amounts from line 6 ~~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~ Add lines 10a and 10b ~~~~~ Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~~	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 1000 b	Amounts from line 6 ~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~  Add lines 10a and 10b ~~~~~  Net income from unrelated business activities not included on line 10b, whether or not the business is	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 1000 b	Amounts from line 6 ~~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~  Add lines 10a and 10b ~~~~  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~~  Other income. Do not include gain	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 1000 b	Amounts from line 6 ~~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Durrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~ Add lines 10a and 10b ~~~~ Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~ Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Cale 9 1000 b	ndar year (or fiscal year beginning in)   Amounts from line 6 ~~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~ 1 Add lines 10a and 10b ~~~~ 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~~  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	organization's first	second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3) organizatio	
Cale 9 1000 b	Amounts from line 6 ~~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Durrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~ Add lines 10a and 10b ~~~~ Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~ Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	organization's first	second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3) organizatio	
Cale 9 1000 b	Amounts from line 6 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	organization's first	second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3) organizatio	
Cale 9 1000 b	Amounts from line 6 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Cross Add lines 10a and 10b Cross activities not included on line 10b, whether or not the business is regularly carried on Cross from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	organization's first.  c Support Per (line 8, column (f))	second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3) organizatio	n,
Cale 9 1000 110 111 112 113 114 Sec 15 16	Amounts from line 6 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Cross Add lines 10a and 10b Cross activities not included on line 10b, whether or not the business is regularly carried on Cother income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Cross for the check this box and stop here Cotion C. Computation of Public Public support percentage for 2021	organization's first  c Support Pere  (line 8, column (f) ) Schedule A, Part	second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3) organizatio	n,
Cale 9 1000 110 111 112 113 114 Sec 15 16	Amounts from line 6 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	organization's first  c Support Pero (line 8, column (f)) Schedule A, Part stment Income	second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3) organizatio	n, <b>1</b>
Cale 9 1000 b 111 12 13 14 Sec 15 16 Sec	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here   Ction C. Computation of Public Public support percentage from 2021 Public support percentage from 2021	organization's first  c Support Pere (line 8, column (f) ) Schedule A, Part stment Income  221 (line 10c, column	second, third, fo centage , divided by line Ill, line 15 Percentage an (f), divided by line	urth, or fifth tax ye	ear as a section 50	1(c)(3) organizatio  15  16	n,
Cale 9 1000 1000 1000 1000 1000 1000 1000 1	Amounts from line 6 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	organization's first  C Support Per (line 8, column (f) ) Schedule A, Part stment Income )21 (line 10c, column ) 2020 Schedule A,	second, third, fo centage , divided by line Ill, line 15 Percentage an (f), divided by line Part Ill, line 17	urth, or fifth tax ye	ear as a section 50	1(c)(3) organizatio  15 16  17 18	n,

b 33 1/3% support tests - 2020. 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

132023 01-04-22

Schedule A (Form 990) 2021

132023 01-04-22 Schedule A (Form 990) 2021

Special Supporting Organizations

Paae 4

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

organization was described in section 509(a)(1) or (2).

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
   Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501 (c) (4), (5), or (6) and satisfied the public support tests under section 509 (a) (2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
<b>4</b> a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
100		
lule A (Ferr	n 990)	2021
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b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

2h

3а

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Schedule A (Form 990) 2021

STATE UNIVERSITY SAN BERNARDINO

95-6126562 Page

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruction
-----------------------------------------------------------------------------------------------------------------------------------------------

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 instruc	tions) 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 Port VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater	ramount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, colum	n 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		

