



CliftonLarsonAllen LLP  
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**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

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**Prepared For:**

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

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**Prepared By:**

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

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

EIN or SSN  
**95-6126562**

Name and title of officer or person subject to tax **MIKE RISTER  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,705,771.</u>
2a	Form 990-EZ check here <input type="checkbox"/>	3a	b Total revenue, if any (Form 990-EZ, line 9)	b	_____
	Form 1120-POL check here <input type="checkbox"/>		Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a	Form 8868 check here <input type="checkbox"/>	6a	b Balance due (Form 8868, line 3c)	5b	_____
	Form 990-T check here <input type="checkbox"/>	7a	b Total tax (Form 990-T, Part III, line 4)	6b	_____
	Form 4720 check here <input type="checkbox"/>	8a	b Total tax (Form 4720, Part III, line 1)	b	FMV of
	Form 5227 check here <input type="checkbox"/>	9a	assets at end of tax year (Form 5227, Item D)	7b	_____
	Form 5330 check here <input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	8b	_____
				9b	_____
10a	Form 8038-CP check here <input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP

ERO firm name

to enter my PIN

**92407**

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

DocuSigned by:

Date | 5/15/2023

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**95369055902**

Do not enter all zeros

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

Date | 05/15/23

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

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

Form 8879-TE (2021)

102521 01-11-22

10530515 131839 A209421

2021.05080 ASSOCIATED STUDENTS CALIF A2094211

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2021

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <b>ASSOCIATED STUDENTS CALIFORNIA</b>		D Employer identification number <b>95-6126562</b>
	Address <b>STATE UNIVERSITY SAN BERNARDINO</b>		E Telephone number <b>(909) 537-5932</b>
	Doing business as	Room/suite	
	Number and street (or P.O. box if mail is not delivered to street address) <b>5500 UNIVERSITY PARKWAY</b>		G Gross receipts \$ <b>1,705,771.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SAN BERNARDINO, CA 92407</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <b>MIKE RISTER</b> <b>5500 UNIVERISTY PARKWAY, SAN BERNARDINO, CA</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input checked="" type="checkbox"/> S (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions			

J Website: **WWW.CSUSB.EDU/ASI** H(c) Group exemption number

K Form of organization:  Corporation  Trust  Association  Other L Year of formation: **1988** M State of legal domicile: **CA**

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE AND SUPPORT</b>			
	<b>ACTIVITIES RELATED TO THE UNIVERSITY'S INSTRUCTIONAL PROGRAM.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19	
	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	
Revenue	6 Total number of volunteers (estimate if necessary)	6	12	
	7a 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.	0.	
		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	0.	0.	
	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.	
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	558,123.	477,965.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	2,361,291.	2,471,459.	
	22 Net assets or fund balances. Subtract line 21 from line 20	444,035.	175,526.	
	1,917,256.	2,295,933.		

## Part II Signature Block

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

Sign Here	DocuSigned by: <b>MIKE RISTER, EXECUTIVE DIRECTOR</b>	5/13/2023
	Signature of officer	Date

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

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

Form 990 (2021)



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? ~~~~~ Yes  No

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? ~~~~~ Yes  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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

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

4e Total program service expenses |

824,504.

Form 990 (2021)

132002 12-09-21

**Part IV Checklist of Required Schedules**

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ~~~~~		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~~~~~		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	



Part 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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. ~~~~~	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~ 3a X		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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~ 4a X		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~ 5a X		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~ 5b X		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~ 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~ 6a X		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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~ 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... z X		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~ 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~ 7e X		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~ 7f X		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-C? 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.		
a	Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~ 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~ 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~ 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders ~~~~~ 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~ 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ Note: See the instructions for additional information the organization must report on Schedule O.		b Enter the amount of reserves the

<del>organization is licensed to issue qualified health plans</del>		13b		
<del>c Enter the amount of reserves on hand</del>		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? <i>If "No," provide an explanation on Schedule O</i>		14b	
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? If "Yes," see the instructions and file Form 4720, Schedule N.		15	X
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.		16	X
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.		17	
			Form	990 (2021)

132005 12-09-21

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.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	19	
b	Enter the number of voting members included on line 1a, above, who are independent ~~~~~	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 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
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:		
a	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? <i>If "Yes," provide the names and addresses on Schedule O</i> .....	9	X

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

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

**Section 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 only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website       Another's website       Upon request       Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records | \_\_\_\_\_



KHRISTINE BARRAZA - (909) 537-5039

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII ..... Section

A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See 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

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

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANGEL CONTRERAS STUDENT-AT-LARGE	1.00	X						0.	0.	0.
(19) ALEXIS MCGOWAN SUSTAINABILITY	1.00	X						0.	0.	0.
1 b Subtotal ~~~~~								170,171.	475,514.	227,332.
c Total from continuation sheets to Part VII, Section A ~~~~~								0.	0.	0.
d Total (add lines 1b and 1c) .....								170,171.	475,514.	227,332.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> ~~~~~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ~~~~~	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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



ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

95-6126562

Form 990 (2021)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~	1a					
	b	Membership dues ~~~~~	1b					
	c	Fundraising events ~~~~~	1c					
	d	Related organizations ~~~~~	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ~	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f .....						
	Program Service Revenue	2 a	<u>ASI STUDENT FEES</u>	Business Code 900099	1,682,150.	1,682,150.		
b								
c								
d								
e								
f		All other program service revenue ~~~~~						
g		Total. Add lines 2a-2f .....		1,682,150.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~~~~~		18,621.			18,621.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties .....						
	6 a	Gross rents ~~~~~	6a	(i) Real (ii) Personal				
			6b					
			6c					
	d	Net rental income or (loss) .....						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
			7b					
			7c					
			d	Net gain or (loss) .....				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~~~~~	8a					
			8b					
			c	Net income or (loss) from fundraising events .....				
9 a	Gross income from gaming activities. See Part IV, line 19 ~~~~~	9a						
		9b						
		c	Net income or (loss) from gaming activities .....					
10 a	Gross sales of inventory, less returns and allowances ~~~~~	10a						
		10b						
		c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	11 a	<u>OTHER INCOME</u>	Business Code 900999	5,000.	5,000.			
	b							
	c							
	d	All other revenue ~~~~~						
	e	Total. Add lines 11a-11d .....		5,000.				
12	Total revenue. See instructions .....		1,705,771.	1,687,150.	0.	18,621.		

ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

95-6126562

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~	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 ~~~				
4 Benefits paid to or for members ~~~~~~				
5 Compensation of current officers, directors, 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) ~~~				
7 Other salaries and wages ~~~~~~	341,546.	192,460.	149,086.	
8 Pension plan accruals and contributions (include 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):				
a Management ~~~~~~				
b Legal ~~~~~~	2,735.		2,735.	
c 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, 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 ~~~~~~				
22 Depreciation, depletion, and amortization ~	5,363.	5,363.		
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 Schedule O.)				
a <b>SCHOOL EVENTS</b>	194,434.	194,434.		
b <b>CAMPUS SERVICES</b>	133,389.		133,389.	
c <b>BUILDING EQUIPMENT AND</b>	28,733.		28,733.	
d <b>ORIENTATION</b>	3,893.		3,893.	
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.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing ~~~~~	<b>67,131.</b>	1	<b>133,696.</b>
	2 Savings and temporary cash investments ~~~~~	<b>2,003,373.</b>	2	<b>1,942,501.</b>
	3 Pledges and grants receivable, net ~~~~~		3	
	4 Accounts receivable, net ~~~~~	<b>1,006.</b>	4	<b>2,109.</b>
	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	
	8 Inventories for sale or use ~~~~~	<b>18,947.</b>	8	<b>18,947.</b>
	9 Prepaid expenses and deferred charges ~~~~~		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~	<b>118,212.</b>		
	b Less: accumulated depreciation ~~~~~	<b>111,441.</b>		
		<b>12,134.</b>	10c	<b>6,771.</b>
	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 ~~~~~		14	
15 Other assets. See Part IV, line 11 ~~~~~	<b>258,700.</b>	15	<b>367,435.</b>	
16 Total assets. Add lines 1 through 15 (must equal line 33) .....	<b>2,361,291.</b>	16	<b>2,471,459.</b>	
Liabilities	17 Accounts payable and accrued expenses ~~~~~	<b>198,974.</b>	17	<b>9,941.</b>
	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	
	22 Loans and other 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 ~~~~~		22	
	23 Secured mortgages and notes payable to unrelated third parties ~~~~~		23	
	24 Unsecured notes and loans payable to unrelated third parties ~~~~~		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~~~~~	<b>245,061.</b>	25	<b>165,585.</b>
	26 Total liabilities. Add lines 17 through 25 .....	<b>444,035.</b>	26	<b>175,526.</b>
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here   <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions ~~~~~	<b>1,917,256.</b>	27	<b>2,295,933.</b>
	28 Net assets with donor restrictions ~~~~~		28	
	Organizations that do not follow FASB ASC 958, check here   <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds ~~~~~		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~		30	
	31 Retained earnings, endowment, accumulated income, or other funds ~~~~		31	
	32 Total net assets or fund balances ~~~~~	<b>1,917,256.</b>	32	<b>2,295,933.</b>
33 Total liabilities and net assets/fund balances .....	<b>2,361,291.</b>	33	<b>2,471,459.</b>	

Form 990 (2021)

**Part XI** Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,705,771.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,327,094.
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	
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,295,933.

**Part XII** Financial Statements and Reporting

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

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

Form 990 (2021)



**SCHEDULE A**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO** Employer identification number **95-6126562**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations ~~~~~

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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.") ~ ~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~ ~ ~	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.

**Section B. Total Support**

Calendar 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 activities, etc. (see instructions) ~ ~ ~ ~ ~ 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |

**Section C. Computation of Public Support Percentage**

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, Part II, line 14 ~ ~ ~ ~ ~	15	97.77	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~			X
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~			
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~			
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...			

Schedule A (Form 990) 2021  
**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~ ~ ~ ~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~ ~ ~ ~ ~						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 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.) ~ ~ ~ ~ ~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 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 organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ |

b 33 1/3% support tests - 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 ~ ~ ~ ~ ~ |



**Part IV Supporting Organizations**

(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**

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

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

ASSOCIATED STUDENTS CALIFORNIA

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors ( <i>explain in detail in</i> Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 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, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

ASSOCIATED STUDENTS CALIFORNIA

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 ( <i>provide details in</i> 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reasonable cause required - <i>explain in</i> Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

**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.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, and monitoring details.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts.

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:

a 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

**Part III** (Form 990) 2021 **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance ~~~~~
- d Additions during the year ~~~~~
- e Distributions during the year ~~~~~
- f Ending balance ~~~~~

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance ~~~~~					
b Contributions ~~~~~					
c Net investment earnings, gains, and losses					
d Grants or scholarships ~~~~~					
e Other expenditures for facilities and programs ~~~~~					
f Administrative expenses ~~~~~					
g End of year balance ~~~~~					

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

- a Board designated or quasi-endowment | \_\_\_\_\_%
- b Permanent endowment | \_\_\_\_\_%
- c 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:

- (i) Unrelated organizations ~~~~~
- (ii) Related organizations ~~~~~

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

**Part VI** **Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land ~~~~~				
b Buildings ~~~~~				
c Leasehold improvements ~~~~~				
d Equipment ~~~~~		118,212.	111,441.	6,771.
e Other .....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				6,771.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OPEB ASSET	367,435.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATED ABSENCES	25,126.
(3) LIABILITIES FOR PENSION BENEFITS	140,459.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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 |

**Part XI** (Form 990) 2021 **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,705,771.

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

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

1	Total expenses and losses per audited financial statements		1	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; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

ASI IS EXEMPT FROM FEDERAL INCOME TAXES AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A COMPARABLE EXEMPTION HAS BEEN GRANTED BY THE STATE OF CALIFORNIA FOR ASI'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.





## 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO** Employer identification number  
**95-6126562**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. \_\_\_\_\_

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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

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

3 Enter total number of other organizations listed in the line 1 table .....

1.

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

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.

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

**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.**



SCHEDULE J  
(Form 990)

Compensation Information

OMB No. 1545-0047

2021

Department of the Treasury  
Internal Revenue Service

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.

Open to Public  
Inspection

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

Employer identification number  
**95-6126562**

Part I Questions Regarding Compensation

	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 regarding these items.		
First-class or charter travel		
Travel for companions		
Tax indemnification and gross-up payments		
Discretionary spending account		
Housing allowance or residence for personal use		
Payments for business use of personal residence		
Health or social club dues or initiation fees		
Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~~~~~	2	
3 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		
Independent compensation consultant		
Form 990 of other organizations		
Written employment contract		
Compensation survey or study		
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? ~~~~~	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan? ~~~~~	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? ~~~~~	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization? ~~~~~	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 pay or accrue any compensation contingent on the net earnings of:		
a 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 organization provide 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 contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ~~~~~	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	9	

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

Schedule J (Form 990) 2021

ASSOCIATED STUDENTS CALIFORNIA

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

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

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

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







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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

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

132211 11-11-21



### 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO** Employer identification number **95-6126562**

**Part I** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 33-0644150, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	PROVIDING EDUCATIONAL SERVICES TO THE PUBLIC	CALIFORNIA	115(1)	STATE INSTITUTION			X
THE UNIVERSITY ENTERPRISES CORPORATION OF CSUSB - 95-6067343, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	EDUCATION, ADMINISTRATION, AND RELATED SERVICES	CALIFORNIA	501(C)(3)	LINE 5			X
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	MANAGING GIFTS AND ENDOWMENT FUNDS	CALIFORNIA	501(C)(3)	LINE 5			X
SANTOS MANUEL STUDENT UNION - 95-3104280 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	FINANCING, OPERATING, AND CONSTRUCTING CAMPUS UNION ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 5			X

