

CliftonLarsonAllen LLP CLAconnect.com

UNIVERSITY ENTERPRISES CORPORATION AT CSUSB

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2024

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL~1, 2023, and ending JUN 30

2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS, Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. UNIVERSITY ENTERPRISES CORPORATION AT

EIN or SSN 95-6067343

SESAR MORFIN Name and title of officer or person subject to tax

EXECUTIVE DIRECTOR

Part I	Type of	Return	and	Return	Information
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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	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b 53,439,736.
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	ignatu	e Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare that	at X I	am an officer of the above entity or $ igsqcup I$ am a person subject to tax with res	pect to (name
of entity	<i></i>		, (EIN) and that I hav	e examined a copy of the
വാദപ	octronic roturn and accompany	ing scho	hules and statements, and to the best of my knowledge and belief they are tr	up 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) and an analysis of the electronic return. 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.

P	11	1 :	check	one	box	only

X I authorize	CLIFTONLARSONALLEN LLP		to enter my PIN	55902
		ERO firm name		Enter five numbers, be

as my signature on the tax year 2023 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 2023 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. 5/14/2025

Sesar Morfil 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.

95405255902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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

CASIE ZWAHLEN, CPA

05/14/25 Date

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

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

Form **8868** (Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution:	If you are going to make an electronic funds withdrawal (direct debi	it) with this Form 8868, see Form 84	153-TE and	Form 8879	9-TE for payment	
instructio	ns.						_
All corpo	rations required to file an income tax return other than Fo	rm 990-T ((including 1120-C filers), partnership	s, REM I Cs	, and trust	8	
must use	Form 7004 to request an extension of time to file income	e tax returr	าร.				_
Part I - Id	dentification			_			
Type or	Name of exempt organization, employer, or other filer,	, see instru	ictions.	Taxpayer	identificati	on number (T I N)	
Print	UNIVERSITY ENTERPRISES CORPORATION AT						
File by the	CSUSB				95-60	67343	
due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.				
filing your return. See	5500 UNIVERSITY PARKWAY						
instructions.	City, town or post office, state, and ZIP code. For a fo	reign addr	ess, see instructions.				
	SAN BERNARDINO, CA 92407						_
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			01	_
Applicati	on Is For	Return	Application Is For			Return	ı
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 472	20 (individua l)	03	Form 5227			10	
Form 990)-PF	04	Form 6069			11	
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form 990)-T (trust other than above)	06	Form 5330 (individual)			13	
Form 990	P-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104	11-A	08					
Pla	pplication is for an extension of time to file Form 5330, yo n Name n Number	ou must er	nter the following information.				
Pla	n Year Ending (MM/DD/YYYY)						
	utomatic Extension of Time To File for Exempt Organi	zations (s	ee instructions)				_
The bo	ooks are in the care of MICHELLE BULAON						
	5500 UNIVERSITY PARKWAY -	- SAN BE	RNARDINO, CA 92407				
	none No. (909)537-3644		Fax No.				
	organization does not have an office or place of business						
If this	is for a Group Return, enter the organization's four-digit G	_				•	
box			ch a list with the names and TINs of	f all membe	ers the exte	ension is for.	_
	quest an automatic 6-month extension of time until MA			e the exem	pt organiza	ation return for	
the	organization named above. The extension is for the orga	anization's	return for:				
	calendar year 20 or	_					
X	tax year beginning JUL 1	, 20 2	, and ending	UN 30	•		
2 If th	ne tax year entered in line 1 is for less than 12 months, ch	neck reaso	n: Initial return	Final retur	n		
	Change in accounting period						_
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the	tentative tax, less			•	
_	nonrefundable credits. See instructions.			3a	\$	0	÷
	nis application is for Forms 990 PF, 990 T, 4720, or 6069,	-				_	
	imated tax payments made. Include any prior year overpa			3b	\$	0	<u>.</u>
	lance due. Subtract line 3b from line 3a. Include your pa	-				•	
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instruction	ns.	3c	\$	0	<u>.</u>

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

Form 8868 (Rev. 1-2024)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Α	For the	2023 calendar year, or tax year beginning JUI	L 1, 2023 and	ending J	UN 30, 2024			
В	Check if applicable	UNIVERSITY ENTERPRISES CORPORATION	I AT		D Employer iden	tification number		
	Addres	CSUSB						
	Name change	Doing business as			95-60673	43		
	Initial return	Number and street (or P.O. box if mail is not deli-	vered to street address)	Room/suite	E Telephone num	nber		
	Final return/	5500 UNIVERSITY PARKWAY	·		909-537-36	544		
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	53,439,736.		
	Amend return				H(a) Is this a grou	p return		
	Application	F Name and address of principal officer: SESAR	MORFIN		for subordina	ites? Yes X No		
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes						es included? Yes No		
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attac	h a list. See instructions		
	Websit				H(c) Group exemp	otion number		
			ociation Other	L Year	of formation: 1962	M State of legal domicile: CA		
	art I	Summary		•				
	1	Briefly describe the organization's mission or most s	significant activities: TO PROI	MOTE AND	ASSIST IN			
ဥ	1	EDUCATION, ADMINISTRATION, AND RELATED						
nai	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net	assets.		
Ver	3	Number of voting members of the governing body (F			1	3 17		
ဗိ	4	Number of independent voting members of the gove	. , , , , , , , , , , , , , , , , , , ,			4 5		
ა ბ	5	Total number of individuals employed in calendar ye				5 1056		
itie	6	Total number of volunteers (estimate if necessary)				6 60		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, colu				7a 0.		
ď	b	Net unrelated business taxable income from Form 9				7b 0.		
			,		Prior Year	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)			40,972,33	0. 50,790,494.		
Revenue	9	rogram service revenue (Part VIII, line 2g)			1,731,06	1,972,706.		
e e	10	Investment income (Part VIII, column (A), lines 3, 4,		106,45	8. 520,073.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			1,406,34	4. 156,463.		
	1	Total revenue - add lines 8 through 11 (must equal F		44,216,19	3. 53,439,736.			
		Grants and similar amounts paid (Part IX, column (A				0. 0.		
	1	Benefits paid to or for members (Part IX, column (A)				0. 0.		
ú	45	Salaries, other compensation, employee benefits (Pa	,		22,191,01	1. 26,067,973.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir				0. 0.		
per	.l b	Total fundraising expenses (Part IX, column (D), line		0.				
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d,			20,499,91	3. 24,589,788.		
		Total expenses. Add lines 13-17 (must equal Part IX			42,690,92	4. 50,657,761.		
		Revenue less expenses. Subtract line 18 from line 1			1,525,26	9. 2,781,975.		
Jo.	9	•		Ве	ginning of Current Ye	ar End of Year		
ets	20	Total assets (Part X, line 16)			34,429,44	4. 40,431,863.		
ASS	21				22,883,87	0. 26,508,351.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from li			11,545,57	4. 13,923,512.		
P	art II	Signature Block						
Und	ler pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and stateme	ents, and to the best of	my knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer		/a.a.=		
		Sesar Morfin			5/14	/2025		
Sig	n	Signature of officer			Date			
Hei	e e	SESAR MORFIN, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Pai	d		ASIE ZWAHLEN, CPA	0	5/14/25 self-er	nployed P02291311		
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN	41-0746749		
Use	Only	Firm's address 2210 EAST ROUTE 66	<u> </u>					
		GLENDORA, CA 91740			Phone no. (626) 857-7300		
Ma	v the I F	S discuss this return with the preparer shown abov	e? See instructions			X Yes No		

Pa	art III Statement of Program Service Accomplishments	Page ∠
ı u	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	·····
•	TO PROMOTE AND ASSIST IN EDUCATION, ADMINISTRATION, AND RELATED	
	SERVICES OF CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	Yes 🗓 No
	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 expen	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	s, and
	revenue, if any, for each program service reported.	
4a		740,517.
	GRANTS AND CONTRACTS - PROVIDE STAFF SALARIES, OPERATING SUPPLIES, BOOKS AND MATERIALS, TUITION, STIPENDS AND EQUIPMENT. GRANTS ARE FOR	
	RESEARCH, TEACHING AND COMMUNITY SERVICE PROJECTS.	
	RESEARCH, TEACHING AND COMMUNITY SERVICE PRODUCTS.	
		_
4b	(Code:) (Expenses \$ 2 , 331 , 651. including grants of \$) (Revenue \$	424,945.)
	CHILDREN'S & INFANT CENTERS - CONSISTS OF THE OPERATION OF THE	,
	ON-CAMPUS CHILD CARE CENTER.	
4c		807,244.
	COMMERCIAL OPERATIONS - CONSISTS OF VENDING AND CONTRACT OVERSIGHT OF	
	CAMPUS BOOKSTORE AND DINING SERVICE OPERATIONS.	
4d	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
4e		
		rm 990 (2023)

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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?			77
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
٦.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u		11d	x	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

332003 12-21-23

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

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Par	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 1056			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
L	any contributions that were not tax deductible as charitable contributions?	_6a_		Λ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_C L		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). 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		х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	'B		
·	to file Form 8282?	7c		x
d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Vee " complete Form 6069			

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
		,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This cooler b regions information about policies not required by the internal neverted code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
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? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		х
_	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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
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))	onlv)	availal	b l e
	for public inspection. Indicate how you made these available. Check all that apply.	37		
	X Own website Another's website X 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	finan	cial	
	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			
	MICHELLE BULAON - (909)537-3644			
	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, box 6 of 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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportab l e	Reportable	Estimated			
	hours per					s both		compensation	compensation	amount of
	week		Jei aii	uau	ii ecto	ii us	.00)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-M I SC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	100011120)	and related
	below	duali	utiona		oldm	st co	Ji			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOMAS D. MORALES	1.00									
BOARD CEO (CSUSB PRESIDENT)	40.00	Х		Х				0.	520,947.	127,575.
(2) RAFIK MOHAMED	1.00									
DIRECTOR (CSUSB VP OF ACADEMIC AFFAI	40.00	Х						0.	331,155.	68,558.
(3) ROBERT NAVA	1.00									
DIRECTOR (CSUSB VP OF ADVANCEMENT)	40.00	Х			$ldsymbol{ld}}}}}}$			0.	277,700.	109,138.
(4) SAMUEL SUDHAKAR	1.00									
BOARD CHAIR (CSUSB VP OF FINANCE, TE	40.00	Х		Х				0.	299,993.	74,567.
(5) PAZ OLIVEREZ	1.00	ļ								
DIRECTOR (CSUSB VP OF STUDENT AFFAIR	40.00	Х						0.	254,720.	92,758.
(6) ROBIN PHILLIPS	1.00									
DIRECTOR (CSUSB VP OF HR)	40.00	Х						0.	243,195.	57,568.
(7) TAEWON YANG	1.00								105 000	
INTERIM BOARD TREASURER (CSUSB FACUL	40.00	Х		Х	_			0.	195,093.	79,908.
(8) JENNIFER SORENSON DIRECTOR (CSUSB STAFF REP)	1.00	х						0.	217 062	50 505
(9) DOUGLAS FREER (THRU 07/23)	1.00	Λ						0.	217,062.	50,505.
VP FOR ADMINISTRATION	40.00	х						0.	166,437.	72,355.
(10) CYNTHIA CRAWFORD	1.00							· · ·	100,437.	72,333.
DIRECTOR (CSUSB FACULTY REP)	40.00	х						673.	146,507.	70,207.
(11) JOHN GRIFFIN	40.00									70,207.
EXEC DIR (THRU 01/24)	0.00	i		х				175,948.	0.	29,739.
(12) ELAINE B ZUCCO	40.00							, .		,
DIRECTOR OF OPERATIONS	0.00	İ				х		135,580.	0.	27,538.
(13) JEREMY DODSWORTH	1.00							·		·
DIRECTOR (CSUSB FACULTY REP)	40.00	х						0.	112,582.	47,935.
(14) CHRISTOPHER VALLEJO	40.00									
EXECUTIVE DIRECTOR OF OPERATIONS	0.00					х		120,375.	0.	37,654.
(15) PAUL NOLTA	40.00									
PROGRAM DIRECTOR	0.00					х		140,428.	0.	16,093.
(16) MARY MITCHEL	40.00									
DIRECTOR OF RESEARCH	0.00					Х		119,736.	0.	18,723.
(17) ERIC GODDARD	40.00									
DIRECTOR OF ADMISSIONS	0.00					Х		118,364.	0.	18,525. Form 990 (2023)

UNIVERSITY E	NTERPRISES (COR	POR.	ATI	ON	AΤ				
Form 990 (2023) CSUSB									95-606734	3 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	(do box		((Pos heck ss pe	c) itior more rson i) than o	one n an	(D) Reportab l e compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) DOROTHY CHEN-MAYNARD	1.00									
DIRECTOR (CSUSB PROF)	40.00	Х						17,761.	52,394.	52,107.
(19) WILLIAM STEVENSON DIRECTOR (CSUSB INSTRUC FACULTY, SUM	1.00	х						747.	51,462.	35,903.
(20) SESAR MORFIN	40.00									
INTEREM EXEC DIR (START 02/24)	0.00			Х				0.	37,143.	25,914.
(21) VALERIE ZELLMER	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(22) JUAN HERRERA	1.00									
INTERIM SECRETARY	0.00	Х		Х				0.	0.	0.
(23) DESTINY SHAVERS	1.00									
DIRECTOR (STUDENT REP)	0.00	Х						0.	0.	0.
(24) ANGELICA AGUDO	1.00									
DIRECTOR (STUDENT REP)	0.00	Х						0.	0.	0.
(25) CARSON FAJARDO	1.00									
DIRECTOR (STUDENT REP)	0.00	Х						0.	0.	0.
1b Subtotal	•							829,612.	2,906,390.	1,113,270.
c Total from continuation sheets to Part VI							-	0.	0.	0.
d Total (add lines 1b and 1c)								829,612.	2,906,390.	1,113,270.
2 Total number of individuals (including but n							o re	ceived more than \$100,	000 of reportable	
compensation from the organization										13
3 Did the organization list any former officer.	director, truste	ee. k	ev e	mp	love	e. or	hiał	nest compensated empl	lovee on	Yes No

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
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? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes " complete Schedule I for such person	5		х

Section B. Independent Contractors

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 NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	

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\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenuè excluded Total revenue Unrelated from tax under function revenue business revenue 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 991,983. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 49,798,511 similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 50,790,494. h Total. Add lines 1a-1f **Business Code** 2 a COMMERCIAL OPERATIONS 807,244, 611310 807,244. Program Service Revenue SPECIAL PROGRAMS 611310 740,517 740,517 PARENT FEES 611310 424,945. 424,945. d f All other program service revenue 1,972,706. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 480,848 480,848 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 39,225 assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7c c Gain or (loss) 39,225. 39,225. 39,225. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **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 c Net income or (loss) from sales of inventory **Business Code** 11 a ALL OTHER REVENUE 900099 156,463, 156,463, b d All other revenue 156,463 Total. Add lines 11a-11d 53,439,736. 1,972,706 676,536. Total revenue. See instructions 12