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

Schedule A (Form 990) 2021

## ASSOCIATED STUDENTS CALIFORNIA

Sche	dule A (Form 990) 2021 STATE UNIVERSIT			9	5-6126562	Page
Par	t V Type III Non-Functionally Integrated 509(a)	)(3) Supporting Orgar	nizations <i>(contin</i>	ued)		
Secti	on D - Distributions				Current Yea	r
1	Amounts paid to supported organizations to accomplish exemp	pt purposes		1	<u> </u>	
2	Amounts paid to perform activity that directly furthers exempt p	purposes of supported			1	
	organizations, in excess of income from activity			2	<u> </u>	
3	Administrative expenses paid to accomplish exempt purposes	of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4	<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required - prov	ride details in Part VI)		5	<u> </u>	
6	Other distributions ( <i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7	<u> </u>	
8	Distributions to attentive supported organizations to which the	organization is responsive			I	
	(provide details in Part VI). See instructions.	,		8	1	
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sectio	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
_	able cause required - <i>explain in</i> Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	Distributions for 2021 from Section D,					
4	line 7:					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> Part VI. See instructions.					
,						
6	Remaining underdistributions for 2021. Subtract lines 3h				I	
	and 4b from line 1. For result greater than zero, <i>explain in</i>				1	
_	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
8	and 4c.  Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020 Excess from 2021					
U	LACE33 HOTH ZUZT					

Schedule A (Form 990) 2021

Pa		١.	/1
-2	п	٠,	<i>,</i> ,

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:					
MISC	ELLANEOU	S IN	COME		
2017	AMOUNT:	\$	1,025.		
2018	AMOUNT:	\$	609.		
2019	AMOUNT:	\$	98.		
2020	AMOUNT:	\$	1,886.		
2021	AMOUNT:	\$	5,000.		

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

| Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
| Attach to Form 990.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

ASSOCIATED STUDENTS CALIFORNIA Name of the organization

Employer identification number

		SIAIE UNIVERSII			·		-6126562	<u> </u>
Pa		nizations Maintaining Donor A			nas or Acc	ounts. Con	nplete if the	
	organi	zation answered "Yes" on Form 990, Pa	rt IV, line 6.					
				(a) Donor advised funds	(	(b) Funds and a	other accounts	S
1	Total numbe	r at end of year ~~~~~~	~~~					
2		alue of contributions to (during year) ~~						
3		alue of grants from (during year) ~~~~						
4		alue at end of year ~~~~~~						
5		ization inform all donors and donor adv		ng that the assets held in donor o	advised fund	s		
Ü		inization's property, subject to the o					Yes	No
6		ization inform all grantees, donors, and					103	140
O		purposes and not for the benefit of the						
		private benefit? •••••••		, , ,		•		No.
Pai		ervation Easements. Complete if						190
1					770,1 all 11,1			
1	Purpose(s) or o	conservation easements held by the org	janization (d	спеск ан тпат арргу).				
		tion of land for public use (for example,	recreation	•		cally importan		
		n of natural habitat		Preservation	on of a certifi	ed historic stru	ıcture	
	Preservat	ion of open space						
_			1.6.		, ,			
2		es 2a through 2d if the organization held	a qualified	conservation contribution in the t	torm of a cor		ement on the Ic the End of the T	
	day of the tax	,					the Lift of the i	ax rear
а		per of conservation easement	3	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2a		
b		restricted by conservation easements				2b		
С		onservation easements on a certified		, ,		2c		
d		onservation easements included in (c) o						
	listed in the	National Register ~~~~~~	~~~~	~~~~~~~~~~~	~~~~	2d		
3	Number of co	nservation easements modified, transfe	rred, releas	ed, extinguished, or terminated b	by the organiz	zation during th	ie tax	
	year							
4	Number of sto	ites where property subject to conserva	tion easem	ent is located				
5	Does the orga	nization have a written policy regarding	the period	ic monitoring, inspection, handlin	g of			
	violations, ar	nd enforcement of the conservation	n easemer	nts it holds? ~~~~~~~	~~~~~	~~~~~	Yes	No
6	Staff and volu	nteer hours devoted to monitoring, insp	ecting, han	dling of violations, and enforcing	conservation	n easements di	uring the year	
	1	5. 1	O.				,	
7	Amount of ex	 penses incurred in monitoring, inspecting	a, handlina	of violations, and enforcing cons	servation eas	ements durina	the vear	
			0, 1 1 0	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			, ,	
8	•	onservation easement reported on line 2	(d) above s	atisfy the requirements of section	170(h)(4)(B)(	i)		
Ü		170(h)(4)(B)(ii)? ~~~~~~~					Yes	No
9		scribe how the organization reports co					103	140
,		t, and include, if applicable, the text of					<b>,</b>	
		accounting for conservation easeme		5 TO THE OIGHT IZATION STITION CONTROL	aromoms me	ir desembes irre	•	
Pai		nizations Maintaining Collection		t Historical Treasures o	r Other Si	milar Asset	s	
. u		lete if the organization answered "Yes"				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1					مالمطالم سام			
Ia	_	ation elected, as permitted under FASB		·			KS .	
		al treasures, or other similar assets held				nce of public		
	·	de in Part XIII the text of the footnote to					r	
b	ū	ation elected, as permitted under FASB		·				
		treasures, or other similar assets held for	•	bition, education, or research in	turtherance	of public servic	ce,	
	provide the fo	ollowing amounts relating to these item	ns:					
	(i) Revenue	included on Form 990, Part VIII, line 1	~~~~~	~~~~~~~~~~	~~~~	I \$		
	(ii) Assets inc	cluded in Form 990, Part X ~~~~~	~~~~~	.~~~~~~~~~~~~	~~~	I \$		