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

**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.

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

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

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


**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	P	335,431.	FMV
(2) CSUSB PHILANTHROPIC FOUNDATION	P	123,670.	FMV
(3) SANTOS MANUEL STUDENT UNION	P	44,620.	FMV
(4) THE UNIVERISTY ENTERPISES CORPORATION OF CSUSB	P	162,000.	FMV
(5) SANTOS MANUEL STUDENT UNION	Q	61,031.	FMV
(6) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	Q	16,971.	FMV

ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

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

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

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



**Part VII**

**Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2022

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**Prepared For:**

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

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**Prepared By:**

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

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**To be Signed and Dated By:**

Not applicable

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**Amount of Tax:**

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

---

**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

---

**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy)

07/01/2021

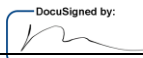
, and ending (mm/dd/yyyy)

06/30/2022

Corporation/Organization name <b>ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO</b>		California corporation number <b>1604018</b>
Additional information. See instructions.		FEIN <b>95-6126562</b>
Street address (suite or room) <b>5500 UNIVERSITY PARKWAY</b>		PMB no.
City <b>SAN BERNARDINO</b>	State <b>CA</b>	ZIP code <b>92407</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return ~~~~~ Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return ~~~~~ Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust ~~~~~ Yes <input type="checkbox"/> No</p> <p>D Final information return?                  • Dissolved      Surrendered (Withdrawn)      Merged/Reorganized                  Enter date: (mm/dd/yyyy) • _____</p> <p>E Check accounting method: (1) Cash (2) <input checked="" type="checkbox"/> Accrual (3) Other (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>F Federal return filed? (1) • 990T (2) • 990PF (3) • Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions ~~~~~ Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption ~~~~~ Yes <input checked="" type="checkbox"/> No                  If "Yes," what is the parent's name?                  _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ~~~~~ Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. ~~~~~ Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&amp;TC Section 23701g? • Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? ~~~~~ Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? ~~~~~ Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? ~~~~~ Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? ~~~~~ Yes <input checked="" type="checkbox"/> No                  Date filed with IRS _____</p>
---	---

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ~~~~~ •	1	1,705,771	00
	2 Gross dues and assessments from members and affiliates ~~~~~ •	2		00
	3 Gross contributions, gifts, grants, and similar amounts received ~~~~~ •	3		00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B ••	4	1,705,771	00
	5 Cost of goods sold ~~~~~ •	5		00
	6 Cost or other basis, and sales expenses of assets sold ~~~~~ •	6		00
	7 Total costs. Add line 5 and line 6 ~~~~~	7		00
	8 Total gross income. Subtract line 7 from line 4 •	8	1,705,771	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 ~~~~~ •	9	1,258,450	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 •	10	447,321	00
Filing Fee	11 Total payments ~~~~~ •	11		00
	12 Use tax. See General Information K ~~~~~ •	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ~~~~~ •	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ~~~~~ •	14		00
	15 Penalties and interest. See General Information J ~~~~~	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result ••	16		00
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 taxpayer) is based on all information of which preparer has any knowledge.			
Preparer's Use Only	Signature of officer  9D905C758AA740B..	Title <b>EXECUTIVE DIRE</b>	Date <b>5/15/2023</b>	Telephone <b>(909) 537-3954</b>
Prepared	Preparer's signature <b>DAVID ROBYDEK</b>	Date <b>05/15/23</b>	Check if self-employed	• PTIN <b>P02127582</b>
Preparer's Use Only	Firm's name (or yours, if self-employed) and address <b>CLIFTONLARSONALLEN LLP 301 NORTH LAKE AVENUE, SUITE 900 PASADENA, CA 91101</b>			• Firm's FEIN <b>41-0746749</b> • Telephone <b>(626) 793-3600</b>
May the FTB discuss this return with the preparer shown above? See instructions •• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				



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

128951 01-19-22

Receipts from Other Sources Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	18,621	00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		00
	7	Other income SEE STATEMENT 1	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 STATEMENT 2	9	296,477	00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	145,296	00
	12	Other salaries and wages	12	341,546	00
	13	Interest	13		00
	14	Taxes	14	23,497	00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other expenses and disbursements SEE STATEMENT 4	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 STATEMENT 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				
17 Mortgages payable				
18 Other liabilities STATEMENT 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 not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	447,321
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	447,321		



ASSOCIATED STUDENTS CALIFORNIA STATE UNI 95-6126562  
 ~~~~~

CA 199 OTHER INCOME STATEMENT 1  
 ~~~~~

DESCRIPTION	AMOUNT
OTHER INCOME	5,000.
ASI STUDENT FEES	1,682,150.
TOTAL TO FORM 199, PART II, LINE 7	1,687,150.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 2  
 ~~~~~

ACTIVITY CLASSIFICATION: SCHOLARSHIPS AND PROGRAM SUPPORTS

| DONEES NAME                    | DONEES ADDRESS                                  | RELATIONSHIP | AMOUNT   |
|--------------------------------|-------------------------------------------------|--------------|----------|
| CSUSB PHILANTHROPIC FOUNDATION | 5500 UNIVERSITY PKWY - SAN BERNARDINO, CA 92407 | NONE         | 296,477. |

TOTAL FOR THIS ACTIVITY 296,477.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 296,477.  
 ~~~~~







TAXABLE YEAR  
2021

# California e-file Return Authorization for Exempt Organizations

FORM  
8453-EO

Exempt Organization name <b>ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO</b>	Identifying number <b>95-6126562</b>
---	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>1,705,771</u>
2 Total gross income (Form 199, line 8)	2	<u>1,705,771</u>
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/dd/yyyy)
-------------------------------	-----------	---------------------------------

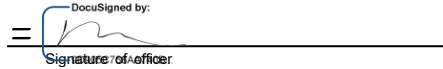
Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	7 Type of account: <u>Checking</u> <u>Savings</u>
6 Account number	

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here  5/15/2023 EXECUTIVE DIRECTOR  
DocuSigned by: Signature of officer Date Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	signature = <u>DAVID ROBYDEK</u>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <u>P02127582</u>
	Firm's name (or yours if self-employed) and address = <u>CLIFTONLARSONALLEN LLP</u> <u>301 NORTH LAKE AVENUE, SUITE 900</u> <u>PASADENA, CA</u>				Firm's FEIN <u>41-0746749</u> ZIP code <u>91101</u>

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

Paid Preparer	Paid signature preparer's =	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours)			Firm's FEIN

Must  
Sign

if self-employed)  
and address

=

ZIP code

FTB 8453-EO 2021

129021 12-29-21

6

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**

June 30, 2022

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**Prepared For:**

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

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**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

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**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).