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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) Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 138,771 138,771. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 20,189,476. 19,322,690. 866,786. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,893,796 1,775,197 118,599 3,845,930. 3,587,956, 257,974 Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management 17,460 17,460 Legal 95,246, 7,980. 87,266, Accounting Lobbying Professional fundraising services. See Part IV, line 17 18,909. Investment management fees 18,909. f Other. (If line 11g amount exceeds 10% of line 25, 8,797,468 12,355,481. -3,558,013 column (A), amount, list line 11g expenses on Sch O.) 41,946, 41,671. 275 Advertising and promotion 12 3,093,991 2,013,025. 1,080,966. Office expenses 13 486,998. 501,347, 14,349 Information technology 14 Royalties 15 1,288,354 1,288,354 16 Occupancy 2,803,684 2,636,374. 167,310. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 535,187. 43,914. 491,273. Conferences, conventions, and meetings 19 3,794. 3,794. 20 Payments to affiliates _____ 21 655,510 586,243, 69,267 22 Depreciation, depletion, and amortization 267,641. 38,791. 228,850. 23 Other expenses. Itemize expenses not covered 24 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.) STIPENDS, ROOM AND BOAR 5,445,182. 5,443,382. 1,800 MISCELLANEOUS 611,776 547,035 64,741 RENTAL, EQUIPMENT AND S 412,293, 373,328, 38,965, С d All other expenses е Total functional expenses. Add lines 1 through 24e 50,657,761 50,999,572, -341,811 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

ı a	ιλ	Check if Schedule O contains a response or	note to any	/ line in this Part X			
		oneon in ochodule o contains a response or	note to an	y into in tino react.	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,369,649.	1	4,323,017.
	2	Savings and temporary cash investments			11,269,664.	2	13,809,215.
	3	Pledges and grants receivable, net			12,237,088.	3	13,992,070.
	4	Accounts receivable, net		441,066.	4	139,751.	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per				
		under section 4958(f)(1)), and persons descri	-			6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	D '11			499,713.	9	428,176.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		10,265,565.			
	b	Less: accumulated depreciation		7,548,194.	3,169,663.	10c	2,717,371.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lii				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,442,601.	15	5,022,263.
	16	Total assets. Add lines 1 through 15 (must e		I	34,429,444.	16	40,431,863.
	17	Accounts payable and accrued expenses			6,693,505.	17	6,159,430.
	18	Grants payable				18	
	19	Deferred revenue			9,394,796.	19	10,542,430.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
w	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D	,	'	6,795,569.	25	9,806,491.
	26	Total liabilities. Add lines 17 through 25			22,883,870.	26	26,508,351.
		Organizations that follow FASB ASC 958,					
es		and complete lines 27, 28, 32, and 33.		_			
anc	27				11,545,574.	27	13,923,512.
Bal	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB AS					
교		and complete lines 29 through 33.	·				
ō	29	Capital stock or trust principal, or current fur	nds			29	
šets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,545,574.	32	13,923,512.
~	33	Total liabilities and net assets/fund balances			34,429,444.	33	40,431,863.

UNIVERSITY ENTERPRISES CORPORATION AT

	990 (2023) CSUSB	95-606734	3	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53	439,	736.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50	657,	761.
3	Revenue less expenses. Subtract line 2 from line 1	3	2 ,	781,	975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	545,	574.
5	Net unrealized gains (losses) on investments	5		55,	737.
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	-	459,	774.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,	923,	512.
Pa	rt XIII 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	and and the constant when an Calcadula O and decayibe any stands to understand a understand and		- OL-	Y	l

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

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

UNIVERSITY ENTERPRISES CORPORATION AT

Inspection

OMB No. 1545-0047

CSUSB 95-6067343 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Х 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 12q. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

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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.)

Sec	ction A. Public Support	7.	•	,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(5.)	(4)	(3)	(-,)	(-)	(3)
	membership fees received. (Do not						
	include any "unusual grants.")	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						189,360,104.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	182,500.	148,614.	94,631.	108,945.	480,848.	1,015,538.
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.)	12,696.	2,000,775.	5,255,253.	1,406,344.	2,129,169.	10,804,237.
	Total support. Add lines 7 through 10						201,179,879.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	=	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
<u> </u>	organization, check this box and stop						
	ction C. Computation of Publi						04.10
	Public support percentage for 2023 (li		•	.,,		14	94.12 %
	Public support percentage from 2022					15	86.24 %
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	•					
	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 te	•		*	•		100/
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				•		
40	organization meets the facts-and-circu		•	, ,			
18	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a	, 100, 1/a, or 1/b,	, cneck this box ar		(Farm 000) 0002

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CSUSB

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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.)

qualify under the tests listed be Section A. Public Support	ilow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			1	1		
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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 th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2023 (li	ne 8, column (f), d	divided by line 13,	co l umn (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20						%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and l ine 17	' is not
more than 33 1/3%, check this box an b 33 1/3% support tests - 2022. If the	•					
line 18 is not more than 33 1/3%, chec	•					
20 Private foundation. If the organizatio						

332023 12-21-23

Schedule A (Form 990) 2023

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

ı		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4		
	4c		
	5a		
	5b		
	5c		
	6		
	3		
	7		
	8		
	9a		
	9b		
	30		
	9c		
	10a		
	10b		
	A /F	000	0000

95-6067343 Schedule A (Form 990) 2023 Page 5 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? If "Yes" to line 11a, 11b, or 11c, provide *detail in* Part VI 11c Section B. Type I Supporting Organizations Yes No 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? 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No 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? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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? If "Yes," describe in Part VI the role the organization's 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). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) No Activities Test. Answer lines 2a and 2b below. Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

CSUSB 95-6067343 Schedule A (Form 990) 2023 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 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 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

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

instructions).

emergency temporary reduction (see instructions)

Schedule A (Form 990) 2023 CSUSB 95-6067343 Page 7

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu		93-606/343 Page 7
	on D - Distributions	(COntine	icu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
<u>b</u>	From 2019				
c	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule A	(Form 990) 2023	CSUSB	95-6067343	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; P 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par 8; and Part V, Section E, lines 2, 5, and 6. Also complete this par	Section B, lines 1 and 2; Part IV, Section t V, line 1; Part V, Section B, line 1e; Pa	n C,
SCHEDULE	A, PART II, LINE 10	EXPLANATION FOR OTHER INCOME:		
OTHER INC				
-				
-				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

UN	IVERSITY ENTERPRISES CORPORATION AT								
CSI	95-6067343								
Organization type (check of	one):								
Filers of:	Section:								
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.							
General Rule									
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•							
Special Rules									
sections 509(a)(1) contributor, during	in described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $1/3\%$ support to and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Figure 1. Complete Parts I and II.	d that received from any one							
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,							
year, contributions is checked, enter h purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>							
Caution: An organization the answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	orm 990), but it must							

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

	19 -
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	CALIFORNIA DEPT OF CORRECTIONS AND REHABILITATION 1515 S STREET, STE. 415-SOUTH SACRAMENTO, CA 95811	\$10,074,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
No2	Name, address, and ZIP + 4 CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE (CIRM) 1999 HARISSON STREET, SUITE 1650 OAKLAND, CA 94612	\$1,328,377.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution		
3	CALIFORNIA STUDENT AID COMMISSION PO BOX 419027 RANCHO CORDOVA, CA 95741-9026	\$1,217,199.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4 CSU FULLERTON AUX SRVC CORP 1121 STATE COLLEGE BLVD. FULLERTON, CA 92831	Total contributions \$ 1,356,958.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	NATIONAL INSTITUTE OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	\$1,562,551.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	NATIONAL SCIENCE FOUNDATION 2415 EISENHOWER AVE ARLINGTON, VA 22230	\$3,912,102.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

	<u> </u>
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NATIONAL SECURITY AGENCY 9800 SAVAGE ROAD FORT GEORGE G. MEAD, MD 20755-6842	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SAN BERNARDINO COUNTY SHERIFF DEPARTMENT 655 E. THIRD STREET SAN BERNARDINO, CA 92415-0061	\$1,556,191.	Person X Payroll
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
9	STATE OF CALIFORNIA 1220 N. STREET, ROOM 120 SACRAMENTO, CA 95814	\$1,349,978.	Person X Payroll
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
10	U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202	\$ 6,002,168.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
11	UC BERKELEY UNIVERSITY AVENUE AND OXFORD STREET BERKELEY, CA 94720	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
12	UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT 1111 FRANKLIN STREET, 11TH FLOOR OAKLAND, CA 94607-5200	\$1,123,237.	Person X Payroll

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Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **3**

	3
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		<u> </u>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		<u> </u>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

323453 12-26-23

Schedule	B (Form 990) (2023)		Page 4			
	organization		Employer identification number			
	ITY ENTERPRISES CORPORATION AT		05 6067242			
Part III	Exclusively religious, charitable, etc., contribut	ons to organizations described in sec	95-6067343 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a	through (e) and the following line entry	. For organizations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	space is needed.	SS for the year. (Enter this into, once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
<u> </u>						
		(a) Transfer of eift				
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(-) N -						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd 7I D + 4	Relationship of transferor to transferee			
	Transieree's name, address, a	IIU ZIF T T	meadonship of dansieror to dansieree			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(-)	(0,00000				
		-				
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2023
Open to Public Inspection

Name of the organization

UNIVERSITY ENTERPRISES CORPORATION AT CSUSB

Employer identification number 95-6067343

Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
	impermissible private benefit?	
Pai	Sompleto in this organization allowed to the office of the control	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		torically important land area
	-	tified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	
	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	•
Ü	year	nzation daming the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation en	asements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	ment and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	nat describes the
Da	organization's accounting for conservation easements.	Circilor Access
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public
•	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	on also also consider als
D	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e or public service,
	provide the following amounts relating to these items.	¢.
	(i) Revenue included on Form 990, Part VIII, line 1	
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
2	the following amounts required to be reported under FASB ASC 958 relating to these items:	provide
а	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 CSUSB							95-606		Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histor	rical Tre	asures, or	Other	Similaı	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	ion, and other record	ls, check a	ny of the f	ollowing that	make sigi	nificant u	ise of its		
	collection items (check all that apply).									
а	Public exhibition	ď	d 🔲 ro	oan or excl	nange progra	ım				
b	Scholarly research	•	• 🔲 o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	/ further th	e organizatio	n's exemp	t purpos	se in Part i	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, histo	orica l treas	ures, or othe	r simi l ar a	ssets		_	
	to be sold to raise funds rather than to be m								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the or	ganization	answered "\	es" on Fo	rm 990,	Part IV, lii	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for co	ontribution	s or other as:	sets not ir	cluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cu	stodial accou	unt liability	·?	L	Yes	No
_	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Par	t V Endowment Funds Complete it									
		(a) Current year	(b) Pri	or year	(c) Two year	s back (c	1) Three y	ears back	(e) ⊦our	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	`								
2	Provide the estimated percentage of the cur	-	e (l ine 1g,	column (a)) he l d as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		_%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held an	d administer	ed for the			г	
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	$-\!\!\!\!+\!\!\!\!-$
									3a(ii)	$-\!\!\!\!+\!\!\!\!-$
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment fur	nds.						
Par	t VI Land, Buildings, and Equipm		D - 1 N/ 1	r 44 . O		D. IV.				
	Complete if the organization answere		Ť		T T					
	Description of property	(a) Cost or o		(b) Cost		\ - <i>I</i>	cumulate	ed	(d) Book	value
		basis (investr	nent)	basis (` '	aepr	eciation			4 610
	Land				4,640.		1 454	520		4,640.
	Buildings				,196,396.		1,454,			741,864.
	Leasehold improvements				,015,870.		1,876,			139,291.
	Equipment			5 ,	,048,659.		4,217,	U83.		831,576.
	Other									0.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. line 10c	c. column i	(B))				2,	717,371.

Schedule D (Form 990) 2023

UNIVERSITY ENTERP	RISES CORPORATION	AT		
Schedule D (Form 990) 2023 CSUSB			95-6067343	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" of		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	r 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, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, l ine			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market	va l ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	1	
	Description		(b) Book	
(1) DUES FROM RELATED PARTY				473,090.
(2) RIGHT-OF-USE ASSET			3,	594,314.
(3) ASSETS FOR POST-EMPLOYMENT MEDICAL BEN	EFITS			954,859.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(D))		5	022,263.
Part X Other Liabilities	(D))			•==,===.
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X line	25	
(a) Description of liability	mir omi 990, r art IV, Ime	The Or Thi. See Form 990, Fait A, line	(b) Book	voluo
			(b) BOOK	value
(1) Federal income taxes			2	007 650
(2) LIABILITIES FOR PENSION BENEFITS				827,652.
(3) LEASE LIABILITY				712,430.
(4) DUE TO RELATED PARTY			2,	266,409.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. line 25. col.	(B))		9,	806,491.

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

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 CSUSB			95-606	57343 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Re	venue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	s		1	53,016,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	55 505		
а	Net unrealized gains (losses) on investments		55,737.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.) Add lines 2a through 2d	-		20	55,737.
е 3	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	52,961,053.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
a		4a	18,909.		
b	Other (Describe in Part XIII.)		459,774.		
С	Add lines 4a and 4b			4c	478,683.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)		5	53,439,736.
Pai	T XII Reconciliation of Expenses per Audited Financia		rpenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements			1	50,638,852.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				0.
e	Add lines 2a through 2d			2e	50,638,852.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	30,030,032.
4 a	, , , , , , , , , , , , , , , , , , ,	4a	18,909.		
b	Other (Describe in Part XIII.)		, ,		
	Add lines 4a and 4b	<u></u>		4c	18,909.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.			5	50,657,761.
Pai	t XIII Supplemental Information	*			
Provi	de 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, l i	ne 2; Part X I ,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional informati	on.		
PART	X, LINE 2:				
ша	TO A MONDROOTE MAN ENGINEER CORPORATION ORGANIZED INTEREST				
OEC	IS A NONPROFIT TAX-EXEMPT CORPORATION ORGANIZED UNDER	TINTERNAL REVENUE			
CODE	SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A	PRTVATE.			
CODE	DECITOR SUI(C)(S) AND ID CHARBITIED AS OTHER THAN A	IKIVAIL			
FOUN	DATION. IT IS ALSO EXEMPT FROM STATE INCOME TAXES. HO	WEVER ANY			
UNRE	LATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. THE	UEC HAD NO			
OBLI	GATION FOR ANY UNRELATED BUSINESS INCOME TAX DURING T	THE YEAR.			
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
NITTO	QUANCE IN DENGTON LIABLITHY WALVANTON	1 005 650			
NET	CHANGE IN PENSION LIABILITY VALUATION	1,207,652.			
MEm	CHANGE IN ODER LIARTITHY WALLANTON	860 043			
NET.	CHANGE IN OPEB LIABILITY VALUATION	-000,043.			
TRAN	SFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS	112 165			
	The second secon	,			
TOTA	L TO SCHEDULE D, PART XI, LINE 4B	459,774.			
	1 09-28-23	•		Schedule	e D (Form 990) 2023

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule D (Form 990) 2023 CSUSE	3	95-6067343	Page 5
Schedule D (Form 990) 2023 CSUSE Part XIII Supplemental Information	(continued)		
	Continuedy		
_			