132051 10-28-21

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	le
а	Revenue included on Form 990, Part VIII, line 1	\$
	Associate included in Farms 2000, Book V	r.
	Assets included in Form 990, Part X ••••••••••••••••	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO 95-6126562 ໃ້ປ່ວງຊື່ລາງຂໍ້ສູ້ເວົ້າການ Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? ••••••••••• Nο 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. la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 1d c Beginning balance 1e **Additions** during the 1f e Distributions during the vear **Ending** 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 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 b Contributions ~~~~~~~~~ c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment | Term endowment |_ 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: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ~~~~ 3b Describe in Part XIII the intended uses of the organization's endowment funds

Part VI	Land, Buildings,	and Equipment.
---------	------------------	----------------

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

complete if the organization answered the officer of the organization and the organization an						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
la Land ~~~~~~						
b Buildings ~~~~~~~						
c Leasehold improvements ~~~~~~						
d Equipment ~~~~~~~~~~~~		118,212.	111,441.	6,771.		
e Other • • • • • • • • • • • • • • • • • • •						
Total, Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colui	mn (B), line 10c.) • • • •	• • • • • •	6,771.		

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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
1) Financial derivatives	(b) book value	(e) Memod of Valodient. Cost of One	or year marker value
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(F)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	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)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (		11d. See Form 990, Part X, line 15.	(1.) D
ODED ACCEM	Description		(b) Book value $367,\!435$
(1) OPEB ASSET (2)			307,436
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			9.67. 49.5
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15., Part X Other Liabilities.	<u> </u>	•••••	367,435
	5 000 D 111/1		
Complete if the organization answered "Yes" ( (a) Description of liability	on Form 990, Part IV, line	The or Tit. See Form 990, Part X, line 25.	(b) Book value
(1) Federal income taxes			(b) book value
(2) ACCRUED COMPENSATED ABSENCE	ES		25,126
(3) LIABILITIES FOR PENSION BE			140,459
(4)			
(5)			
(6)			Ì
(7)			
(7) (8)			
(7)			165,585

. Liability for uncertain fax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

## ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO 95-6126562

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

Page	4

Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1 Total revenue, gains, and other support per audited financial statements ~~~	~~~~~~~~	1	1,705,771.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	.   2a		
a Net unrealized gains (losses) on investments	2b		
b Donated services and use of facilities	2c 2c		
c Recoveries of prior year grants	2d		
	20	2e	0.
e Add lines 2a through 2d		3	1,705,771.
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	Ο.
5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )	• • • • • • • • • • • • • • • • • • • •	5	1,705,771.
Part XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses pe	er Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1 Total expenses and losses per audited financial statements ~~		1	1,327,094.
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	1,327,094.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•••••	5	1,327,094.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin	ne 4; Part X, lir	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any of	additional information.		
PART X, LINE 2:			
I AILI A, LINE 2.			
ASI IS EXEMPT FROM FEDERAL INCOME TAXES AS A	NONPROFIT ORGA	NIZATIOI	N HNDER
THO I DEPLIES THE TAKE IN THE PROPERTY OF THE	THOM TO THE ORIGINAL	112/1110/	ONDER.
SECTION 501(C)(3) OF THE INTERNAL REVENUE COI	DE. A COMPARABLE	EXEMP	ΓΙΟΝ HAS
BEEN GRANTED BY THE STATE OF CALIFORNIA FOR	ASI'S FORM 990, I	RETURN	OF
	,		
ORGANIZATION EXEMPT FROM INCOME TAX.			

132054 10-28-21 Schedule D (Form 990) 2021

### SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Go to www.irs.gov/Form990 for the latest information. ASSOCIATED STUDENTS CALIFORNIA Name of the organization

Employer identification number 95-6126562

STATE UNI	VERSITY SA	N BERNARDIN	10				95-6126562
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records     criteria used to award the grants     Describe in Part IV the organization's property II     Grants and Other Assistance to Describe in Part II	or assistance?	~~~~~~~~ oring the use of grant f	unds in the United :	~~~~~~~ States		~~~~~~	~~ X Yes No
recipient that received more than	\$5,000. Part II can b	oe duplicated if additio	onal space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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)	0.	14,477.			SUPPORT SCHOLARSHIPS AND UNIVERISTY PROGRAMS
THE UNIVERSITY ENTERPRISES ORPORATION OF CSUSB - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	95-6067343	501(C)(3)	0.	162,000.			SUPPORT OF CHILDREN'S CENTER
SUSB PHILANTHROPIC FOUNDATION 500 UNIVERSITY PARKWAY AN BERNARDINO, CA 92407	95-3104280	501(C)(3)	0.	120,000.			SUPPORT SCHOLARSHIPS
	1	I				ı	I

Schedule I (Form 990) 2021

# ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

Schedule | (Form 990) 2021 Page 2 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. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: RECORDS FOR THOSE ASSISTED WITH GRANTS OF FUNDS FROM THE ASI ARE KEPT WITH THE UNIVERSITY'S STUDENT FINANCE DEPARTMENT AND THE FOUNDATION.

132102 10-26-21 Schedule I (Form 990) 2021

## SCHEDULE J (Form 990)

## Compensation Information

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

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

| Attach to Form 990. | Go to www.irs.gov/Form990 for instructions and the latest information. 2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Open to Public Inspection

Employer identification number

95-6126562

Questions Regarding Compensation No Yes la 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4C 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. 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: X 5a The organization? а X 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a organization? X Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 X not described on lines 5 and 6? If "Yes," describe in Part III ~~~ Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)? ••••••••••••••••••••••••••••••••••

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Page 2

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.

	(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. PAZ OLIVEREZ (i)	0.	0.	О.	0.	0.	0.	O.
PRESIDENT'S REPRESENTATIVE (ii)	223,162.	О.	О.	65,976.	23,567.	312,705.	О.
(2) DR. DARIA GRAHAM (i)	0.	0.	0.	0.	0.	0.	0.
ADVISOR (ii)	169,616.	0.	0.	41,733.	34,978.	246,327.	0.
(i) (ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							
(i)							
(ii)							
(ii)							
(ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							
(i)							
(ii)							
(ii)							
(ii)							
(i)							

## ASSOCIATED STUDENTS CALIFORNIA

STATE UNIVERSITY SAN BERNARDINO

95-6126562	Page 3
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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.

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

## SCHEDULE O (Form 990)

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 Form 990-EZ.
| Go to www.irs.gov/Form990 for the latest information.