**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.

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](http://www.oag.ca.gov/charities)

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

Name of Organization

List all DBAs and names the organization uses or has used

**5500 UNIVERSITY PARKWAY**

Address (Number and Street)

**SAN BERNARDINO, CA 92407**

City or Town, State, and ZIP Code

**(909) 537-5932**

Telephone Number

**ASI-UA@CSUSB.EDU**

E-mail Address

Check if:

Change of address  
Amended report

State Charity Registration Number CT **010307**

Corporation or Organization No. **1604018**

Federal Employer ID No. **95-6126562**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 1,705,771 Noncash Contributions \$ 0 Total Assets \$ 2,471,459  
Program Expenses \$ 824,504 Total Expenses \$ 1,327,094

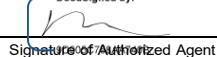
**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

DocuSigned by:

  
Signature of Authorized Agent

**MIKE RISTER**

Printed Name

**EXECUTIVE DIRECTOR** 5/15/2023

Title

Date

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2021

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable:

C Name of organization: **ASSOCIATED STUDENTS CALIFORNIA**

D Employer identification number: **95-6126562**

Address change: **STATE UNIVERSITY SAN BERNARDINO**

Name change: **Doing business as**

Initial return: **Number and street (or P.O. box if mail is not delivered to street address) Room/suite**

Final return/terminated: **5500 UNIVERSITY PARKWAY**

Amended return: **CITY OR TOWN, STATE OR PROVINCE, COUNTRY, AND ZIP OR FOREIGN POSTAL CODE**

Application pending: **SAN BERNARDINO, CA 92407**

F Name and address of principal officer: **MIKE RISTER**

**5500 UNIVERISTY PARKWAY, SAN BERNARDINO, CA**

E Telephone number: **(909) 537-5932**

G Gross receipts \$: **1,705,771.**

H(a) Is this a group return for subordinates?  Yes  No

H(b) Are all subordinates included?  Yes  No

Tax-exempt status:  501(c)(3)  501(c) ( )  S (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions

J Website: **WWW.CSUSB.EDU/ASI** H(c) Group exemption number: \_\_\_\_\_

K Form of organization:  Corporation  Trust  Association  Other  L Year of formation: **1988** M State of legal domicile: **CA**

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE AND SUPPORT</b>		
		<b>ACTIVITIES RELATED TO THE UNIVERSITY'S INSTRUCTIONAL PROGRAM.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	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
Revenue	6	Total number of volunteers (estimate if necessary)	6	12
	7a	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
	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	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.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	558,123.	477,965.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	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.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-656,912.	378,677.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,361,291.	2,471,459.
	22	Net assets or fund balances. Subtract line 21 from line 20	444,035.	175,526.
		1,917,256.	2,295,933.	

## 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** Date: **5/15/2023**

May the IRS discuss this return with the preparer shown above? See instructions ..... X Yes  No

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

Form 990 (2021)

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? ~~~~~ Yes  No

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? ~~~~~ Yes  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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

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

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



4e Total program service expenses |

**824,504.**

132002 12-09-21

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

**Part IV Checklist of Required Schedules**

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ~~~~~		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~~~~~		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ~~~~~	X	



Part 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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. ~~~~~	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~ 3a X		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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~ 4a X		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~ 5a X		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~ 5b X		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~ 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~ 6a X		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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~ 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... z X		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~ 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~ 7e X		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~ 7f X		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-C? 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.		
a	Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~ 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~ 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~ 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders ~~~~~ 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~ 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ Note: See the instructions for additional information the organization must report on Schedule O.		b Enter the amount of reserves the

<del>organization is licensed to issue qualified health plans</del>		13b		
<del>c Enter the amount of reserves on hand</del>		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? <i>If "No," provide an explanation on Schedule O</i>		14b	
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? If "Yes," see the instructions and file Form 4720, Schedule N.		15	X
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.		16	X
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.		17	
			Form	990 (2021)

132005 12-09-21

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.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	19	
b	Enter the number of voting members included on line 1a, above, who are independent ~~~~~	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 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
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:		
a	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? <i>If "Yes," provide the names and addresses on Schedule O</i> .....	9	X

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

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

**Section 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 only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website       Another's website       Upon request       Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records | \_\_\_\_\_





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

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

132007 12-09-21

Form 990 (2021)

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANGEL CONTRERAS STUDENT-AT-LARGE	1.00	X						0.	0.	0.
(19) ALEXIS MCGOWAN SUSTAINABILITY	1.00	X						0.	0.	0.
1 b Subtotal ~~~~~								170,171.	475,514.	227,332.
c Total from continuation sheets to Part VII, Section A ~~~~~								0.	0.	0.
d Total (add lines 1b and 1c) .....								170,171.	475,514.	227,332.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> ~~~~~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ~~~~~	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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



ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

95-6126562

Form 990 (2021)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~	1a					
	b	Membership dues ~~~~~	1b					
	c	Fundraising events ~~~~~	1c					
	d	Related organizations ~~~~~	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ~	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f .....						
	Program Service Revenue	2 a	<u>ASI STUDENT FEES</u>	Business Code 900099	1,682,150.	1,682,150.		
b								
c								
d								
e								
f		All other program service revenue ~~~~~						
g		Total. Add lines 2a-2f .....		1,682,150.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~~~~~		18,621.			18,621.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties .....						
	6 a	Gross rents ~~~~~	6a	(i) Real	(ii) Personal			
				6b				
				6c				
	d	Net rental income or (loss) .....						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
				7b				
				7c				
				d	Net gain or (loss) .....			
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~~~~~	8a					
				8b				
				c	Net income or (loss) from fundraising events .....			
9 a	Gross income from gaming activities. See Part IV, line 19 ~~~~~	9a						
			9b					
			c	Net income or (loss) from gaming activities .....				
10 a	Gross sales of inventory, less returns and allowances ~~~~~	10a						
			10b					
			c	Net income or (loss) from sales of inventory .....				
Miscellaneous Revenue	11 a	<u>OTHER INCOME</u>	Business Code 900999	5,000.	5,000.			
	b							
	c							
	d	All other revenue ~~~~~						
	e	Total. Add lines 11a-11d .....		5,000.				
12	Total revenue. See instructions .....		1,705,771.	1,687,150.	0.	18,621.		

ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

95-6126562

Form 990 (2021)

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~	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 ~~~				
4 Benefits paid to or for members ~~~~~~				
5 Compensation of current officers, directors, 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) ~~~				
7 Other salaries and wages ~~~~~~	341,546.	192,460.	149,086.	
8 Pension plan accruals and contributions (include 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):				
a Management ~~~~~~				
b Legal ~~~~~~	2,735.		2,735.	
c 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, 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 ~~~~~~				
22 Depreciation, depletion, and amortization ~	5,363.	5,363.		
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 Schedule O.)				
a <b>SCHOOL EVENTS</b>	194,434.	194,434.		
b <b>CAMPUS SERVICES</b>	133,389.		133,389.	
c <b>BUILDING EQUIPMENT AND</b>	28,733.		28,733.	
d <b>ORIENTATION</b>	3,893.		3,893.	
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.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing ~~~~~	<b>67,131.</b>	1	<b>133,696.</b>
	2 Savings and temporary cash investments ~~~~~	<b>2,003,373.</b>	2	<b>1,942,501.</b>
	3 Pledges and grants receivable, net ~~~~~		3	
	4 Accounts receivable, net ~~~~~	<b>1,006.</b>	4	<b>2,109.</b>
	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	
	8 Inventories for sale or use ~~~~~	<b>18,947.</b>	8	<b>18,947.</b>
	9 Prepaid expenses and deferred charges ~~~~~		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~	<b>118,212.</b>		
	b Less: accumulated depreciation ~~~~~	<b>111,441.</b>		
		<b>12,134.</b>	10c	<b>6,771.</b>
	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 ~~~~~		14	
15 Other assets. See Part IV, line 11 ~~~~~	<b>258,700.</b>	15	<b>367,435.</b>	
16 Total assets. Add lines 1 through 15 (must equal line 33) .....	<b>2,361,291.</b>	16	<b>2,471,459.</b>	
Liabilities	17 Accounts payable and accrued expenses ~~~~~	<b>198,974.</b>	17	<b>9,941.</b>
	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	
	22 Loans and other 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 ~~~~~		22	
	23 Secured mortgages and notes payable to unrelated third parties ~~~~~		23	
	24 Unsecured notes and loans payable to unrelated third parties ~~~~~		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~~~~~	<b>245,061.</b>	25	<b>165,585.</b>
	26 Total liabilities. Add lines 17 through 25 .....	<b>444,035.</b>	26	<b>175,526.</b>
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here   <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions ~~~~~	<b>1,917,256.</b>	27	<b>2,295,933.</b>
	28 Net assets with donor restrictions ~~~~~		28	
	Organizations that do not follow FASB ASC 958, check here   <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds ~~~~~		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~		30	
	31 Retained earnings, endowment, accumulated income, or other funds ~~~~		31	
	32 Total net assets or fund balances ~~~~~	<b>1,917,256.</b>	32	<b>2,295,933.</b>
33 Total liabilities and net assets/fund balances .....	<b>2,361,291.</b>	33	<b>2,471,459.</b>	

Form 990 (2021)

**Part XI** Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~	1	<b>1,705,771.</b>
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~	2	<b>1,327,094.</b>
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~	3	<b>378,677.</b>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~	4	<b>1,917,256.</b>
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	<b>0.</b>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	<b>2,295,933.</b>

**Part XII** Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis      Consolidated basis      Both consolidated and separate basis		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? ~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis      Consolidated basis      Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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? ~~~~~		<input checked="" type="checkbox"/>
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 .....		

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. 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 ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO Employer identification number 95-6126562

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An 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.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). Includes a Total row at the bottom.



Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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.") ~ ~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~ ~ ~	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.

**Section B. Total Support**

Calendar 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 activities, etc. (see instructions) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |

**Section C. Computation of Public Support Percentage**

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, Part II, line 14 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	15	97.77	%

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | X

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... |

Schedule A (Form 990) 2021  
**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf ~~~~~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~~~~~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~						
c Add lines 7a and 7b ~~~~~						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 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.) ~~~~~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ~~~~~	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 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 organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~ |

b 33 1/3% support tests - 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 ~~~~~ |



(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**

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

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

ASSOCIATED STUDENTS CALIFORNIA

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors ( <i>explain in detail in</i> Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 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, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

ASSOCIATED STUDENTS CALIFORNIA

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 ( <i>provide details in</i> 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reasonable cause required - <i>explain in</i> Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 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.





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.

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

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

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

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, qualified contributions, and monitoring. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenue and assets.

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:

a 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

**Part III** (Form 990) 2021 **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

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

- a Board designated or quasi-endowment | \_\_\_\_\_%
- b Permanent endowment | \_\_\_\_\_%
- c 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:

- (i) Unrelated organizations .....
- (ii) Related organizations .....

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		118,212.	111,441.	6,771.
e Other .....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				6,771.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OPEB ASSET	<b>367,435.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b>	<b>367,435.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATED ABSENCES	<b>25,126.</b>
(3) LIABILITIES FOR PENSION BENEFITS	<b>140,459.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>165,585.</b>

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 <sup>1</sup>

**Part XI** (Form 990) 2021 **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,705,771.

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

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

1	Total expenses and losses per audited financial statements		1	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; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

ASI IS EXEMPT FROM FEDERAL INCOME TAXES AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A COMPARABLE EXEMPTION HAS BEEN GRANTED BY THE STATE OF CALIFORNIA FOR ASI'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.





## 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO** Employer identification number  
**95-6126562**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States \_\_\_\_\_

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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

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

3 Enter total number of other organizations listed in the line 1 table .....

1.

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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.

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

**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.**



SCHEDULE J  
(Form 990)

Compensation Information

OMB No. 1545-0047

2021

Department of the Treasury  
Internal Revenue Service

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.

Open to Public  
Inspection

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

Employer identification number  
**95-6126562**

Part I Questions Regarding Compensation

	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 regarding these items.		
First-class or charter travel		
Travel for companions		
Tax indemnification and gross-up payments		
Discretionary spending account		
Housing allowance or residence for personal use		
Payments for business use of personal residence		
Health or social club dues or initiation fees		
Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~~~~~	2	
3 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		
Independent compensation consultant		
Form 990 of other organizations		
Written employment contract		
Compensation survey or study		
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? ~~~~~	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan? ~~~~~	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? ~~~~~	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization? ~~~~~	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 pay or accrue any compensation contingent on the net earnings of:		
a 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 organization provide 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 contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ~~~~~	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	9	

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

Schedule J (Form 990) 2021

ASSOCIATED STUDENTS CALIFORNIA

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

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

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

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







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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

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.  
132211 11-11-21

Schedule O (Form 990) 2021



## 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO</b>	Employer identification number <b>95-6126562</b>
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**Part I** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 33-0644150, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	PROVIDING EDUCATIONAL SERVICES TO THE PUBLIC	CALIFORNIA	115(1)	STATE INSTITUTION			X
THE UNIVERSITY ENTERPRISES CORPORATION OF CSUSB - 95-6067343, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	EDUCATION, ADMINISTRATION, AND RELATED SERVICES	CALIFORNIA	501(C)(3)	LINE 5			X
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	MANAGING GIFTS AND ENDOWMENT FUNDS	CALIFORNIA	501(C)(3)	LINE 5			X
SANTOS MANUEL STUDENT UNION - 95-3104280 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	FINANCING, OPERATING, AND CONSTRUCTING CAMPUS UNION ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 5			X

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

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

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

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

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


ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	P	335,431.	FMV
(2) CSUSB PHILANTHROPIC FOUNDATION	P	123,670.	FMV
(3) SANTOS MANUEL STUDENT UNION	P	44,620.	FMV
(4) THE UNIVERISTY ENTERPISES CORPORATION OF CSUSB	P	162,000.	FMV
(5) SANTOS MANUEL STUDENT UNION	Q	61,031.	FMV
(6) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	Q	16,971.	FMV

ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

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

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

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





# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**

June 30, 2022

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**Prepared For:**

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

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**Prepared By:**

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

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**Amount of Tax:**

Balance due of \$200

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**Make Check Payable To:**

Department of Justice

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**Mail Tax Return To:**

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

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

Please mail as soon as possible.