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.
UNIVERSITY ENTERPRISES CORPORATION AT
CSUSB

Employer identification number 95-6067343

Pa	art I Questions Regarding Compensation			
	<u> </u>		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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	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 Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
9	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The first to day of lines to persons and provide the applicable amounts for each from the first line.			
	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:			
а	The organization?	5a		х
	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		х
	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		х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 CSUSB 95-6067343 Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TOMAS D. MORALES	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	446,276.	72,000.	2,671.	105,600.	21,975.	648,522.	0.	
(2) RAFIK MOHAMED	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR (CSUSB VP OF ACADEMIC AFFAI	(ii)	324,385.	0.	6,770.	46,733.	21,825.	399,713.	0.	
(3) ROBERT NAVA	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR (CSUSB VP OF ADVANCEMENT)	(ii)	264,000.	6,000.	7,700.	87,437.	21,701.	386,838.	0.	
(4) SAMUEL SUDHAKAR	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD CHAIR (CSUSB VP OF FINANCE, TE	(ii)	293,868.	0.	6,125.	46,733.	27,834.	374,560.	0.	
(5) PAZ OLIVEREZ	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR (CSUSB VP OF STUDENT AFFAIR	(ii)	247,500.	0.	7,220.	81,975.	10,783.	347,478.	0.	
(6) ROBIN PHILLIPS	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	237,000.	0.	6,195.	46,733.	10,835.	300,763.	0.	
(7) TAEWON YANG	(i)	0.	0.	0.	0.	0.	0.	0.	
INTERIM BOARD TREASURER (CSUSB FACUL	(ii)	178,352.	0.	16,741.	58,325.	21,583.	275,001.	0.	
(8) JENNIFER SORENSON	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR (CSUSB STAFF REP)	(ii)	210,912.	0.	6,150.	46,733.	3,772.	267,567.	0.	
(9) DOUGLAS FREER (THRU 07/23)	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	166,437.	0.	0.	53,873.	18,482.	238,792.	0.	
(10) CYNTHIA CRAWFORD	(i)	673.	0.	0.	0.	0.	673.	0.	
	(ii)	146,507.	0.	0.	48,525.	21,682.	216,714.	0.	
(11) JOHN GRIFFIN	(i)	175,948.	0.	0.	20,888.	8,851.	205,687.	0.	
EXEC DIR (THRU 01/24)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) ELAINE B ZUCCO	(i)	135,580.	0.	0.	20,102.	7,436.	163,118.	0.	
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) JEREMY DODSWORTH	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	110,689.	0.	1,893.	36,885.	11,050.	160,517.	0.	
(14) CHRISTOPHER VALLEJO	(i)	120,375.	0.	0.	19,252.	18,402.	158,029.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) PAUL NOLTA	(i)	140,428.	0.	0.	7,584.	8,509.	156,521.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule J (Form 990) 2023 CSUSB	95-6067343	Page 3
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 to	this part for any additional information.	
	· ·	

Schedule J (Form 990) 2023

SCHEDULE 0 (Form 990)

epartment of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service UNIVERSITY ENTERPRISES CORPORATION AT Name of the organization Employer identification number CSUSB 95-6067343 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNIVERSITY, SAN BERNARDINO. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT HAVE BEEN GRANTED AUTHORITY TO ACT ON BEHALF OF THE BOARD FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE RETURN IS AVAILABLE. IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTERESTS POLICY FOR BOARD MEMBERS, OFFICERS, AND EMPLOYEES. IN CONNECTION WITH ANY ACTUAL OR POTENTIAL CONFLICT OF INTERESTS, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF ANY OUTSIDE INTEREST, OUTSIDE ACTIVITY, FINANCIAL INTEREST TO THE BOARD OF DIRECTORS, OR THE BOARD COMMITTEE DELEGATED THE AUTHORITY TO RECEIVE SUCH DISCLOSURES. MONITORING IS PERFORMED REGULARLY BY THE BOARD OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON. WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF

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

Schedule O (Form 990) 2023 Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Page 2 Employer identification number 95-6067343
ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL	
MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF	
INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING	
LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPARABILITY STUDIES ARE USED. THE GOVERNING BOARD APPROVES THE SALARY FOR	
THE EXECUTIVE DIRECTOR. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN	
2023.	
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 IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES 4,003,772.	
MANAGEMENT AND GENERAL EXPENSES 186,596.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 4,190,368.	
CAMPUS SERVICE EXPENSE:	
PROGRAM SERVICE EXPENSES 0.	
MANAGEMENT AND GENERAL EXPENSES 2,043,532.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 2,043,532.	

Schedule O (Form 990) 2023 Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB		Employer identification number 95-6067343
GRANT SUBRECIPIENT COSTS:		
PROGRAM SERVICE EXPENSES	2,335,725.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,335,725.	
PROFESSIONAL DEVELOPMENT AND TRAINING:		
PROGRAM SERVICE EXPENSES	156,439.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	224,085.	
GRANT INDIRECT COSTS:		
PROGRAM SERVICE EXPENSES	5,859,545.	
MANAGEMENT AND GENERAL EXPENSES	-5,855,787.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,758.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,797,468.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
NET CHANGE IN PENSION LIABILITY VALUATION	-1,207,652.	
NET CHANGE IN OPEB LIABILITY VALUATION	860,043.	
TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS	-112,165.	
TOTAL TO FORM 990, PART XI, LINE 9	-459,774.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT A	CCOUNTANT	
HAS NOT CHANGED FROM THE PRIOR YEAR.		

Schedule O (Form 990) 202	23	Page 2
Name of the organization	UNIVERSITY ENTERPRISES CORPORATION AT	Employer identification number
rame of the organization	CSUSB	95–6067343
	C500D	 33 000/343
,		
		_
-		
		_

SCHEDULE R (Form 990)

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

Department of the Treasury

Open to Public

OMB No. 1545-0047

Internal Revenue Service		Go to www.irs.gov/Form990 for	<u>instructions and the latest info</u>	rmation.		Inspection	
Name of the organization UN	Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT						
Cs	USB					95-6067343	
Part I Identification of Disreg	garded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33.				
(a) Name, address, and EIN of disregarded	, ,, ,	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	s Direct controlling entity	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077							
5500 UNIVERSITY PARKWAY	ADMINISTER GIFTS AND						
SAN BERNARDINO, CA 92407	SCHOLARSHIPS FOR CSUSB	CALIFORNIA	501(C)	LINE 5			Х
ASSOCIATED STUDENTS CALIFORNIA STATE							
UNIVERSITY, SAN BERNARDINO - 95-6126562,	ASSISTING IN RETENTION AND						
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA	DEVELOPMENT OF STUDENTS	CALIFORNIA	501(C)	LINE 5			х
SANTOS MANUEL STUDENT UNION OF CA STATE							
UNIVERSITY AT SAN BERNARDINO - 95-31, 5500	ASSISTING IN RETENTION AND						
UNIVERSITY PARKWAY, SAN BERNARDINO, CA	DEVELOPMENT OF STUDENTS	CALIFORNIA	501(C)	LINE 5			х
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO							
- 33-0644150, 5500 UNIVERSITY PARKWAY, SAN	PUBLIC UNIVERSITY - STATE			STATE			
BERNARDINO, CA 92407	OF CALIFORNIA	CALIFORNIA	115(1)	INSTITUTION			х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

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Page 2

Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	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	gal Direct controlling Predominant income		Predominant income (related, unrelated, income excluded from tax under exclusions?		Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	me Share of total	Disproportionate allocations?		Share of end-of-year assets allocations? Disproportionate amount in box 20 of Schedule		Code V-UBI amount in box 20 of Schedule	managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0															

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(i conti ent	(i) bition b)(13) rolled tity?
		country)		or truety		uocoto		Yes	No
-								 	
•	-								
								<u> </u>	
							1		<u></u>

95-6067343

Page 3

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х

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	12,096,601.	FMV
(2) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	Q	397,935.	FMV
(3) CSUSB PHILANTHROPIC FOUNDATION	P	142,966.	FMV
(4) CSUSB PHILANTHROPIC FOUNDATION	Q	819,398.	FMV
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN (5) BERNARDINO	P	66,613.	FMV
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN		157.624	
(6) BERNARDINO	Q	157,634.	FMV

UNIVERSITY ENTERPRISES CORPORATION AT

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 partner 501 (c orgs Yes	s sec. ()(3) 3.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate itions?	(j Gener mana partr Yes	al or Perciging own	(k) centage nership
	-											
	_											
	-											

Page 4

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule R (Form 990) 2023 CSUSB	95-6067343	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, SAN		
TODOCINIED DIODENIO CHETTONIII UNIVERSITI, DIM		
BERNARDINO		
EIN: 95-6126562		
5500 UNIVERSITY PARKWAY		
SAN BERNARDINO, CA 92407		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
MMB, NEEKLOO, INC. BIR OF REENTED OROMITENTION.		
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN		
BERNARDINO		
EIN: 95-3104280		
5500 UNIVERSITY PARKWAY		
SAN BERNARDINO, CA 92407		
SAN BERNARDINO, CA 92407		

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o Lii	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	BUILDING		NC	.000	НХ	2196396.				2196396.	1396793.		0.	1396793.
3	LEASEHOLDS		NC	.000	НА	3015870.				3015870.	1610036.		0.	1610036.
4	EQUIPMENT		NC	.000	НА	5048659.				5048659.	3885855.		0.	3885855.
5	LAND		L			4,640.				4,640.			0.	
	* TOTAL 990 PAGE 10 DEPR					10265565.				10265565.	6892684.		0,	6892684.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					0.			0.	0.	0.			0.
	ACQUISITIONS					10265565.			0.	10265565.	6892684.			6892684.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					10265565.			0.	10265565.	6892684.			6892684.
	ENDING ACCUM DEPR										6892684.			
	ENDING BOOK VALUE										3372881.			

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

UNIVERSITY ENTERPRISES CORPORATION AT CSUSB

Asset No.	Description	Acc	Date quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	BUILDING			NC	.000		2,196,396.			2,196,396.	1,396,793.		0.
3	LEASEHOLDS			NC	.000		3,015,870.			3,015,870.	1,610,036.		0.
4	EQUIPMENT			NC	.000		5,048,659.			5,048,659.	3,885,855.		0.
5	LAND			ь			4,640.			4,640.			0.
	* TOTAL 990 PAGE 10 DEPR						10,265,565.		0.	10,265,565.	6,892,684.		0.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						0.		0.	0.	0.		
	ACQUISITIONS						10,265,565.		0.	10,265,565.	6,892,684.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						10,265,565.		0.	10,265,565.	6,892,684.		

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

UNIVERSITY ENTERPRISES CORPORATION AT CSUSB

Asset No.	Description	Ac	Date quired	d	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
2	BUILDING			1	NC	.000	2,196,396.		2,196,396.	1,396,793.	0.
3	LEASEHOLDS			ŀ	NC	.000	3,015,870.		3,015,870.	1,610,036.	0.
4	EQUIPMENT			-	NC	.000	5,048,659.		5,048,659.	3,885,855.	0.
5	LAND			ŀ			4,640.		4,640.		0.
	* TOTAL 990 PAGE 10 DEPR			П			10,265,565.		10,265,565.	6,892,684.	0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023

California Exempt Organization Annual Information Return

328941	12-26-23
FORM	Λ

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								• '	-	
Ca	lendar Year	202	or fiscal year beginning (mm/dd/yyyy) 07/01/2023 , and ending (mn	n/dd/yyy	y)	06,	/30/2024			
	rporation/Org			Calit	ornia corp	oration	number			
		Y E	TERPRISES CORPORATION AT		0.40000	•				
_	USB	action	See instructions.	FE	043802	9				
Adi	ultional inform	iation.	see instructions.	' '	95-6	1673	<i>1</i> 3			
Str	eet address (s	suite o	room)		PMB no.	3073.	±3			
			TY PARKWAY							
Cit			Sta	ate	ZIP code					
	AN BERNA	RDI	0	'A	92407					
For	eign country	name	Foreign province/state/county		Foreign p	ostal co	ode			
A	First retu	rn	Yes X No I Did the organization have a	ny chang	jes to its	guidel	lines			
В	Amended	l retu	n • Yes _X No	e instrud	ctions		•[Yes	Х	No
C	IRC Secti	ion 4	47(a)(1) trust Yes X No J If exempt under R&TC Sect	ion 2370	1d, has	the oro	ganization .			
D	Final info	rmati	n return? engaged in political activitie				_	Yes	=	
	•	Disso						Yes	Х	No
	Enter date:						_			_
E			ng method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited				•L	Yes	X	No
F			iled? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file For				_ [Х	N.a
c			990 series report taxable income? filing? See instructions Yes X No N Is the organization under au					Yes	Λ	NO
G H			tion in a group exemption Yes X No IRS audited in a prior year?	-			_	Yes	Х	No
			the parent's name? O Is federal Form 1023/1024					Yes	=	No
	11 100, 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date filed with IRS				,			110
F	Part I	omp	ete Part I unless not required to file this form. See General Information B and C.							
		1	Gross sales or receipts from other sources. From Side 2, Part II, line 8			1		2,649	,242	00
		2	Gross dues and assessments from members and affiliates		•	2				00
		3	arous contributions, grats, grants, and on mar arrounts received	MT 1	•	3		50,790	,494	00
	Receipts	4	Total gross receipts for filing requirement test. Add line 1 through line 3.					F2 42	726	
	and	_	This line must be completed. If the result is less than \$50,000, see General Information B			4		53,439	,736	100
F	Revenues	5	Cost of goods sold Cost or other basis, and sales expenses of assets sold 6		00	1				
		6			00	7				Too
		7 8	Total costs. Add line 5 and line 6 Total gross income. Subtract line 7 from line 4			8		53,439	736	_
_		9	Total expenses and disbursements. From Side 2, Part II, line 18		•	9		50,65		_
E	Expenses	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10		2,783		
_		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
F	Payments	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 penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	and to the	heet of m	16	ledge and heli	əf		00
Sig	n	it is	ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	r has any l	knowledge	· ·	leage and bein	JI,		
He		Sign	ture Signed by:	15/14	/2025	;	● Telephor	ie		
_		of of	Scar Morfin EXECUTIVE DIRECTOR	1			● PTIN			
		Prep	rer's Casie Zwahlen CPA 05/14/25	Check self-er	if nployed ▶		P022913	11		
Pa	id	orgin	,	Jen-en	Piosea		● Firm's FE			
	eparer's	(or y					41-074	16749		
	e Only	if sel					Telephor			
-55			ddress GLENDORA, CA 91740				(626) 8	57-730	0	
_		May	the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No No			
_										

CSUSB

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.