202 I

Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Employer identification number 95-6126562

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

A COPY OF THE 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:

A BOARD MEMBER WHO IS FACED WITH A CONFLICT OF INTEREST ISSUE IS NORMALLY
REQUIRED TO DISCLOSE IN WRITING TO THE CHAIR OF THE BOARD WHO SHALL HAVE
THE AFFIRMATIVE DUTY TO ADVISE THE POLICIES AND PROCEDURES COMMITTEE OF THE
CONFLICT AS SOON AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNING BOARD OF THE ORGANIZATION SHALL PROVIDE SALARIES, WORKING
CONDITIONS AND BENEFITS, EXCLUSIVE OF PERMANENT STATUS BENEFITS, FOR ITS
FULL-TIME EMPLOYEES WHICH ARE COMPARABLE TO THOSE PROVIDED TO CAMPUS
EMPLOYEES PERFORMING SIMILAR SERVICES. FOR THOSE EMPLOYEES WHOSE DUTIES ARE
NOT COMPARABLE TO CLASSES IN CAMPUS EMPLOYMENT, THE SALARIES ESTABLISHED
SHALL BE AT LEAST EQUAL TO THE SALARIES PREVAILING IN OTHER SIMILAR
EDUCATIONAL INSTITUTIONS IN THE AREA, OR COMMERCIAL OPERATIONS OF LIKE
NATURE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ALSO UPON

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

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990) 2021

132212 11-11-21 Schedule O (Form 990) 2021

### SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

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

| Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Employer identification number 95-6126562

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	eme End-of-yea	r assets		ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organization organizations during the tax year.	nns. Complete if the organization a	nswered "Yes" on Form 990, F	Part IV, line 34, bed	cause it had one or	more re	elated tax-exem	npt	
(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	Dired	(f) ct controlling entity	conti	g) 512(b)(13) rolled tity?
		,,		501(c)(3))			Yes	No
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 33-0644150, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	PROVIDING EDUCATIONAL SERVICES TO THE PUBLIC	CALIFORNIA	115(1)	STATE INSTITUTION				X
THE UNIVERSITY ENTERPRISES CORPORATION OF	DERVICED TO THE TOBER	CHEN CHAN	113(1)	INSTITUTION				11
CSUSB - 95-6067343, 5500 UNIVERSITY PARKWAY,								***
SAN BERNARDINO, CA 92407	AND RELATED SERVICES	CALIFORNIA	501(C)(3)	LINE 5				X
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077 5500 UNIVERSITY PARKWAY	MANAGING GIFTS AND							
SAN BERNARDINO, CA 92407	ENDOWMENT FUNDS	CALIFORNIA	501(C)(3)	LINE 5				X

CALIFORNIA

501(C)(3)

LINE 5

FINANCING, OPERATING, AND

CONTRUCTING CAMPUS UNION

ACTIVITIES

SANTOS MANUEL STUDENT UNION - 95-3104280

X

5500 UNIVERSITY PARKWAY

SAN BERNARDINO, CA 92407

# ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

Schedule R (Form 990) 2021

Page 2

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.

		T	T					ı	1	
(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Primary activity		Direct controlling	Predominant income	Share of total	Share of			Code V-UBI	Genera managi	or Percentage ownership
	(state or foreign	Cilliy	excluded from tax under	lilcome				20 of Schedule	partne	
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
										+
			Primary activity  Legal domicile domicile entity  (state or entity	Primary activity    Legal domicile (state or (related, unrelated,	Primary activity    Legal domicile (state or state or sta	Primary activity  Legal domicile (state or entity)  Legal domicile (state or entity)  Predominant income (related, unrelated, income end-of-year	Primary activity    Legal domicile (state or entity)   Legal domicile (state or entity)   Predominant income (related, unrelated, income end-of-year allocations)	Primary activity  Legal domicile (state or entity)  Legal domicile (state or entity)  Predominant income (related, unrelated, income end-of-year end-of-year ellocations?	Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnectionals Code V-LIBI	Primary activity    Legal domicile (state or controlling entity)   Legal domicile (state or controlling entity)   Predominant income (related, unrelated,