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**Special Instructions:**

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

**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.

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](http://www.oag.ca.gov/charities)

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

Name of Organization

List all DBAs and names the organization uses or has used

**5500 UNIVERSITY PARKWAY**

Address (Number and Street)

**SAN BERNARDINO, CA 92407**

City or Town, State, and ZIP Code

**(909) 537-5932**      **ASI-UA@CSUSB.EDU**

Telephone Number

E-mail Address

Check if:

Change of address  
Amended report

State Charity Registration Number CT **010307**

Corporation or Organization No. **1604018**

Federal Employer ID No. **95-6126562**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 1,705,771      Noncash Contributions \$ 0      Total Assets \$ 2,471,459  
Program Expenses \$ 824,504      Total Expenses \$ 1,327,094

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

**MIKE RISTER**

**EXECUTIVE DIRECTOR**

Signature of Authorized Agent

Printed Name

Title

Date

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2021

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <b>ASSOCIATED STUDENTS CALIFORNIA</b>		D Employer identification number <b>95-6126562</b>
	Address <b>STATE UNIVERSITY SAN BERNARDINO</b>		E Telephone number <b>(909) 537-5932</b>
	Doing business as	Room/suite	
	Number and street (or P.O. box if mail is not delivered to street address) <b>5500 UNIVERSITY PARKWAY</b>		G Gross receipts \$ <b>1,705,771.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SAN BERNARDINO, CA 92407</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <b>MIKE RISTER</b> <b>5500 UNIVERISTY PARKWAY, SAN BERNARDINO, CA</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) <input type="checkbox"/> S (insert no.) 4947(a)(1) or 527			If "No," attach a list. See instructions

J Website: **WWW.CSUSB.EDU/ASI** H(c) Group exemption number

K Form of organization:  Corporation  Trust  Association  Other L Year of formation: **1988** M State of legal domicile: **CA**

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE AND SUPPORT</b>		
	<b>ACTIVITIES RELATED TO THE UNIVERSITY'S INSTRUCTIONAL PROGRAM.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	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
Revenue	6 Total number of volunteers (estimate if necessary)	6	12
	7a 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.	0.
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	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.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	558,123.	477,965.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	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.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-656,912.	378,677.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,361,291.	2,471,459.
	22 Net assets or fund balances. Subtract line 21 from line 20	444,035.	175,526.
	1,917,256.	2,295,933.	

## Part II Signature Block

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

Sign Here	= Signature of officer <b>MIKE RISTER, EXECUTIVE DIRECTOR</b>	Date
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May the IRS discuss this return with the preparer shown above? See instructions ..... X Yes

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

Form 990 (2021)

Part III <sup>2021</sup> 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? ~~~~~ Yes  No

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? ~~~~~ Yes  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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

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

4e Total program service expenses |

**824,504.**

Form **990** (2021)

132002 12-09-21

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

**Part IV Checklist of Required Schedules**

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

**Part 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> ~~~~~		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> ~~~~~	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> ~~~~~		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~~~~~		
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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> ~~~~~		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> ~~~~~		X
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? <i>If "Yes," complete Schedule L, Part II</i> ~~~~~		X
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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ~~~~~		X
27		X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> ~~~~~		X
28a		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> ~~~~~		X
28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> ~~~~~		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> ~~~~~		X
29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> ~~~~~		X
30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> ~~~~~		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> ~~~~~		X
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? <i>If "Yes," complete Schedule R, Part I</i> ~~~~~		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> ~~~~~	X	
34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~~~~~		X
35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ~~~~~		
35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> ~~~~~	X	
36	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> ~~~~~		X
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 .....	X	
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ~~~~~		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~~~~~		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	



Part 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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. ~~~~~	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~ 3a X		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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~ 4a X		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~ 5a X		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~ 5b X		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~ 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~ 6a X		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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~ 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... z X		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~ 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~ 7e X		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~ 7f X		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-C? 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.		
a	Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~ 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~ 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~ 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders ~~~~~ 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~ 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ Note: See the instructions for additional information the organization must report on Schedule O.		b Enter the amount of reserves the

<del>organization is licensed to issue qualified health plans</del>		13b		
<del>c Enter the amount of reserves on hand</del>		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? <i>If "No," provide an explanation on Schedule O</i>		14b	
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? If "Yes," see the instructions and file Form 4720, Schedule N.		15	X
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.		16	X
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.		17	
132005 12-09-21			Form 990 (2021)	

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.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	19	
b	Enter the number of voting members included on line 1a, above, who are independent ~~~~~		
	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	Did 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? ~~~~~	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
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:		
a	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? <i>If "Yes," provide the names and addresses on Schedule O</i> .....	9	X

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

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

**Section 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 only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website       Another's website       Upon request       Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records | \_\_\_\_\_

KHRISTINE BARRAZA - (909) 537-5039

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407

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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

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

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANGEL CONTRERAS STUDENT-AT-LARGE	1.00	X						0.	0.	0.
(19) ALEXIS MCGOWAN SUSTAINABILITY	1.00	X						0.	0.	0.
1 b Subtotal ~~~~~								170,171.	475,514.	227,332.
c Total from continuation sheets to Part VII, Section A ~~~~~								0.	0.	0.
d Total (add lines 1b and 1c) .....								170,171.	475,514.	227,332.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> ~~~~~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ~~~~~	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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



ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

95-6126562

Part VIII <sup>21)</sup> Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~	1a					
	b	Membership dues ~~~~~	1b					
	c	Fundraising events ~~~~~	1c					
	d	Related organizations ~~~~~	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ~	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f .....						
	Program Service Revenue	2 a	<u>ASI STUDENT FEES</u>	Business Code 900099	1,682,150.	1,682,150.		
b								
c								
d								
e								
f		All other program service revenue ~~~~~						
g		Total. Add lines 2a-2f .....		1,682,150.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~~~~~		18,621.			18,621.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties .....						
	6 a	Gross rents ~~~~~	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ~	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) .....						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses ~~~	7b					
c	Gain or (loss) ~~~~~	7c						
d	Net gain or (loss) .....							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~~~~~	8a						
b	Less: direct expenses ~~~~~	8b						
c	Net income or (loss) from fundraising events .....							
9 a	Gross income from gaming activities. See Part IV, line 19 ~~~~~	9a						
b	Less: direct expenses ~~~~~	9b						
c	Net income or (loss) from gaming activities .....							
10 a	Gross sales of inventory, less returns and allowances ~~~~~	10a						
b	Less: cost of goods sold ~~~~~	10b						
c	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	11 a	<u>OTHER INCOME</u>	Business Code 900999	5,000.	5,000.			
	b							
	c							
	d	All other revenue ~~~~~						
	e	Total. Add lines 11a-11d .....		5,000.				
12	Total revenue. See instructions .....		1,705,771.	1,687,150.	0.	18,621.		



ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

95-6126562

**Part IX** <sup>(2021)</sup> **Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~	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 ~~~				
4 Benefits paid to or for members ~~~~~~				
5 Compensation of current officers, directors, 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) ~~~				
7 Other salaries and wages ~~~~~~	341,546.	192,460.	149,086.	
8 Pension plan accruals and contributions (include 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):				
a Management ~~~~~~				
b Legal ~~~~~~	2,735.		2,735.	
c 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, 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 ~~~~~~				
22 Depreciation, depletion, and amortization ~	5,363.	5,363.		
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 Schedule O.)				
a <b>SCHOOL EVENTS</b>	194,434.	194,434.		
b <b>CAMPUS SERVICES</b>	133,389.		133,389.	
c <b>BUILDING EQUIPMENT AND</b>	28,733.		28,733.	
d <b>ORIENTATION</b>	3,893.		3,893.	
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.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing ~~~~~	<b>67,131.</b>	1	<b>133,696.</b>
	2 Savings and temporary cash investments ~~~~~	<b>2,003,373.</b>	2	<b>1,942,501.</b>
	3 Pledges and grants receivable, net ~~~~~		3	
	4 Accounts receivable, net ~~~~~	<b>1,006.</b>	4	<b>2,109.</b>
	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	
	8 Inventories for sale or use ~~~~~	<b>18,947.</b>	8	<b>18,947.</b>
	9 Prepaid expenses and deferred charges ~~~~~		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~	<b>118,212.</b>		
	b Less: accumulated depreciation ~~~~~	<b>111,441.</b>		
		<b>12,134.</b>	10c	<b>6,771.</b>
	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 ~~~~~		14	
15 Other assets. See Part IV, line 11 ~~~~~	<b>258,700.</b>	15	<b>367,435.</b>	
16 Total assets. Add lines 1 through 15 (must equal line 33) .....	<b>2,361,291.</b>	16	<b>2,471,459.</b>	
Liabilities	17 Accounts payable and accrued expenses ~~~~~	<b>198,974.</b>	17	<b>9,941.</b>
	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	
	22 Loans and other 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 ~~~~~		22	
	23 Secured mortgages and notes payable to unrelated third parties ~~~~~		23	
	24 Unsecured notes and loans payable to unrelated third parties ~~~~~		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~~~~~	<b>245,061.</b>	25	<b>165,585.</b>
	26 Total liabilities. Add lines 17 through 25 .....	<b>444,035.</b>	26	<b>175,526.</b>
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here   <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions ~~~~~	<b>1,917,256.</b>	27	<b>2,295,933.</b>
	28 Net assets with donor restrictions ~~~~~		28	
	Organizations that do not follow FASB ASC 958, check here   <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds ~~~~~		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~		30	
	31 Retained earnings, endowment, accumulated income, or other funds ~~~~		31	
32 Total net assets or fund balances ~~~~~	<b>1,917,256.</b>	32	<b>2,295,933.</b>	
33 Total liabilities and net assets/fund balances .....	<b>2,361,291.</b>	33	<b>2,471,459.</b>	

**Part XI** <sup>2021</sup> Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~	1	<b>1,705,771.</b>
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~	2	<b>1,327,094.</b>
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~	3	<b>378,677.</b>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~	4	<b>1,917,256.</b>
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	<b>0.</b>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	<b>2,295,933.</b>

**Part XII** Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input checked="" type="checkbox"/> 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? ~~~~~ 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		<input checked="" type="checkbox"/> X
2b	Were the organization's financial statements audited by an independent accountant? ~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis      Consolidated basis      Both consolidated and separate basis	<input checked="" type="checkbox"/> X	
2c	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.	<input checked="" type="checkbox"/> 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? ~~~~~		<input checked="" type="checkbox"/> X
3b	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 .....		

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. 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 ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO Employer identification number 95-6126562

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An 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.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations ~~~~~

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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.") ~ ~	1777970.	1749618.	1775087.	1727180.	1682151.	8712006.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~ ~ ~	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.

**Section B. Total Support**

Calendar 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 activities, etc. (see instructions) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |

**Section C. Computation of Public Support Percentage**

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, Part II, line 14 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	15	97.77	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			X
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			

Schedule A (Form 990) 2021  
**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~ ~ ~ ~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~ ~ ~ ~ ~						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 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.) ~ ~ ~ ~ ~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 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 organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ |

b 33 1/3% support tests - 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 ~ ~ ~ ~ ~ |



Part IV Supporting Organizations

(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

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



**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

ASSOCIATED STUDENTS CALIFORNIA

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors ( <i>explain in detail in</i> Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 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, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

ASSOCIATED STUDENTS CALIFORNIA

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 ( <i>provide details in</i> 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reasonable cause required - <i>explain in</i> Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 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.

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 ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Employer identification number 95-6126562

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

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor property and charitable purposes.

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

Form for Part II Conservation Easements. Includes questions about purpose(s) of easements, number of easements, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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:

a 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

**Part III** (Form 990) 2021 **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance ~~~~~
- d Additions during the year ~~~~~
- e Distributions during the year ~~~~~
- f Ending balance ~~~~~

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance ~~~~~					
b Contributions ~~~~~					
c Net investment earnings, gains, and losses					
d Grants or scholarships ~~~~~					
e Other expenditures for facilities and programs ~~~~~					
f Administrative expenses ~~~~~					
g End of year balance ~~~~~					

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

- a Board designated or quasi-endowment | \_\_\_\_\_%
- b Permanent endowment | \_\_\_\_\_%
- c 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:

- (i) Unrelated organizations ~~~~~
- (ii) Related organizations ~~~~~

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

**Part VI** **Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land ~~~~~				
b Buildings ~~~~~				
c Leasehold improvements ~~~~~				
d Equipment ~~~~~		118,212.	111,441.	6,771.
e Other .....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				6,771.





**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OPEB ASSET	<b>367,435.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....</b>	<b>367,435.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATED ABSENCES	<b>25,126.</b>
(3) LIABILITIES FOR PENSION BENEFITS	<b>140,459.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....</b>	<b>165,585.</b>

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

**Part XI** (Form 990) 2021 **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,705,771.

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

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

1	Total expenses and losses per audited financial statements		1	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; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

ASI IS EXEMPT FROM FEDERAL INCOME TAXES AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A COMPARABLE EXEMPTION HAS BEEN GRANTED BY THE STATE OF CALIFORNIA FOR ASI'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.