328951 12-26-23

	1	Gross sales or receipts from all b	ousiness activities. See instructions		•	1		00
	2	Interest			•	2	480,848	00
	3					3		00
Receipts	4	^ .			_	4		00
rom	5	Gross royalties			•	5		00
Other	6	Gross amount received from sale	e of assets (See instructions)	STATEM	ient 2	6	39,225	00
Sources	7					7	2,129,169	00
	8		n other sources. Add line 1 through		Side 1, Part I, line 1	8	2,649,242	00
	9	Contributions, gifts, grants, and	similar amounts paid		•	9		00
	10		·S			10		00
	11	Compensation of officers, director	ors, and trustees	SEE STATEMEN	т 4 •	11	138,771	00
	12					12	20,189,476	_
Expense	s 13					13	3,794	_
and	14					14	•	00
 Disburse						15	1,288,354	_
ments	16		instructions)			16	655,510	_
	17	Other expenses and dishursemen	nts	SEE STATEMEN	T 5	17	28,381,856	
		Total expenses and dishursemen	nts. Add line 9 through line 17. Ente	er here and on Side 1 Part I	line 9	18	50,657,761	-
Sched			Beginning of taxal			of taxable		100
Assets			(a)	(b)	(c)		(d)	—
1 Cas	h			13,639,313	(-)	•	18,132,	232
		s receivable		441,066		•	139,	
		ceivable		,		•	<u>, </u>	—
						•		—
		state government obligations				•		—
		in other bonds				•		—
		in stock				•		—
	tgage lo					•		
	er invest	,				•		
-		ments Ile assets	10,123,188		10,260,			
		mulated depreciation	6,958,165	3,165,023	7,548,19	_	2,712,	731
11 Lan			0,200,200	4,640	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	<u> </u>	640
	u or accata	STMT 6		17,179,402		•	19,442,	
				34,429,444		Ť	40,431,	
		et worth		31,125,111			10,101,	
		yable		6,693,505		•	6,159,	<u>430</u>
		s, gifts, or grants payable		, ,		•	, , ,	
		notes payable				•		
17 Mor						•		
18 Othe	er liabilit	ies stmt 7		16,190,365			20,348,	921
19 Cap	ital stock	c or principal fund				•		
		tal surplus. Attach reconciliation				•		
		nings or income fund		11,545,574		•	13,923,	512
		ies and net worth		34,429,444			40,431,	863
Sched		1-1 Reconciliation of income p	per books with income per return dule if the amount on Schedule L, li	ne 13, column (d), is less tl	nan \$50,000 .	•		
1 Net	income	per books						
				∃	. 20010 tino your	*	FF	727

	•						
1	Net income per books	•	2,377,938	7	Income recorded on books this year		
2	Federal income tax	•			not included in this return. Attach schedule *	•	55,737
3	Excess of capital losses over capital gains	•		8	Deductions in this return not charged		
4	Income not recorded on books this year.				against book income this year.		
	Attach schedule	•			Attach schedule	•	
5	Expenses recorded on books this year not			9	Total. Add line 7 and line 8		55,737
	deducted in this return. Attach schedule *	•	459,774	10	Net income per return.		
6	Total. Add line 1 through line 5		2,837,712		Subtract line 9 from line 6		2,781,975

Side 2 Form 199 2023 022 3652234

^{*} SEE STATEMENT

UNIVERSITY ENTERPRISES CORPORATION AT CS

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	Sī	PATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMERICAN PHYSICAL SOCIETY	1 PHYSICS ELLIPSE COLLEGE PARK, MD 20740-3844		20,692.
ANTI-RECIDIVISM COALITION	1320 E. 7TH ST. SUITE 260 LOS ANGELES, CA 90021		10,000.
BAYLOR UNIVERSITY	ONE BEAR PLACE #97360 WACO, TX 76798-7360		69,804.
BEAR VALLEY UNIIFED SCHOOL DISTRICT	42271 MOONRIDGE ROAD BIG BEAR LAKE, CA 92315		27,065.
BEAUMONT UNIFIED SCHOOL DISTRICT	350 W. BROOKSIDE AVENUE BEAUMONT, CA 92223-0187		15,933.
CALIFORNIA ASSOCIATION FOR MICROENTERPRISES OPPORTUNITIES	2 EMBARCADERO CENTER, 8TH FLOOR SAN FRANCISCO, CA 94111		30,000.
CALIFORNIA COMMISSION ON TEACHER CREDENTIALING	1900 CAPITOL AVENUE SACRAMENTO, CA 95811		92,245.
CALIFORNIA DEPARTMENT OF REHABILITATION	721 CAPITOL MALL SACRAMENTO, CA 95814		5,083.
CALIFORNIA DEPT OF CORRECTIONS AND REHABILITATION	1515 S STREET, STE. 415-SOUTH SACRAMENTO, CA 95811		10,074,642.
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE (CIRM)	1999 HARISSON STREET, SUITE 1650 OAKLAND, CA 94612		1,328,377.
CALIFORNIA STUDENT AID COMMISSION	PO BOX 419027 RANCHO CORDOVA, CA 95741-9026		1,217,199.
CALIORNIA COUNTY SUPERINTENDENTS CHICO STATE ENTERPRISES	1029 J. STREET, SUITE 200 SACRAMENTO, CA 95814 25 MAIN STREET, SUITE 203		21,000.

UNIVERSITY ENTERPRISES CO	RPORATION AT CS	95-6067343
CHILDREN AND FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY	735 E. CARNEGIE DRIVE, SUITE 150 SAN BERNARDINO, CA 92408	360,734.
CITY OF MORENO VALLEY	14177 FREDERICK STREET MORENO VALLEY, CA 92552 73-510 FRED WARING DRIVE PALM	8,500.
CITY OF PALM DESERT	DESERT, CA 92260-2578	43,750.
CITY OF RANCHO CUCAMONGA	10500 CIVIC CENTER DRIVE RANCHO CUCAMONGA, CA 91730	18,750.
CITY OF SAN BERNARDINO	290 NORTH D STREET, SUITE 600 SAN BERNARDINO, CA 92415	80,003.
CITY OF TEMECULA	41000 MAIN STREET TEMECULA, CA 92590	7,500.
COLTON JOINT UNIFIED SCHOOL DISTRICT	1212 VALENCIA DRIVE COLTON, CA	11,200.
	290 NORTH D STREET, SUITE 600	
COUNTY OF VENTURA	SAN BERNARDINO, CA 92415 800 SOUTH VICTORIA AVENUE	40,500.
CSU CHANCELLORS OFFICE	VENTURA, CA 93009-1940 6000 J. STREET SACRAMENTO, CA	83,758.
CSU CHICO RESEARCH	95819-6124 25 MAIN STREET, SUITE 103	13,368.
	CHICO, CA 95929-0870	69,281.
CORP CSU SACRAMENTO FOUNDATION	FULLERTON, CA 92831	1,356,958.
CSU SACRAMENTO FOUNDATION	BOOKSTORE, SUITE 3400	6.045
CSU SAN BERNARDINO	SACRAMENTO, CA 95819-6111 5500 UNIVERSITY PARKWAY SAN	6,217.
ELK GROVE UNIFIED SCHOOL	BERNARDINO, CA 92407 9510 ELK GROVE, FLORIN ROAD	235,024.
DISTRICT FOLSOM CORDOVA UNIFIED	ELK GROVE, CA 95624 1965 BIRKMONT DRIVE RANCHO	14,000.
SCHOOL DISTRICT GOVERNOR'S OFFICE OF	CORDOVA, CA 95742	6,300.
BUSINESS AND ECONOMIC DEVELOPMENT	SACRAMENTO, CA 95814	73,196.
	PO BOX 60002 CITY OF INDUSTRY,	12,000.
INLAND EMPIRE RESOURCE	25864 BUSINESS CENTER DRIVE,	
CONSERVATION DISTRICT INLAND REGIONAL CENTER	674 BRIER DRIVE SAN	103,192.
INSTITUTE OF MUSEUM AND	BERNARDINO, CA 92408-6127 955 L'ENFANT PLAZA NORTH, SW,	883,112.
LIBRARY SERVICES	SUITE 4000 WASHINGTON, DC 20024	37,690.
LAB CAP	5151 STATE UNIVERSITY DRIVE LOS ANGELES, CA 90032	9,468.
LAKE ELSINORE UNIFIED SCHOOL DISTRICT	545 CHANEY STREET LAKE ELSINORE, CA 92530	8,151.
MAGNOLIA SCHOOL DISTRICT		10,000.
MAKING HOPE HAPPEN	777 NORTH F STREET SAN	
	BERNARDINO, CA 92401 BLDG. 1111, JERRY HLASS ROAD	35,668.
SPACE ADMINISTRATION	STENNIS SPACE CENTER, MS 39529-0001	65,795.

UNIVERSITY ENTERPRISES CO	RPORATION AT CS	95-6067343
NATIONAL INSTITUTE OF	9000 ROCKVILLE PIKE BETHESDA, MD 20892 2415 EISENHOWER AVE ARLINGTON, VA 22230	1,562,551.
NATIONAL SCIENCE	2415 EISENHOWER AVE ARLINGTON,	2,010,100
NATIONAL SECURITY AGENCY	9800 SAVAGE ROAD FORT GEORGE	
NEW TECH NETWORK	G. MEAD, MD 20755-6842 952 SCHOOL STREET #311 NAPA,	8,260,933.
NORTHEASTERN UNIVERSITY	952 SCHOOL STREET #311 NAPA, CA 94559 360 HUNTINGTON AVE BOSTON, MA 02115	20,000.
NODWICH INTVEDCITY	02115 158 HARMON DRIVE NORTHFIELD,	24,275.
	VT 05663	140,443.
NATIONAL LABORATORY	902 BATTELLE BLVD, MSIN: K9-15 RICHLAND, WA 99352-0999	181,350.
POMONA VALLEY HOSPITAL MEDICAL CENTER	1798 N. GAREY AVENUE POMONA, CA 91767	40,459.
R6556797 LOMPOC USD	PO BOX 8000 LOMPOC, CA 93438-8000	6,300.
REDLANDS UNIFIED SCHOOL		11,658.
REGENTS OF THE UNIVERSITY	1608 FOURTH STREET, SUITE 220	511,228.
OF CALIFORNIA RIALTO UNIFIED SCHOOL	182 E. WALNUT AVENUE RIALTO,	
DISTRICT RIVERSIDE COMMUNITY	CA 92376-3598 4800 MAGNOLIA AVENUE RIVERSIDE, CA 92506-1299 PO BOX 833 RIVERSIDE, CA 92502	6,500.
COLLEGE DISTRICT	RIVERSIDE, CA 92506-1299	76,080.
DEVELOPMENT AGENCY	3403 10TH STREET, SUITE 400 RIVERSIDE, CA 92501	182,289.
RIVERSIDE COUNTY	3960 ORANGE STREET, SUITE 600	
RIVERSIDE COUNTY	3960 ORANGE STREET, SUITE 600 RIVERSIDE, CA 92501 3939 THIRTEENTH STREET	60,457.
SUPERINTENDENT OF SCHOOLS	RIVERSIDE, CA 92501 2424 SAM HOUSTON AVE, SUITE	270,778.
UNIVERSITY	B-8 HUNTSVILLE, TX 77341-2448	47,069.
	BERNARDINO, CA 92415-0061	1,556,191.
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS	BERNARDINO, CA 92410	1,005,114.
SAN DIEGO STATE UNIVERSITY FOUNDATION		27,431.
SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION	210 N. 4TH STREET, 4TH FLOOR SAN JOSE, CA 95112	80,420.
SANTA ANA UNIFIED SCHOOL DISTRICT	1601 EAST CHESTNUT AVENUE SANTA ANA, CA 92703	10,000.
SANTA MARIA BONITA SCHOOL DISTRICT	708 S. MILLER STREET SANTA MARIA, CA 93454	6,300.
	5250 CAMPANILE DRIVE SAN DIEGO, CA 92182-1934	7,727.
SOUTHWESTERN COMMUNITY COLLEGE DISTRICT	800 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	635,717.
STATE OF CALIFORNIA	1220 N. STREET, ROOM 120	1,349,978.
STATE OF CALIFORNIA	SACRAMENTO, CA 95814 2020 WEST EL CAMINO AVENUE,	1,343,370.
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION	SUITE 1222 SACRAMENTO, CA 95833	823,417.