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
		country)		01 110317		G33C13		Yes No
		•	•	•	•		•	

132163 11-17-21 Schedule R (Form 990) 2021

95-6126562

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?  1 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  1 b Gift, grant, or capital contribution to related organization(s)  2 c Gift, grant, or capital contribution from related organization(s)  3 lb X  4 Loans or loan guarantees to or for related organization(s)  4 Loans or loan guarantees by related organization(s)  5 Sale of assets to related organization(s)  6 Dividends from related organization(s)  7 p Dividends from related organization(s)  8 Sale of assets to related organization(s)  9 Sale of assets to related organization(s)  10 III  11 III III III III III III III III	No
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)	
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)	
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)  1c	X
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)  1d	37
d Edding Grant Gra	X
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)	X
g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)	X
g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)	X
h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)	X
i Exchange of assets with related organization(s)	X
1:	X
j Lease of facilities, equipment, or other assets to related organization(s)	X
	v
k Lease of facilities, equipment, or other assets from related organization(s)	X
I Performance of services or membership or fundraising solicitations for related organization(s)	X
m Performance of services of membership of fundraising solicitations by related organization(s)	X
n sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X
o Sharing of paid employees with related organization(s)	
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)	X
s Other transfer of cash or property from related organization(s) ••••••••••••••••••••••••••••••••••••	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	
(a) (b) (c) (d)  Name of related organization type (a-s)	
CALIFORNIA STATE UNIVERSITY, SAN	
(1) BERNARDINO P 335,431. FMV	
(2) CSUSB PHILANTHROPIC FOUNDATION P 123,670. FMV	
(3) SANTOS MANUEL STUDENT UNION P 44,620. FMV	
THE UNIVERISTY ENTERPISES CORPORATION OF  (4) CSUSB  P 162,000.FMV	
(5) SANTOS MANUEL STUDENT UNION Q 61,031.FMV	
CALIFORNIA STATE UNIVERSITY, SAN  (6) BERNARDINO  Q 16,971. FMV Schedule R (Form 990)	2021

## ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

95-6126562

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners s 501(c)(3 orgs.? Yes N	sec. Snare of total	(g) Share of end-of-year assets	Disproportionate allocations:  Yes No	amount in box 20 of Schedule K-1	Gene mana partn Yes	ral or Percen aging owner	ntage
	-										

Schedule R (Form 990) 2021

95-6126562

Part VII	
	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

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Schedule R (Form 990) 2021

## EEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS

Form 8868

## Application for Automatic Extension of Time To File an

(Rev. January 2022)

Department of the Treas

## **Exempt Organization Return**

| File a separate application for each return.

OMB No. 1545-0047

Internal Revenue Service | Go to www.irs.gov/Form8868 for the latest information. 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/e-file-providers/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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or ASSOCIATED STUDENTS CALIFORNIA print 95-6126562 STATE UNIVERSITY SAN BERNARDINO Number, street, and room or suite no. If a P.O. box, see instructions. due date for 5500 UNIVERSITY PARKWAY filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.  $SAN\ BERNARDINO,\ CA\ 92407$ instructions. Enter the Return Code for the return that this application is for (file a separate application for each return)  $0 \mid 1$ Application Application Return Return Code Is For Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 5227 Form 990-PF 04 10 Form 6069 05 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 MARIA BADULIS - 5500 UNIVERSITY PARKWAY - SAN

BERNARDINO, CA 92407 • The books are in the care of

Т	Telephone No.   $(909)$ $537$ - $3922$ Fax No.			
	the organization does not have an office or place of business in the United States, check this box			
• It box	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If  I fit is for part of the group, check this box and attach a list with the names and TINs of all		-	• • •
1	I request an automatic 6-month extension of time until $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	the exem	pt organizat	cion return for
	the organization named above. The extension is for the organization's return for:			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fine Change in accounting period	nal returi	n	
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b		3b	\$	0.
С		3c	s	0.

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

123841 01-12-22

LHA

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