## 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO** Employer identification number  
**95-6126562**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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

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

3 Enter total number of other organizations listed in the line 1 table .....

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

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

95-6126562

Schedule I (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.

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

**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.**





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

Employer identification number  
**95-6126562**

**Part I Questions Regarding Compensation**

	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 regarding these items.		
First-class or charter travel		
Travel for companions		
Tax indemnification and gross-up payments		
Discretionary spending account		
Housing allowance or residence for personal use		
Payments for business use of personal residence		
Health or social club dues or initiation fees		
Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~~~~~	2	
3 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		
Independent compensation consultant		
Form 990 of other organizations		
Written employment contract		
Compensation survey or study		
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? ~~~~~	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan? ~~~~~	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? ~~~~~	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization? ~~~~~	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 pay or accrue any compensation contingent on the net earnings of:		
a 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 organization provide 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 contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ~~~~~	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	9	

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

Schedule J (Form 990) 2021

ASSOCIATED STUDENTS CALIFORNIA

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

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

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

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



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.

Multiple horizontal lines for supplemental information.

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

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

132211 11-11-21

Name of the organization ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

Employer identification number  
95-6126562

THE ORGANIZATION HAS A DESIGNATED COMMITTEE THAT REVIEWS AND APPROVES  
THE FINANCIAL STATEMENT AUDIT PRIOR TO THE PRESENTATION AND ACCEPTANCE  
BY THE FULL BOARD. EXTERNAL AUDITORS ARE SELECTED THROUGH OPEN BID  
PROCESSES AT THE END OF THE SPECIFIED CONTRACT PERIODS. THE PROCESS HAS  
NOT CHANGED FROM THE PRIOR YEAR.

(Empty lines for additional text)

### 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY SAN BERNARDINO** Employer identification number **95-6126562**

**Part I** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 33-0644150, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	PROVIDING EDUCATIONAL SERVICES TO THE PUBLIC	CALIFORNIA	115(1)	STATE INSTITUTION			X
THE UNIVERSITY ENTERPRISES CORPORATION OF CSUSB - 95-6067343, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	EDUCATION, ADMINISTRATION, AND RELATED SERVICES	CALIFORNIA	501(C)(3)	LINE 5			X
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	MANAGING GIFTS AND ENDOWMENT FUNDS	CALIFORNIA	501(C)(3)	LINE 5			X
SANTOS MANUEL STUDENT UNION - 95-3104280 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	FINANCING, OPERATING, AND CONSTRUCTING CAMPUS UNION ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 5			X

**ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO**

95-6126562

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

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

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

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




ASSOCIATED STUDENTS CALIFORNIA  
STATE UNIVERSITY SAN BERNARDINO

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	P	335,431.FMV	
(2) CSUSB PHILANTHROPIC FOUNDATION	P	123,670.FMV	
(3) SANTOS MANUEL STUDENT UNION	P	44,620.FMV	
(4) THE UNIVERISTY ENTERPISES CORPORATION OF CSUSB	P	162,000.FMV	
(5) SANTOS MANUEL STUDENT UNION	Q	61,031.FMV	
(6) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	Q	16,971.FMV	





Form 8868

Application for Automatic Extension of Time To File an

(Rev. January 2022)

Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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.

Form fields: Type or print, Name of exempt organization or other filer, Taxpayer identification number (TIN), File by the due date for filing your return, Number, street, and room or suite no., City, town or post office, state, and ZIP code.

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 990-T (corporation).

MARIA BADULIS - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407

The books are in the care of

Telephone No. (909) 537-3922 Fax No.

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for

the organization named above. The extension is for the organization's return for:

calendar year or
[X] tax year beginning 07/01/2021, and ending 06/30/2022

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

Table with 3 columns: Description, 3a, 3b, 3c. Rows include tentative tax, refundable credits, and balance due.

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

**Certificate Of Completion**

Envelope Id: 75006B1789B8489B9486545BF7F4AC13	Status: Completed
Subject: Tax Return for Associated Students, Incorporated CSUSB- A209421 - 2021	
Client Name: Associated Students, Incorporated CSUSB	
Client Number: A209421	
Source Envelope:	
Document Pages: 87	Signatures: 6
Supplemental Document Pages: 39	Initials: 1
Certificate Pages: 5	Envelope Originator: CLA Operations
AutoNav: Enabled	220 S 6th St Ste 300
Enveloped Stamping: Enabled	Minneapolis, MN 55402-1418
Time Zone: (UTC-06:00) Central Time (US & Canada)	Erlinda.Tomas@claconnect.com IP Address: 144.91.232.178

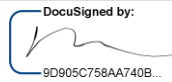
**Record Tracking**

Status: Original 5/15/2023 1:37:05 PM	Holder: CLA Operations Erlinda.Tomas@claconnect.com	Location: DocuSign
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**Signer Events**

Mike Rister  
michael.rister@csusb.edu  
Security Level: Email, Account Authentication (None), Access Code

**Signature**



Signature Adoption: Drawn on Device  
Using IP Address: 174.195.192.61  
Signed using mobile

**Timestamp**

Sent: 5/15/2023 1:40:19 PM  
Viewed: 5/15/2023 3:07:42 PM  
Signed: 5/15/2023 3:09:35 PM

**Electronic Record and Signature Disclosure:**

Accepted: 5/15/2023 3:07:42 PM  
ID: 6c246b21-c0f2-420b-8d5f-0dce2a5adb23

Supplemental Documents:	PRINT & PAPER FILE - ASICSUSB - 06.30.2022 Form CARRF-1.pdf	Viewed: 5/15/2023 3:09:01 PM  Read: Not Required Accepted: Not Required
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**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

Dacia Woods  
dwoods@csusb.edu  
Security Level: Email, Account Authentication (None)



Sent: 5/15/2023 1:40:20 PM  
Viewed: 5/15/2023 3:25:42 PM

**Electronic Record and Signature Disclosure:**

Accepted: 5/5/2022 6:12:44 PM  
ID: c3ef2108-7a90-4d89-9741-ed38295cea6b

Carbon Copy Events	Status	Timestamp
David Robydek david.robbydek@claconnect.com Principal Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 5/15/2023 1:40:21 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 5/3/2023 6:35:54 PM  
 ID: a6cbe800-a601-4654-bf48-8fee81b4f1f2

Rima Tran Rima.Tan@csusb.edu Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 5/15/2023 1:40:20 PM
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**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	5/15/2023 1:40:21 PM
Certified Delivered	Security Checked	5/15/2023 3:07:42 PM
Signing Complete	Security Checked	5/15/2023 3:09:35 PM
Completed	Security Checked	5/15/2023 3:09:35 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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