THE NATIONAL ALLIANCE FOR	UNIVERSITY ENTERPRISES CO	RPORATION AT CS	95-6067343
HISPANIC HEALTH THE SCRIPPS RESEARCH INSTITUTE	THE NATIONAL ALLIANCE FOR	1501 SIXTEENTH STREET, N.W.	
TRUSTEES OF THE			13,285.
TRUSTEES OF THE			
TRUSTEES OF THE CALIFORNIA STATE LONG BEACH, CA 90802 77,308. UNIVERSITY U.S. DEPARTMENT OF 805 PENNSYLVANIA AVENUE KANSAS AGRICULTURE CTTY, MT 64105 17,822. U.S. DEPARTMENT OF 100 BUREAU DRIVE, MS 1650 65,240. U.S. DEPARTMENT OF 400 MARYLAND AVENUE, SW EDUCATION WASHINGTON, DC 20202 6,002,166. U.S. DEPARTMENT OF 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202 6,002,166. U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20585 66,485. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20585 66,485. U.S. DEPARTMENT OF THE 12201 SUNRISE VALLEY DRIVE 908 RESTON, VA 20192 18,394. U.S. SMALL BUSINESS 409 3RD STREET, NW WASHINGTON, DC 20585 18,394. U.S. SMALL BUSINESS 409 3RD STREET, NW WASHINGTON, DC 20416 21,753,832. UC RIVERSIDE UNIVERSITY AVENUE AND OXFORD STREET BERKELEY, CA 94720 2,753,832. ULS AND LEGO 5500 GILMAN DRIVE #0934 LA JOLLA, CA 92093 220,551. UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217 6,500. UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217 6,500. UNIVERSITY OF CALIFORNIA 69519. AC 92540. UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217 6,500. UNIVERSITY OF CALIFORNIA 69519. AC 92540. UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217 6,500. UNIVERSITY OF CALIFORNIA 69519. AC 92540. UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217 6,500. UNIVERSITY OF CALIFORNIA 69519. AC 92540. UNIVERSITY OF WASHINGTON 9519. AC 92540. AC 925			46,471.
CALIFORNIA STATE LONG BEACH, CA 90802 77,308.			,
UNIVERSITY U.S. DEPARTMENT OF 805 PENNSYLVANIA AVENUE KANSAS AGRICULTURE CITY, MT 64105 17,822. U.S. DEPARTMENT OF 100 BURBAU DRIVE, MS 1650 65,240. U.S. DEPARTMENT OF 400 MARYLAND AVENUE, SW 6002,168. U.S. DEPARTMENT OF 400 MARYLAND AVENUE, SW 6002,168. U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20202 66,002,168. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20585 66,485. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20528 340,872. U.S. DEPARTMENT OF THE 12201 SURRISE VALLEY DRIVE 908 ESTON, VA 20192 18,394. U.S. SMALL BUSINESS 409 3RD STREET, NW WASHINGTON, DC 20416 238,115. UC REVERSIDE UNIVERSITY AVENUE AND OXFORD STREET BERKELEY, CA 94720 2,753,832. UC RIVERSIDE UNIVERSITY AVENUE AND OXFORD STREET BERKELEY, CA 94720 2,753,832. UC SAN DIEGO 9500 GILMAN DRIVE #0934 LA JOLLA, CA 92093 220,555. UKIAH UNIFIED 511 SOUTH ORCHARD AVENUE WASHINGTON OR STREET SACRAMENTO, CA 95819-6111 33,945. UNIVERSITY OF CALIFORNIA ORCHARD AVENUE WASHINGTON ORACHARD AVENUE WASHINGTON OR A33 BROOKLYN AVE NE SEATTLE, 34,963. VACAVILLE USD 401 NUT TREE ROAD VACAVILLE, CA 95687 5,600. WASHINGTON STATE PO BOX 641060, LIGHTY SSB, WASHINGTON STATE PO BOX 641060, LIGHTY SSB, UNIVERSITY OR OR SULLMAN, WA 99155-9472 34,503. WASHINGTON STATE PO BOX 641060, LIGHTY SSB, UNIVERSITY OR STATE PO BOX 641			77 308.
U.S. DEPARTMENT OF CITY, MT 64105 (17,822. U.S. DEPARTMENT OF 100 BUREAU DRIVE, MS 1650 (2000MERCE GAITHERSBURG, MD 20899-1650 (65,240. U.S. DEPARTMENT OF 400 MARYLAND AVENUE, SW EDUCATION WASHINGTON, DC 20202 (6,002,168. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20585 (66,485. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20585 (66,485. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20585 (66,485. U.S. DEPARTMENT OF THE 12201 SUNRISE VALLEY DRIVE 908 (18,394. U.S. SMALL BUSINESS 409 3RD STREET, NW WASHINGTON, DC 20416 (238,115. UC BERKELEY UNIVERSITY AVENUE AND OXFORD STREET BERKELEY, CA 94720 (2,753,832. UNIVERSITY ENTERING UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217 (6,500. UNIVERSITY ENTERPRISES, INC. UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT UNIVERSITY OF WASHINGTON, DC 2014AND, CA 94607-5200 (1,123,237. UNIVERSITY OF WASHINGTON, CA 95687 (A 98195-9472 (A 98195-9472) (A 98195-9472) (A 98195-9472 (A 98195-9472) (A 98195-9472) (A 98195-9472) (A 98195-9472) (A 98195-9472) (A 98195-9472) (A 98195-9		Tond Billion, Cir 50002	, , , , , ,
AGRICULTURE CITY, MT 64105 17,822 U.S. DEPARTMENT OF 100 BUREAU DRIVE, MS 1650 COMMERCE GAITHERSBURG, MD 20899-1650 65,240. U.S. DEPARTMENT OF 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202 6,002,168. U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20585 66,485. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20586 U.S. DEPARTMENT OF 12201 SUNRISE VALLEY DRIVE 908 INTERIOR 12201 SUNRISE VALLEY DRIVE 908 INTERIOR 12201 SUNRISE VALLEY DRIVE 908 U.S. SMALL BUSINESS 409 3RD STREET, NW WASHINGTON, ADMINISTRATION DC 20416 UC BERKELEY UNIVERSITY AVENUE AND OXFORD STREET BERKELEY, CA 94720 2,753,832. UC RIVERSIDE UNIVERSITY AVENUE AND OXFORD UC SAN DIEGO 9500 GILMAN DRIVE #0934 LA 245 RIVERSIDE, CA 92521-0217 6,500. UNIVERSITY ENTERPRISES, INC. 92093 220,551. UNIVERSITY ENTERPRISES, INC. 95849-6111 33,945. UNIVERSITY OF CALIFORNIA 1111 FRANKLIN STREET, 11TH OFFICE OF THE PRESIDENT FLOOR OAKLAND, CA 94607-5200 1,123,237. UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472 WASHINGTON STATE		805 PENNSYLVANTA AVENUE KANSAS	
U.S. DEPARTMENT OF COMMERCE GAITHERSBURG, MD 20899-1650 65,240. U.S. DEPARTMENT OF 400 MARYLAND AVENUE, SW EDUCATION WASHINGTON, DC 20202 6,002,168. U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20585 66,485. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20528 340,872. U.S. DEPARTMENT OF THE 12201 SUNRISE VALLEY DRIVE 908 INTERIOR RESTON, VA 20192 18,394. U.S. SMALL BUSINESS 409 3RD STREET, NW WASHINGTON, DC 20416 238,115. UC BERKELEY UNIVERSITY AVENUE AND OXFORD STREET BERKELEY, CA 94720 2,753,832. UC RIVERSIDE UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217 6,500. UC SAN DIEGO 9500 GILMAN DRIVE #0934 LA JOLLA, CA 92093 220,551. UKIAH UNIFIED 511 SOUTH ORCHARD AVENUE WILHAM, CA 95482 8,400. UNIVERSITY ENTERPRISES, INC. 95819-6111 33,945. UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT UNIVERSITY OF WASHINGTON A333 BROOKLIN AVE NE SEATTLE, WA 98195-9472 34,503. VACAVILLE USD 401 NUT TREE ROAD VACAVILLE, CA 95687 5,600. WASHINGTON STATE PO BOX 641060, LIGHTY SSB, UNIVERSITY SSB,			17 822
COMMERCE GAITHERSBURG, MD 20899-1650 65,240. U.S. DEPARTMENT OF ENERGY 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202 6,002,168. U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20585 66,485. U.S. DEPARTMENT OF 245 MURRAY LANE SW WASHINGTON, DC 20585 340,872. U.S. DEPARTMENT OF THE 12201 SUNRISE VALLEY DRIVE 908 INTERIOR RESTON, VA 20192 18,394. U.S. SMALL BUSINESS 409 3RD STREET, NW WASHINGTON, DC 20416 238,115. UC RIVERSIDE UNIVERSITY AVENUE AND OXFORD STREET BERKELEY, CA 94720 2,753,832. UC RIVERSIDE UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217 6,500. UC SAN DIEGO 9500 GILMAN DRIVE #0934 LA JOLLA, CA 92203 220,551. UKIAH UNIFIED 511 SOUTH ORCHARD AVENUE UKIAH, CA 95482 8,400. UNIVERSITY OF CALIFORNIA OFFICE DED GOOD J STREET, 11TH OFFICE OF THE PRESIDENT UNIVERSITY OF WASHINGTON A33 BROOKLYN AVE NE SEATTLE, WA 98195-9472 34,503. VACAVILLE USD 401 NUT TREE ROAD VACAVILLE, CA 95687 5,600. WASHINGTON STATE PO BOX 641060, LIGHTY SSB, UNIVERSITY ROOM 280 PULLMAN, WA 98195-9472 401 NUT TREE ROAD VACAVILLE, CA 95687 5,600. WASHINGTON COMMUNITY COLLEGE 237 WEST KELLOGG ROAD BELLINGHAM, WA 98226 77,507.			17,011.
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UNIVERSITY ENTERPRISES CORPORATION AT CS

	MOUNT FROM SAL	E OF ASSI	ETS	S	STATEMEN	T 2
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				PUR	CHASED	
	COST OR OTHER BASIS	DEPREC.		PENSE SALE	GRO SALES	
	0.		0.	0.		39,225.
TOTAL TO FORM 199, PAGE 2, LN 6	0.		0.	0.		39,225.
CA 199	OTHER INCOM	E		S	STATEMEN	т 3
DESCRIPTION					AMOUN	т
ALL OTHER REVENUE NONOPERATING REVENUE COMMERCIAL OPERATIONS SPECIAL PROGRAMS PARENT FEES TOTAL TO FORM 199, PART II, LINE	7 7			_	8	156,463. 0. 307,244. 740,517. 124,945.
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CA 199 COMPENSATION OF OFF	FICERS, DIRECT	TITLE ANI)		TATEMEN	т 4
	FICERS, DIRECT) RKED/WK		TATEMEN	т 4
CA 199 COMPENSATION OF OFF NAME AND ADDRESS TOMAS D. MORALES 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407 RAFIK MOHAMED 5500 UNIVERSITY PARKWAY	FICERS, DIRECT AVERAGE BOARD	TITLE ANI E HRS WOF	RKED/WK	IDENT	TATEMEN	T 4 ATION
CA 199 COMPENSATION OF OFE NAME AND ADDRESS TOMAS D. MORALES 5500 UNIVERSITY PARKWAY	FICERS, DIRECT AVERAG BOARD DIRECT	TITLE ANI E HRS WOF CEO (CSUS 1.00	RKED/WK BB PRES	IDENT ACAD	TATEMEN	T 4

UNIVERSITY ENTERPRISES CORPORATION AT	CS	95-6067343
PAZ OLIVEREZ 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (CSUSB VP OF STUD	0.
ROBIN PHILLIPS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (CSUSB VP OF HR)	0.
TAEWON YANG 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	INTERIM BOARD TREASURER (C	0.
JENNIFER SORENSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (CSUSB STAFF REP) 1.00	0.
DOUGLAS FREER (THRU 07/23) 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	VP FOR ADMINISTRATION 1.00	0.
CYNTHIA CRAWFORD 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (CSUSB FACULTY RE	0.
JOHN GRIFFIN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	EXEC DIR (THRU 01/24) 40.00	116,459.
JEREMY DODSWORTH 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (CSUSB FACULTY RE	0.
DOROTHY CHEN-MAYNARD 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (CSUSB PROF) 1.00	21,752.
WILLIAM STEVENSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (CSUSB INSTRUC FA	560.
SESAR MORFIN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	INTEREM EXEC DIR (START 02	0.
VALERIE ZELLMER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	VICE CHAIR 1.00	0.

NIVERSITY ENTERPRISES CORP	ORATION AT	<u>CS</u>			95-606734
TUAN HERRERA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407		INTERIM S	SECRETARY 1.00		0
DESTINY SHAVERS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407		DIRECTOR	(STUDENT	REP)	C
ANGELICA AGUDO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407		DIRECTOR	(STUDENT	REP)	C
CARSON FAJARDO 5500 UNIVERSITY PARKWAY		DIRECTOR	(STUDENT	REP)	C
SAN BERNARDINO, CA 92407					
COTAL TO FORM 199, PART II,		FYDFNGFG			138,771 ———————————————————————————————————
		EXPENSES			STATEMENT 5
COTAL TO FORM 199, PART II,		EXPENSES			

28,381,856.

TOTAL TO FORM 199, PART II, LINE 17

UNIVERSITY ENTERPRISES CORPORATION AT CS

PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES PREPAID EXPENSES FOR POST-EMPLOYMENT MEDICAL BENEFITS PREPAID EXPENSES AND DEFERRED CHARGES PREPAID FOR LIABILITIES PROPERTY PROPAID CHARGE CHARGES PROPAID CHARGES PROPAID CHARGES PROPAID CHARGES PROPAID CHARGES PROPAID CHARGES AND DEFERRED CHARGES AND	DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES DUES FROM RELATED PARTY RIGHT-OF-USE ASSET ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS TOTAL TO FORM 199, SCHEDULE L, LINE 12 CA 199 OTHER LIABILITI DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY DEFERRED REVENUE	12,237,088. 499,713. 231,188. 4,116,597. 94,816. 17,179,402. EES BEG. OF YEAR 2,620,000.	13,992,070. 428,176. 473,090. 3,594,314. 954,859. 19,442,509. STATEMENT 7 END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES # 499, 713. 428, 176 DUES FROM RELATED PARTY # 201, 168. 473, 695 RIGHT-OF-USE ASSET # 4, 116, 597. 3, 594, 314 ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS # 4, 116, 597. 3, 594, 314 ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS # 4, 116, 597. 3, 594, 314 ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS # 5, 412, 509 ## CA 199 OTHER LIABILITIES ## CEND OF YEAR * DESCRIPTION ## DESCRIPTION #	PREPAID EXPENSES AND DEFERRED CHARGES DUES FROM RELATED PARTY RIGHT-OF-USE ASSET ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS TOTAL TO FORM 199, SCHEDULE L, LINE 12 CA 199 OTHER LIABILITI DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	499,713. 231,188. 4,116,597. 94,816. 17,179,402. EES BEG. OF YEAR 2,620,000.	428,176. 473,090. 3,594,314. 954,859. 19,442,509. STATEMENT 7 END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES # 499, 713. 428, 176 DUES FROM RELATED PARTY # 201, 168. 473, 695 RIGHT-OF-USE ASSET # 4, 116, 597. 3, 594, 314 ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS # 4, 116, 597. 3, 594, 314 ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS # 4, 116, 597. 3, 594, 314 ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS # 5, 412, 509 ## CA 199 OTHER LIABILITIES ## CEND OF YEAR * DESCRIPTION ## DESCRIPTION #	PREPAID EXPENSES AND DEFERRED CHARGES DUES FROM RELATED PARTY RIGHT-OF-USE ASSET ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS TOTAL TO FORM 199, SCHEDULE L, LINE 12 CA 199 OTHER LIABILITI DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	499,713. 231,188. 4,116,597. 94,816. 17,179,402. EES BEG. OF YEAR 2,620,000.	428,176. 473,090. 3,594,314. 954,859. 19,442,509. STATEMENT 7 END OF YEAR
RIGHT-OF-USE ASSET ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS A4,816. 954,859 TOTAL TO FORM 199, SCHEDULE L, LINE 12 CA 199 OTHER LIABILITIES CA 199 OTHER LIABILITIES BEG. OF YEAR END OF YEAR LIABILITIES FOR PENSION BENEFITS LIABILITY LIABILITY DUE TO RELATED PARTY DUE TO RELATED PARTY DESCRIPTION TOTAL TO FORM 199, SCHEDULE L, LINE 18 CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN DESCRIPTION AMOUNT TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT DESCRIPTION AMOUNT TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT AMOUNT DESCRIPTION AMOUNT	RIGHT-OF-USE ASSET ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS TOTAL TO FORM 199, SCHEDULE L, LINE 12 CA 199 OTHER LIABILITI DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	4,116,597. 94,816. 17,179,402. EES BEG. OF YEAR 2,620,000.	3,594,314,954,859,19,442,509,
ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS TOTAL TO FORM 199, SCHEDULE L, LINE 12 17,179,402. CA 199 OTHER LIABILITIES STATEMENT 7 DESCRIPTION BEG. OF YEAR LIABILITES FOR PENSION BENEFITS LEASE LIABILITY LEASE LIABI	ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS TOTAL TO FORM 199, SCHEDULE L, LINE 12 CA 199 OTHER LIABILITI DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	94,816. 17,179,402. EES BEG. OF YEAR 2,620,000.	954,859 19,442,509 STATEMENT 7 END OF YEAR
TOTAL TO FORM 199, SCHEDULE L, LINE 12 17,179,402. 19,442,509 CA 199 OTHER LIABILITIES DESCRIPTION BEG. OF YEAR LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY LEASE LIABILITY DUE TO RELATED PARTY O. 2,266,409 DEFERRED REVENUE 9,394,796. 10,542,430 TOTAL TO FORM 199, SCHEDULE L, LINE 18 DESCRIPTION CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT DESCRIPTION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT DESCRIPTION DESCRIPTION AMOUNT AMOUNT DESCRIPTION AMOUNT AMOUNT DESCRIPTION DESCRIPTION AMOUNT AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT	TOTAL TO FORM 199, SCHEDULE L, LINE 12 CA 199 OTHER LIABILITI DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	17,179,402. ES BEG. OF YEAR 2,620,000.	19,442,509. STATEMENT 7 END OF YEAR
DESCRIPTION TRANSPERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION DESCRIPTION DESCRIPTION AMOUNT TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION DESCRIPTION DESCRIPTION AMOUNT TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTI	CA 199 OTHER LIABILITI DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	BEG. OF YEAR 2,620,000.	STATEMENT 7 END OF YEAR
DESCRIPTION DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY DEFERRED REVENUE DEFERRED REVENUE TOTAL TO FORM 199, SCHEDULE L, LINE 18 DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION AMOUNT TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS AMOUNT TRANSFERS TO UNIVERSITY/OTHER AUX	DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	BEG. OF YEAR 2,620,000.	END OF YEAR
DESCRIPTION DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY DEFERRED REVENUE DEFERRED REVENUE TOTAL TO FORM 199, SCHEDULE L, LINE 18 DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION DESCRIPTION AMOUNT TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS AMOUNT TRANSFERS TO UNIVERSITY/OTHER AUX	DESCRIPTION LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	BEG. OF YEAR 2,620,000.	END OF YEAR
LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY 4,175,569. 3,712,430 DUE TO RELATED PARTY 0. 2,266,409 DEFERRED REVENUE 7,394,796. TOTAL TO FORM 199, SCHEDULE L, LINE 18 DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION AMOUNT TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN OPEB LIABILITY VALUATION -860,043 TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 ASSISTMENT 9 NOT INCLUDED IN THIS RETURN DESCRIPTION AMOUNT NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737	LIABILITIES FOR PENSION BENEFITS LEASE LIABILITY DUE TO RELATED PARTY	2,620,000.	
LEASE LIABILITY DUE TO RELATED PARTY DUE TO RELATED PARTY DEFERRED REVENUE TOTAL TO FORM 199, SCHEDULE L, LINE 18 CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION AMOUNT THE UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737	LEASE LIABILITY DUE TO RELATED PARTY		2 997 659
DUE TO RELATED PARTY DEFERRED REVENUE 0. 2,266,409 10,542,430 10,542,430 TOTAL TO FORM 199, SCHEDULE L, LINE 18 16,190,365. CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN AMOUNT TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN AMOUNT DESCRIPTION AMOUNT AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737	DUE TO RELATED PARTY	4,175,569.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18 CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737		• •	3,712,430.
TOTAL TO FORM 199, SCHEDULE L, LINE 18 16,190,365. 20,348,921 CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION 1,207,652 NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 AMOUNT CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION AMOUNT NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737	DEFERRED REVENUE		2,266,409.
CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION AMOUNT NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737		9,394,796.	10,542,430.
DESCRIPTION TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION AMOUNT NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737	TOTAL TO FORM 199, SCHEDULE L, LINE 18	16,190,365.	20,348,921.
TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737			STATEMENT 8
NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737	DESCRIPTION		AMOUNT
NET CHANGE IN PENSION LIABILITY VALUATION NET CHANGE IN OPEB LIABILITY VALUATION TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737	TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZ	ATIONS	112,165.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 459,774 AMOUNT 55,737	NET CHANGE IN PENSION LIABILITY VALUATION		1,207,652.
CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION NET UNREALIZED GAIN (LOSS) ON INVESTMENTS STATEMENT 9 AMOUNT 55,737	NET CHANGE IN OPEB LIABILITY VALUATION		-860,043.
NOT INCLUDED IN THIS RETURN DESCRIPTION NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737	TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		459,774.
NOT INCLUDED IN THIS RETURN DESCRIPTION NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737		· •	
NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 55,737			STATEMENT 9
	DESCRIPTION		AMOUNT
	NET UNREALIZED GAIN (LOSS) ON INVESTMENTS	•	55,737.
	TOTAL TO FORM 199 SCHEDILE M_1 LINE 7		55 737

UNIVERSITY ENTERPRISES CORPORATION AT CS

CA 199 FUND BALANCES		STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	11,545,574.	13,923,512.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	11,545,574.	13,923,512.

TAXABLE YEAR Corporation Depreciation and Amortization

CALIFORNIA FORM

Attach to Form 100 or Form 100V	N			Form 19	9					FEIN	ī	95-606	7343
Corporation name	, v .									T	Califo	rnia corporati	on number
UNIVERSITY ENTERPRISES	S CORPORATI	ON AT											
CSUSB												0438029	
Part Election To Expense Cert	ain Property U	nder IRC Se	ction 179										
1 Maximum deduction under IR	C Section 179 f	or Californi	a								1		\$25,000
2 Total cost of IRC Section 179											2		
3 Threshold cost of IRC Section	n 179 property b	efore reduc	tion in limitati	on							3		\$200,000
4 Reduction in limitation. Subtra	act line 3 from l	ine 2. If zer	o or less, ente	r - 0							4		
5 Dollar limitation for taxable ye	ear. Subtract line	e 4 from line	e 1. If zero or								5		
(a) Desc	cription of prope	erty		(b) Cost (b	usiness use or	nly)	(c) E	lected o	ost				
6						_							
7 Listed property (elected IRC S							7				_		
8 Total elected cost of IRC Secti											8		
9 Tentative deduction. Enter the											9		
10 Carryover of disallowed deduct11 Business income limitation. En				loop than zoro)							10		
12 IRC Section 179 expense dedu											11 12		
13 Carryover of disallowed deduc											12		
Part II Depreciation and Election							10						
(a)	(b)		c)	(d		(e)		(f)				(g)	(h)
Description of property	Date acquired	Co	st or	Depreciation	allowed or	Depreciati	ion	Life o			Depre	eciation	Additional
(1	mm/dd/yyyy)	othe	basis	allowable in e	earlier years	method	١	rate			tor tr	nis year	first year depreciation
14													
SEE STATEMENT 11			265,565.		,892,684.			-					
15 Add the amounts in column (g	-, .	•	,	, .									
See instructions for line 14, co	olumn (h)								15				
Part III Summary 16 Total: If the corporation is elec	ctina.												
IRC Section 179 expense, add		line 12 and	line 15, colur	mn (g) or									
Additional first year depreciati Depreciation (if no election is	ion under R&TC	Section 24	356, add the a	- I / \						•	16		
17 Total depreciation claimed for				0.11						•	17		
18 Depreciation adjustment. If lin					d on Form 100						۳-		
If line 17 is less than line 16, 6													
amounts are used to determin										•	18		
Part IV Amortization					·	·							
_ (a)		(b)		(c)	(0	i)		(e) R&TC		(f)		(g)
Description of property		acquired /dd/yyyy)		st or r basis	Amortization allowable in			Section		Period ercen			ization is year
	(11111)	(du/yyyy)	Othor	Da313	allowable iii	carnor yea	(Se	e instructio	ns) P	010011	tage	101 til	is your
19							_		_				
							_		+				
							+		+				
							+		+				
							+		+				
							+		+				
20 Total. Add the amounts in colu	umn (a)				1						20		
21 Total amortization claimed for				2. line 44							21		
22 Amortization adjustment. If lin													
Side 1, line 6. If line 21 is less										•	22		

UNIVERSITY ENTERPRISES CORPORATION AT CS

CA 3885	3885 DEPRECIATION STATEMENT					MENT 11	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
2 BUILDING							
3 LEASEHOLDS		2,196,396.	1,396,793.		.000	0.	
2 TEWSFUOLDS		3,015,870.	1,610,036.		.000	0.	
4 EQUIPMENT							
5 T 7 NTD		5,048,659.	3,885,855.		.000	0.	
5 LAND		4,640.		L		0.	
TOTAL TO FORM 388	5	10,265,565.	6,892,684.			0.	

022 Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABI E YEAR

FORM

2023	Exempt Organiza		zation for	8453-EO
Exempt Organization name				Identifying number
UNIVERSITY ENTER	RPRISES CORPORATION AT			
CSUSB				95-6067343
Part I Electronic	Return Information (whole dollar	ırs on l y)		
1 Total gross rece	ipts or unrelated business taxable	e income (Form 199, line 4	or Form 109, line 5)	1 53,439,736
2 Total gross inco	me or total tax (Form 199, line 8 c	or Form 109, line 14)		2 53,439,736
4 Tax due (Form 1				
5 Overpayment (F	orm 109, line 24)			5
Part II Settle You	r Account Electronically for Tax	able Year 2023		
6 Direct Depo	osit of refund (Form 109 only.)			
	unds withdrawal 7a Amour		7b Withdrawal date (mm/dd	
Part III Schedule of	Estimated Tax Payments for Taxable	e Year 2024 (These are NOT in	nstallment payments for the current amo	unt the exempt organization owes.)
	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				
Part IV Banking In	formation (Have you verified the	exempt organization's ban	king information?)	
10 Routing number				
11 Account number			12 Type of account: Checking	ng Savings
Part V Declaratio	n of Officer			
direct deposit refund ag		ny return. If I check Part II, bo:	Reart II, box 6, I declare that the bank ac x 7, I authorize an electronic funds withd d in Part IV.	
transmitter, or intermed California electronic retu a balance due return, I u organization will remain statements be transmitte	iate service provider and the amounts irn. To the best of my knowledge and inderstand that if the Franchise Tax Bo liable for the tax liability and all applic ed to the FTB by the ERO, transmitter,	in Part I above agree with the belief, the exempt organization pard (FTB) does not receive ful cable interest and penalties. I a or intermediate service provid	d that the information I provided to my e amounts on the corresponding lines of t 's return is true, correct, and complete. I I and timely payment of the exempt orga uthorize the exempt organization return a er. If the processing of the exempt orga eason(s) for the delay or the date when	the exempt organization's 2023 If the exempt organization is filing nization's tax liability, the exempt and accompanying schedules and anization's return or refund is
Sign Sugard by Sugar Here	werfin		EXECUTIVE DIRECTOR	
Here Signature	Tof officer	Date Tit	e	
Part VI Declaratio	n of Electronic Return Originato	or (ERO) and Paid Prepare	r.	
am only an intermediate accurately reflects the diprovided the organization	service provider, I understand that I a ata on the return.) I have obtained the on officer with a copy of all forms and	am not responsible for reviewir organization officer's signatur information that I will file with	form FTB 8453-EO are complete and cong the exempt organization's return. I dee on form FTB 8453-EO before transmitt the FTB, and I have followed all other receiver four vaces from the due date of the receiver four vaces from the due date of the receiver four vaces from the due date of the receiver four vaces from the due date of the receiver four vaces from the due date of the receiver four vaces from the due date of the receiver four four four four four four forms.	clare, however, that form FTB 8453-EO ing this return to the FTB. I have quirements described in FTB Pub.

the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature CASIE Z	WAHLEN, CPA	Date	Check if also paid preparer X	Check if self- employe	ERO's PTIN P0 2291311
Must	Firm's name (or yours	CLIFTONLARSONALLEN LLP				Firm's FEIN 41-0746749
Sign	if self-employed) and address	2210 EAST ROUTE 66				
		GLENDORA, CA				ZIP code 91740

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

Paid Preparer	Paid preparer's signature		Date	Check if self- employed	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address				Firm's FEIN
					ZIP code

FTB 8453-EO 2023

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT

STATE OF CALIFORNIA RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS:

TO ATTORNEY GENERAL OF CALIFORNIA
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

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.

www.oag.ca.gov/charities		23703; Government Code section 12586.1. IRS exte	ensions will be h	ionored.			
UNIVERSITY ENTERPRISES CSUSB Name of Organization	CORPORATIO	Am	ange of address nended report ganization requests en	nail notifications			
List all DBAs and names the organization	uses or has used						
5500 UNIVERSITY PARKWAY Address (Number and Street)	Y		State Ch	arity Registration Num	ber <u>004294</u>		
SAN BERNARDINO, CA 924 City or Town, State, and ZIP Code	407		Corporat	ion or Organization No	0438029		
909-537-3644	MICHELLE	E.BULAON@CSUSB.EDU	 Federa l F	Employer ID No. 95-6	6067343		
Telephone Number	E-mail Addres	es	, , , , , , ,				
ANNUAL	REGISTRATIO	ON RENEWAL FEE SCHEDULE (11 C Make Check Payable to Depart			7, and 310)		
Total Revenue Less than \$50,000 Between \$50,000 and \$100,0 Between \$100,001 and \$250,		Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million			001 and \$100 million ,001 and \$500 million million	-	
PART A - ACTIVITIES		period (beginning 07/01/2023		ding 06/30/2024	\ P		
Total Davenus		736 Noncash Contributions \$			ts \$ 40 ,	431,	863
PART B - STATEMENTS REG	ARDING OR	GANIZATION DURING THE PERIOD	OF THIS RE	PORT			
		you answer "yes" to any of the que Is for each "yes" response. Please r				Yes	No
		any contracts, loans, leases or other foof, either directly or with an entity in w			•		х
During this reporting periodor funds?	od, was there a	any theft, embezzlement, diversion or I	misuse of th	ne organization's charit	table property		х
3. During this reporting perion	od, were any o	rganization funds used to pay any per	alty, fine or	judgment?			х
During this reporting period commercial coventurer us		ervices of a commercial fundraiser, fun	draising co	unsel for charitable pu	rposes, or		х
5. During this reporting period	od, did the org	anization receive any governmental fu	nding?	SEE STATE	MENT 12	Х	
6. During this reporting perio	od, did the org	anization hold a raffle for charitable pu	irposes?				х
7. Does the organization co	nduct a vehic l e	e donation program?					х
_	•	ndent audit and prepare audited finan es for this reporting period?	cial stateme	ents in accordance with	h 	х	
9. At the end of this reporting	ig period, did t	he organization hold restricted net ass	ets, whi l e re	eporting negative unre	estricted net assets?		х
		ve examined this report, including a complete, and I am authorized to si		ng documents, and to	o the best of my kno	wledge	е
signed by: SUSAY MOYTUN Signature of Authorized Agent		AR MORFIN		EXECUTIVE DIRECTO		2025	
Signature of Authorized Agent	Pri	nted Name	ı	it l e	Date		

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5

STATEMENT 12

NATIONAL SECURITY AGENCY 9800 SAVAGE ROAD FORT GEORGE G. MEAD, MD 20755-6842

SAN BERNARDINO COUNTY SHERIFF DEPARTMENT 655 E. THIRD STREET SAN BERNARDINO, CA 92415-0061

STATE OF CALIFORNIA 1220 N. STREET, ROOM 120 SACRAMENTO, CA 95814

U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202

CALIFORNIA DEPT OF CORRECTIONS AND REHABILITATION 1515 S STREET, STE. 415-SOUTH SACRAMENTO, CA 95811

NATIONAL SECURITY AGENCY 9800 SAVAGE ROAD FORT GEORGE G. MEAD, MD 20755-6842

U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202

SAN BERNARDINO COUNTY SHERIFF DEPARTMENT 655 E. THIRD STREET SAN BERNARDINO, CA 92415-0061

STATE OF CALIFORNIA 1220 N. STREET, ROOM 120 SACRAMENTO, CA 95814

STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION 2020 WEST EL CAMINO AVENUE, SUITE 1222 SACRAMENTO, CA 95833

REGENTS OF THE UNIVERSITY OF CALIFORNIA 1608 FOURTH STREET, SUITE 220 BERKELEY, CA 94710-5940

CHILDREN AND FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY 735 E. CARNEGIE DRIVE, SUITE 150 SAN BERNARDINO, CA 92408

U.S. DEPARTMENT OF HOMELAND SECURITY 245 MURRAY LANE SW WASHINGTON, DC 20528

RIVERSIDE COUNTY SUPERINTENDENT OF SCHOOLS 3939 THIRTEENTH STREET RIVERSIDE, CA 92501

STATEMENT(S) 12

** PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2023 calendar year, or tax year beginning JUL 1 2023 JUN 30 2024 C Name of organization Check if applicable: D Employer identification number UNIVERSITY ENTERPRISES CORPORATION AT Address change CSUSB Name change 95-6067343 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 5500 UNIVERSITY PARKWAY 909-537-3644 G Gross receipts \$ 53,439,736. City or town, state or province, country, and ZIP or foreign postal code Amended SAN BERNARDINO, CA 92407 H(a) Is this a group return Applica-tion F Name and address of principal officer: SESAR MORFIN Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions UEC.CSUSB.EDU J Website: H(c) Group exemption number K Form of organization: X Corporation Year of formation: 1962 M State of legal domicile: CA Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ASSIST IN Activities & Governance EDUCATION, ADMINISTRATION, AND RELATED SERVICES OF CALIFORNIA STATE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 1056 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 60 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 40,972,330, 50,790,494. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,731,061 1,972,706. Program service revenue (Part VIII, line 2g) 106,458 520,073. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,406,344 156,463. 11 44,216,193 53 439 736. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 22,191,011. 15 26,067,973. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 20,499,913. 24,589,788. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 42,690,924. 50,657,761. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,525,269. 2,781,975. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 34,429,444, 40,431,863. Total assets (Part X, line 16) 22,883,870, 26,508,351. 21 Total liabilities (Part X, line 26) 11,545,574. 13,923,512. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sesar Morfin Signature of officer Date Sign SESAR MORFIN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature CASIE ZWAHLEN CPA CASIE ZWAHLEN CPA 05/14/25 P02291311 Paid Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Preparer 2210 EAST ROUTE 66 Use Only Firm's address

No

Yes

Phone no. (626) 857-7300

GLENDORA, CA 91740

Pa	art III Statement of Program Service Accomplishments	Page ∠
ı u	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	·····
•	TO PROMOTE AND ASSIST IN EDUCATION, ADMINISTRATION, AND RELATED	
	SERVICES OF CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	Yes 🗓 No
	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 expen	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	s, and
	revenue, if any, for each program service reported.	
4a		740,517.
	GRANTS AND CONTRACTS - PROVIDE STAFF SALARIES, OPERATING SUPPLIES, BOOKS AND MATERIALS, TUITION, STIPENDS AND EQUIPMENT. GRANTS ARE FOR	
	RESEARCH, TEACHING AND COMMUNITY SERVICE PROJECTS.	
	RESEARCH, TEACHING AND COMMUNITY SERVICE PRODECTS.	
		_
4b	(Code:) (Expenses \$ 2 , 331 , 651. including grants of \$) (Revenue \$	424,945.)
	CHILDREN'S & INFANT CENTERS - CONSISTS OF THE OPERATION OF THE	,
	ON-CAMPUS CHILD CARE CENTER.	
4c		807,244.
	COMMERCIAL OPERATIONS - CONSISTS OF VENDING AND CONTRACT OVERSIGHT OF	
	CAMPUS BOOKSTORE AND DINING SERVICE OPERATIONS.	
4d	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
4e		
		rm 990 (2023)

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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?			77
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
٦.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u		11d	x	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

332003 12-21-23

Form **990** (2023)

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

332004 12-21-23

Form **990** (2023)

Par	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 1056			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		. v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ.
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	_		
а	Didd a second and the	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Vas " complete Form 6069			

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
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		х
b				
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	Х	
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? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c		120		
Ū	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a	х	
a b		15b		х
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	I IOD		
17	List the states with which a copy of this Form 990 is required to be filled CA Section 5104 requires an examination to make its Forms 1022 (1024 or 1024 A if applicable), 900, and 900 T (section 501(s)/2)	only)	oveile!	olo.
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)	oriiy)	availdi	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	1 4:	امند	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the toy year.	ı ımanı	Jiai	
00	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 MICHELLE BULAON - (909)537-3644			

Form **990** (2023)

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, box 6 of 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 i	محالة بيمحالة: محبيك						- ee :	
		Check this box i	i neither the	ordanization nor	anv related o	ordanization	compensated	any current of	onicer, airector,	or trustee.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TOMAS D. MORALES	1.00									
BOARD CEO (CSUSB PRESIDENT)	40.00	Х		Х				0.	520,947.	127,575.
(2) RAFIK MOHAMED	1.00	ļ								
DIRECTOR (CSUSB VP OF ACADEMIC AFFAI	40.00	Х						0.	331,155.	68,558.
(3) ROBERT NAVA	1.00									
DIRECTOR (CSUSB VP OF ADVANCEMENT)	40.00	Х						0.	277,700.	109,138.
(4) SAMUEL SUDHAKAR	1.00									
BOARD CHAIR (CSUSB VP OF FINANCE, TE	40.00	Х		Х		_		0.	299,993.	74,567.
(5) PAZ OLIVEREZ	1.00								054 500	00 550
DIRECTOR (CSUSB VP OF STUDENT AFFAIR	40.00	Х				_		0.	254,720.	92,758.
(6) ROBIN PHILLIPS	1.00	۱.,							242 105	E7 EC0
DIRECTOR (CSUSB VP OF HR) (7) TAEWON YANG	1.00	Х				_	-	0.	243,195.	57,568.
INTERIM BOARD TREASURER (CSUSB FACUL	40.00	Х		x				0.	195,093.	70 008
(8) JENNIFER SORENSON	1.00	Λ		_				0.	193,093.	79,908.
DIRECTOR (CSUSB STAFF REP)	40.00	x						0.	217,062.	50,505.
(9) DOUGLAS FREER (THRU 07/23)	1.00							· ·	217,002.	30,303.
VP FOR ADMINISTRATION	40.00	х						0.	166,437.	72,355.
(10) CYNTHIA CRAWFORD	1.00							•	200,107.	,
DIRECTOR (CSUSB FACULTY REP)	40.00	х						673.	146,507.	70,207.
(11) JOHN GRIFFIN	40.00									,
EXEC DIR (THRU 01/24)	0.00			x				175,948.	0.	29,739.
(12) ELAINE B ZUCCO	40.00							, .	-	,
DIRECTOR OF OPERATIONS	0.00					x		135,580.	0.	27,538.
(13) JEREMY DODSWORTH	1.00							·		·
DIRECTOR (CSUSB FACULTY REP)	40.00	х						0.	112,582.	47,935.
(14) CHRISTOPHER VALLEJO	40.00									
EXECUTIVE DIRECTOR OF OPERATIONS	0.00					х		120,375.	0.	37,654.
(15) PAUL NOLTA	40.00									
PROGRAM DIRECTOR	0.00					Х		140,428.	0.	16,093.
(16) MARY MITCHEL	40.00									
DIRECTOR OF RESEARCH	0.00					х		119,736.	0.	18,723.
(17) ERIC GODDARD	40.00									
DIRECTOR OF ADMISSIONS	0.00					х		118,364.	0.	18,525.

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Form 990 (2023) CSUSB									95-60	67343		P	age 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)					
(A)	(B)				C)			(D)	(E)			(F)		
Name and title	Average	Position (do not check more than one				one	Reportab l e	Reportab l e		Estimated				
	hours per	box	, unle	ss pe	rson i	is both or/trus	an	compensation	compensatio		amount of			
	week (list any		l a	luau	I	I		from	from related			other		
	hours for	lirecto				_		the organization	organizations (W-2/1099-M I S			oensa om th		
	related	96 Or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	,0,		anizat		
	organizations	truste	a tru:		yee	шрег		1099-NEC)			_	re l at		
	below	Individual trustee or director	Institutional trustee	ь	Key employee	est co oyee	Jer				orga	nizati	ons	
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former							
(18) DOROTHY CHEN-MAYNARD	1.00													
DIRECTOR (CSUSB PROF)	40.00	Х						17,761.	52,3	394.		52,	107.	
(19) WILLIAM STEVENSON	1.00													
DIRECTOR (CSUSB INSTRUC FACULTY, SUM	40.00	Х						747.	51,4	162.		35,	903.	
(20) SESAR MORFIN	40.00													
INTEREM EXEC DIR (START 02/24)	0.00			Х				0.	37,1	143.		25,	914.	
(21) VALERIE ZELLMER	1.00													
VICE CHAIR	0.00	Х		Х				0.		0.			0.	
(22) JUAN HERRERA	1.00													
INTERIM SECRETARY	0.00	Х		Х				0.		0.			0.	
(23) DESTINY SHAVERS	1.00													
DIRECTOR (STUDENT REP)	0.00	Х						0.		0.			0.	
(24) ANGELICA AGUDO	1.00													
DIRECTOR (STUDENT REP)	0.00	Х						0.		0.			0.	
(25) CARSON FAJARDO	1.00													
DIRECTOR (STUDENT REP)	0.00	Х						0.		0.			0.	
								200 510						
1b Subtotal								829,612.	2,906,3		1,	113,	270.	
c Total from continuation sheets to Part VI								0.		0.			0.	
d Total (add lines 1b and 1c)								829,612.	2,906,3		1,	113,	270.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable)			4.0	
compensation from the organization												V	13	
										Г		Yes	No	
3 Did the organization list any former officer,	*		•	•	•		_	·	•				v	
line 1a? If "Yes," complete Schedule J for s											3		Х	
4 For any individual listed on line 1a, is the su												v		
and related organizations greater than \$150			•								4	Х		
5 Did any person listed on line 1a receive or a	-				-			_					v	
rendered to the organization? f "Yes," complete Schedule J for such person							5		Х					
	mnonneted in d	ons	nds:	ot o	ont:	20+0	·0 +1-	ant received mare than	100 000 of cores	oncoti	on fra	m		
1 Complete this table for your five highest co	•									ensatio	סזו ווכ	111		
the organization. Report compensation for	me calendar ye	ar e	nuir	ıg w	nui (וע זכ	u iir)		tai.		<i>'</i>	۸.	—	
(A)								(B)			(C	7		

	(A) Name and business address NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 0	above) who received more than	

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenuè excluded Total revenue Unrelated from tax under function revenue business revenue 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 991,983. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 49,798,511 similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 50,790,494. h Total. Add lines 1a-1f **Business Code** 2 a COMMERCIAL OPERATIONS 807,244, 611310 807,244. Program Service Revenue SPECIAL PROGRAMS 611310 740,517 740,517 PARENT FEES 611310 424,945. 424,945. d f All other program service revenue 1,972,706. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 480,848 480,848 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 39,225 assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7c c Gain or (loss) 39,225. 39,225. 39,225. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **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 c Net income or (loss) from sales of inventory **Business Code** 11 a ALL OTHER REVENUE 900099 156,463, 156,463, b d All other revenue 156,463 Total. Add lines 11a-11d 53,439,736. 1,972,706 676,536. Total revenue. See instructions 12

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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) Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 138,771 138,771. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 20,189,476. 19,322,690. 866,786. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,893,796 1,775,197 118,599 3,845,930. 3,587,956, 257,974 Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management 17,460 17,460 Legal 95,246, 7,980. 87,266, Accounting Lobbying Professional fundraising services. See Part IV, line 17 18,909. Investment management fees 18,909. f Other. (If line 11g amount exceeds 10% of line 25, 8,797,468 12,355,481. -3,558,013 column (A), amount, list line 11g expenses on Sch O.) 41,946, 41,671. 275 Advertising and promotion 12 3,093,991 2,013,025. 1,080,966. Office expenses 13 486,998. 501,347, 14,349 Information technology 14 Royalties 15 1,288,354 1,288,354 16 Occupancy 2,803,684 2,636,374. 167,310. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 535,187. 43,914. 491,273. Conferences, conventions, and meetings 19 3,794. 3,794. 20 Payments to affiliates _____ 21 655,510 586,243, 69,267 22 Depreciation, depletion, and amortization 267,6<u>41</u>. 38,791. 228,850. 23 Other expenses. Itemize expenses not covered 24 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.) STIPENDS, ROOM AND BOAR 5,445,182. 5,443,382. 1,800 MISCELLANEOUS 611,776 547,035 64,741 RENTAL, EQUIPMENT AND S 412,293, 373,328, 38,965, С d All other expenses е Total functional expenses. Add lines 1 through 24e 50,657,761 50,999,572, -341,811 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

ı a	ιλ	Check if Schedule O contains a response or	note to any	/ line in this Part X			
		oneon in ochodule o contains a response or	note to an	y into in tino react.	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,369,649.	1	4,323,017.
	2	Savings and temporary cash investments			11,269,664.	2	13,809,215.
	3			12,237,088.	3	13,992,070.	
	4	Accounts receivable, net			441,066.	4	139,751.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per				
		under section 4958(f)(1)), and persons descri	-			6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	D '11			499,713.	9	428,176.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		10,265,565.			
	b	Less: accumulated depreciation		7,548,194.	3,169,663.	10c	2,717,371.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lii				12	
	13	Investments - program-related. See Part IV, li				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11			4,442,601.	15	5,022,263.
	16	Total assets. Add lines 1 through 15 (must e		I	34,429,444.	16	40,431,863.
	17	Accounts payable and accrued expenses	6,693,505.	17	6,159,430.		
	18	Grants payable				18	
	19	Deferred revenue			9,394,796.	19	10,542,430.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
w	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D			6,795,569.	25	9,806,491.
	26	Total liabilities. Add lines 17 through 25			22,883,870.	26	26,508,351.
		Organizations that follow FASB ASC 958,					
es		and complete lines 27, 28, 32, and 33.		_			
anc	27				11,545,574.	27	13,923,512.
Bal	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB AS					
교		and complete lines 29 through 33.	·				
ō	29	Capital stock or trust principal, or current fur	nds			29	
ets.	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,545,574.	32	13,923,512.
~	33	Total liabilities and net assets/fund balances			34,429,444.	33	40,431,863.

UNIVERSITY ENTERPRISES CORPORATION AT

	990 (2023) CSUSB	95-606734	3	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53	439,	736.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50	657,	761.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	781,	975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	545,	574.
5	Net unrealized gains (losses) on investments	5		55,	737.
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	-	459,	774.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,	923,	512.
Pa	rt XIII 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	and and the constant when an Calcadula O and decayibe any stands to understand a understand and		- OL-	Y	l

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

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

UNIVERSITY ENTERPRISES CORPORATION AT

Inspection

OMB No. 1545-0047

CSUSB 95-6067343 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Х 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 12q. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

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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.)

Se	ction A. Public Support		·	•			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(3)	(0)	(0) = 1	(4) = -=	(-)	(4)
•	membership fees received. (Do not						
	include any "unusual grants.")	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
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.						189,360,104.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	182,500.	148,614.	94,631.	108,945.	480,848.	1,015,538.
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.)	12,696.	2,000,775.	5,255,253.	1,406,344.	2,129,169.	10,804,237.
11	Total support. Add lines 7 through 10						201,179,879.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, co l umn (f), di	vided by line 11, c	olumn (f))		14	94.12 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	86.24 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l i	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a pub l ic l y s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qua l ifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not cl	heck a box on l ine	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and sto	op here. Exp l ain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly :	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	·
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

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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.)

qualify under the tests listed b	elow, please comp	olete Part II.)				
Section A. Public Support		T	I	I	I	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
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 l ines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Section B. Lotal Support						
• • • • • • • • • • • • • • • • • • • •				T	1	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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.)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calendar year (or fiscal year beginning in) 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.)						
Calendar year (or fiscal year beginning in) 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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	
Calendar year (or fiscal year beginning in) 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 check this box and stop here	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	
Calendar year (or fiscal year beginning in) 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 check this box and stop here	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
Calendar year (or fiscal year beginning in) 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 check this box and stop here Section C. Computation of Publ 15 Public support percentage for 2023 (ne organization's fi	rst, second, third, rcentage	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
Calendar year (or fiscal year beginning in) 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 check this box and stop here Section C. Computation of Publ 15 Public support percentage from 2023 (16 Public support percentage from 2022)	ne organization's fi ic Support Per line 8, column (f), co	rst, second, third, rcentage livided by line 13, c	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
Calendar year (or fiscal year beginning in) 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 check this box and stop here Section C. Computation of Publ 15 Public support percentage for 2023 (16 Public support percentage from 2022 Section D. Computation of Investigation of Investigation in the section in the section in the section of Investigation in the section in the section in the secti	ic Support Per line 8, column (f), c 2 Schedule A, Part stment Income	rst, second, third, rcentage divided by line 13, of the line 15 to	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
Calendar year (or fiscal year beginning in) 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 check this box and stop here Section C. Computation of Publ 15 Public support percentage from 2022 Section D. Computation of Inves 17 Investment income percentage for 2	ic Support Perline 8, column (f), ce Schedule A, Part stment Income	rest, second, third, reentage divided by line 13, of the line 15 e Percentage mn (f), divided by line	fourth, or fifth tax column (f))	year as a section 5	01(c)(3) organizatio	on,
Calendar year (or fiscal year beginning in) 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 check this box and stop here Section C. Computation of Publ 15 Public support percentage from 2022 Section D. Computation of Inves 17 Investment income percentage from	ic Support Per line 8, column (f), column	rcentage divided by line 13, or Percentage mn (f), divided by line 17	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	% % %
Calendar year (or fiscal year beginning in) 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 check this box and stop here Section C. Computation of Publ 15 Public support percentage from 2023 (end of the computation of Investment income percentage from 19a 33 1/3% support tests - 2023. If the	ne organization's fi ic Support Per line 8, column (f), c 2 Schedule A, Part stment Income 223 (line 10c, column 2022 Schedule A, e organization did re	rst, second, third, rcentage divided by line 13, compared by line 15 e Percentage mn (f), divided by line 17 not check the box of	column (f)) ne 13, column (f)) on line 14, and line	year as a section 5	01(c)(3) organization 15 16 17 18 3 1/3%, and line 17	% % %
Calendar year (or fiscal year beginning in) 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 check this box and stop here Section C. Computation of Publ 15 Public support percentage from 2022 Section D. Computation of Investment income percentage from 19a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box a	ne organization's fine Support Per line 8, column (f),	rst, second, third, rcentage divided by line 13, or e Percentage mn (f), divided by line Part III, line 17 not check the box or	fourth, or fifth tax column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	year as a section 5	01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 tion	% % % % 7 is not
Calendar year (or fiscal year beginning in) 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 check this box and stop here Section C. Computation of Publ 15 Public support percentage from 2023 (end of the computation of Investment income percentage from 19a 33 1/3% support tests - 2023. If the	ne organization's fic Support Perline 8, column (f), c	rst, second, third, rcentage divided by line 13, or e Percentage mn (f), divided by line Part III, line 17 not check the box or organization quality not check a box on	fourth, or fifth tax scolumn (f)) ne 13, column (f)) on line 14, and line fies as a publicly sline 14 or line 19a	year as a section 5	01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 tion 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	% % % % 7 is not

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
		.40
1		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
35		
9c		
10a		
iou		
10b		
ıle A (Forr	n 990)	2023

332024 12-21-23

CSUSB 95-6067343 Schedule A (Form 990) 2023 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 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 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Schedule A (Form 990) 2023

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

instructions).

Schedule A (Form 990) 2023 CSUSB 95-6067343 Page 7

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu		93-606/343 Page 7
	on D - Distributions	(COntine	icu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
<u>b</u>	From 2019				
c	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule A	(Form 990) 2023	CSUSB	95-6067343	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; P 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par 8; and Part V, Section E, lines 2, 5, and 6. Also complete this par	Section B, lines 1 and 2; Part IV, Section t V, line 1; Part V, Section B, line 1e; Pa	n C,
SCHEDULE	A, PART II, LINE 10	EXPLANATION FOR OTHER INCOME:		
OTHER INC				
-				
-				

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization
UNIVERSITY ENTERPRISES CORPORATION AT
CSUSB

Employer identification number
95-6067343

CSU	95-6067343	
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If line 1. Complete Parts I and II.	d that received from any one
For an organization	n described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from a	any one
contributor, during	the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	ientific,
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ϵ	ntering
"N/A" in column (b) instead of the contributor name and address), II, and III.	
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled meters the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
Caution: An organization th answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	orm 990), but it must

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

	9-
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6_		Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Contraction D (1 cm coc) (2020)	, ago
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) (d) Total contributions Type of contribu	tion
7		Person X Payroll Noncash (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	tion
8		Person X Payroll Noncash (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZI P + 4	(c) (d) Total contributions Type of contribu	tion
9		Person X Payroll Noncash (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZI P + 4	(c) (d) Total contributions Type of contribu	tion
10	Name, audress, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZI P + 4	(c) (d) Total contributions Type of contribu	tion
11		Person X Payroll Noncash (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	tion
12		Person X Payroll Noncash (Complete Part II for noncash contribution	

323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **3**

	3
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	

Schedule	B (Form 990) (2023)		Page 4
Name of o	organization		Employer identification number
	ITY ENTERPRISES CORPORATION AT		
CSUSB	Fuelveiuskuvalisiaus alsovitable eta santvikut	iana ka aunanimakiana daasulbad in asa	95-6067343
Part III	from any one contributor. Complete columns (a) through (e) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	\$ for the year. (Enter this info. once.)
(a) No.	Ose duplicate copies of Fart III if additional	space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
		(e) Transfer of gift	
	Transferee's name, address, a	and 7I D + 4	Relationship of transferor to transferee
	Transferee's name, address, a	and ZIF + 4	nejationship of transfer of to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	,,,,,		., .
		-	<u> </u>
			_
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
			_
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(5) pood o. g	(5, 555 5. g	(u, zeen.paen er nen gire ie neis
			<u> </u>
		-	
		-	
		(e) Transfer of gift	
	Transferee's name, address, a	and ZI P + 4	Relationship of transferor to transferee
			_
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Ful pose of gift	(c) Ose of gift	(u) Description of now girt is field
			<u> </u>
		-	
		(e) Transfer of gift	1
		.,	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Inspection

Name of the organization

UNIVERSITY ENTERPRISES CORPORATION AT CSUSB

95 - 6067343

Employer identification number

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form c	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
•	Decree has a constitution of the constitution	470/1-1	(4)(D)()
8	Does each conservation easement reported on line 2d above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Oth	ner Similar Assets
. u	Complete if the organization answered "Yes" on Form		ioi ominai /toottoi
12	If the organization elected, as permitted under FASB ASC 95		nd halance sheet works
ıa	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina		•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items.	c exhibition, education, of research in faith	erance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	easures or other similar assets for financial	
2	the following amounts required to be reported under FASB A		gain, provide
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	\$
	Assets included in Form 990, Part X		
	moradod iii i diiii ddo, i dii i /		······································

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Schedule D (Form 990) 2023

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

Sche	dule D (Form 990) 2023 CSUSB							95-606	7343	Pa	age 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the f	ollowing that	make sigr	nificant ι	se of its			
	collection items (check all that apply).										
а	Public exhibition	C			hange progra						
b	Scholarly research	•	• C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	•		-	•			se in Part	XIII.		
5	During the year, did the organization solicit or								7		1
Do	to be sold to raise funds rather than to be ma								<u></u> Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the o	rganization	answered "Y	'es" on Fo	rm 990,	Part IV, III	ne 9, or		
	•		dian , far a	antribution	o or other on	acto not in	aludad				
ıa	Is the organization an agent, trustee, custodia		•						Yes] No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								_ res		No
D	ir res, explain the arrangement in Part XIII a	and complete the lo	llowing ta	bie.					Amount		
_	Beginning balance						10		7 11100111		
c C							1c 1d				
d	Additions during the year Distributions during the year						1e				
e f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					=			_]
Pai											
		(a) Current year		ior year	(c) Two year) Three v	ears back	(e) Four	vears	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 curre	ent year end balanc	e (line 1g,	column (a)) he l d as:	•					
а	Board designated or quasi-endowment	=	%	. ,	,						
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are he l d an	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Scl	hedu l e R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV,	line 11a. S	ee Form 990,	Part X, lin	ie 10.				
	Description of property	(a) Cost or o			or other	. ,	umulate	d	(d) Bool	(value	9
		basis (investr	ment)	basis	(other)	depre	eciation				
	Land				4,640.						640.
	Buildings				,196,396.		1,454,			741,	
	Leasehold improvements				,015,870.		1,876,			139,	
d	Equipment			5	,048,659.	4	4,217,	183.		831,	
	Other										0.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. line 10	c. column	(B))			<u></u>	2,	717,	371 <u>.</u>

UNIVERSITY ENTERPRISES CORPORATION AT 95-6067343 <u> Page</u> **3** Schedule D (Form 990) 2023 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, line 12, col. (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) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (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 DUES FROM RELATED PARTY 473,090. RIGHT-OF-USE ASSET 3,594,314. ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS 954,859 (3) (4)(5) (6) (7)(8) (9) 5,022,263. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes LIABILITIES FOR PENSION BENEFITS 3,827,652. LEASE LIABILITY 3,712,430. (3)DUE TO RELATED PARTY 2,266,409 (4)(5) (6)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

9,806,491.

332053 09-28-23

(7)(8)(9)

Sche	dule D (Form 990) 2023 CSUSB			95-606	57343 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Re	venue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	s		1	53,016,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	55 505		
а	Net unrealized gains (losses) on investments		55,737.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.) Add lines 2a through 2d	-		20	55,737.
е 3	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	52,961,053.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
a		4a	18,909.		
b	Other (Describe in Part XIII.)		459,774.		
С	Add lines 4a and 4b			4c	478,683.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)		5	53,439,736.
Pai	T XII Reconciliation of Expenses per Audited Financia		rpenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements			1	50,638,852.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С.	Other losses				
d	Other (Describe in Part XIII.)				0.
e	Add lines 2a through 2d			2e	50,638,852.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	30,030,032.
4 a	, , , , , , , , , , , , , , , , , , ,	4a	18,909.		
b	Other (Describe in Part XIII.)		, ,		
	Add lines 4a and 4b	<u></u>		4c	18,909.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.			5	50,657,761.
Pai	t XIII Supplemental Information	*			
Provi	de 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, l i	ne 2; Part X I ,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional informati	on.		
PART	X, LINE 2:				
	TO A MONDROOTE MAN ENGINEER CORPORATION ORGANIZED INTEREST				
OEC	IS A NONPROFIT TAX-EXEMPT CORPORATION ORGANIZED UNDER	TINTERNAL REVENUE			
CODE	SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A	PRTVATE.			
CODE	DECITOR SUI(C)(S) AND ID CHARBITIED AS OTHER THAN A	IKIVAIL			
FOUN	DATION. IT IS ALSO EXEMPT FROM STATE INCOME TAXES. HO	WEVER ANY			
UNRE	LATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. THE	UEC HAD NO			
OBLI	GATION FOR ANY UNRELATED BUSINESS INCOME TAX DURING T	THE YEAR.			
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
NITTO	QUANCE IN DENGTON LIABLITHY WALVANTON	1 005 650			
NET	CHANGE IN PENSION LIABILITY VALUATION	1,207,652.			
MEm	CHANGE IN ODER LIARTITHY WALLANTON	860 043			
NET.	CHANGE IN OPEB LIABILITY VALUATION	-000,043.			
TRAN	SFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS	112 165			
	The second secon	,			
TOTA	L TO SCHEDULE D, PART XI, LINE 4B	459,774.			
	1 09-28-23	•		Schedule	e D (Form 990) 2023

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule D (Form 990) 2023 CSUSB	95-6067343	Page 5
Schedule D (Form 990) 2023 CSUSB Part XIII Supplemental Information (continued)		<u> </u>

332055 09-28-23

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

UNIVERSITY ENTERPRISES CORPORATION AT CSUSB

Employer identification number 95-6067343

Pa	art I Questions Regarding Compensation			
	<u> </u>		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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	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 Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
9	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	-10		
	The totally of lines to general and provide the applicable amounts for each from the first line.			
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	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		х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958.6/c/2	a		

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

Schedule J (Form 990) 2023 CSUSB 95-6067343 Page 2

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

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

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

		compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TOMAS D. MORALES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii) [446,276.	72,000.	2,671.	105,600.	21,975.	648,522.	0.
(2) RAFIK MOHAMED	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (CSUSB VP OF ACADEMIC AFFAI	(ii) [324,385.	0.	6,770.	46,733.	21,825.	399,713.	0.
(3) ROBERT NAVA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii) [264,000.	6,000.	7,700.	87,437.	21,701.	386,838.	0.
(4) SAMUEL SUDHAKAR	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD CHAIR (CSUSB VP OF FINANCE, TE	(ii)	293,868.	0.	6,125.	46,733.	27,834.	374,560.	0.
(5) PAZ OLIVEREZ	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (CSUSB VP OF STUDENT AFFAIR	(ii)	247,500.	0.	7,220.	81,975.	10,783.	347,478.	0.
(6) ROBIN PHILLIPS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	237,000.	0.	6,195.	46,733.	10,835.	300,763.	0.
(7) TAEWON YANG	(i)	0.	0.	0.	0.	0.	0.	0.
INTERIM BOARD TREASURER (CSUSB FACUL	(ii)	178,352.	0.	16,741.	58,325.	21,583.	275,001.	0.
(8) JENNIFER SORENSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii) [210,912.	0.	6,150.	46,733.	3,772.	267,567.	0.
(9) DOUGLAS FREER (THRU 07/23)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	166,437.	0.	0.	53,873.	18,482.	238,792.	0.
(10) CYNTHIA CRAWFORD	(i)	673.	0.	0.	0.	0.	673.	0.
	(ii)	146,507.	0.	0.	48,525.	21,682.	216,714.	0.
(11) JOHN GRIFFIN	(i)	175,948.	0.	0.	20,888.	8,851.	205,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ELAINE B ZUCCO	(i)	135,580.	0.	0.	20,102.	7,436.	163,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JEREMY DODSWORTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	110,689.	0.	1,893.	36,885.	11,050.	160,517.	0.
(14) CHRISTOPHER VALLEJO	(i)	120,375.	0.	0.	19,252.	18,402.	158,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PAUL NOLTA	(i)	140,428.	0.	0.	7,584.	8,509.	156,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule J (Form 990) 2023 CSUSB	95-6067343	Page 3
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 to	this part for any additional information.	
	· ·	

SCHEDULE 0 (Form 990)

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

OMB No. 1545-0047

epartment of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service UNIVERSITY ENTERPRISES CORPORATION AT Name of the organization Employer identification number CSUSB 95-6067343 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNIVERSITY, SAN BERNARDINO. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT HAVE BEEN GRANTED AUTHORITY TO ACT ON BEHALF OF THE BOARD FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE RETURN IS AVAILABLE. IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTERESTS POLICY FOR BOARD MEMBERS, OFFICERS, AND EMPLOYEES. IN CONNECTION WITH ANY ACTUAL OR POTENTIAL CONFLICT OF INTERESTS, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF ANY OUTSIDE INTEREST, OUTSIDE ACTIVITY, FINANCIAL INTEREST TO THE BOARD OF DIRECTORS, OR THE BOARD COMMITTEE DELEGATED THE AUTHORITY TO RECEIVE SUCH DISCLOSURES. MONITORING IS PERFORMED REGULARLY BY THE BOARD OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON. WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF

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

Schedule O (Form 990) 2023 Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Page 2 Employer identification number 95-6067343
ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL	
MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF	
INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING	
LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPARABILITY STUDIES ARE USED. THE GOVERNING BOARD APPROVES THE SALARY FOR	_
THE EXECUTIVE DIRECTOR. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN	_
2023.	
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 IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES 4,003,772.	
MANAGEMENT AND GENERAL EXPENSES 186,596.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 4,190,368.	
CAMPUS SERVICE EXPENSE:	
PROGRAM SERVICE EXPENSES 0.	
MANAGEMENT AND GENERAL EXPENSES 2,043,532.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 2,043,532.	

Schedule O (Form 990) 2023 Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB		Employer identification number 95-6067343
GRANT SUBRECIPIENT COSTS:		
PROGRAM SERVICE EXPENSES	2,335,725.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,335,725.	
PROFESSIONAL DEVELOPMENT AND TRAINING:		
PROGRAM SERVICE EXPENSES	156,439.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	224,085.	
GRANT INDIRECT COSTS:		
PROGRAM SERVICE EXPENSES	5,859,545.	
MANAGEMENT AND GENERAL EXPENSES	-5,855,787.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,758.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,797,468.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
NET CHANGE IN PENSION LIABILITY VALUATION	-1,207,652.	
NET CHANGE IN OPEB LIABILITY VALUATION	860,043.	
TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS	-112,165.	
TOTAL TO FORM 990, PART XI, LINE 9	-459,774.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT A	CCOUNTANT	
HAS NOT CHANGED FROM THE PRIOR YEAR.		

Schedule O (Form 990) 20	23	Page 2
Name of the organization	UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number 95-6067343
		_
		_

SCHEDULE R (Form 990)

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

Department of the Treasury

Open to Public

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection
Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT					E	mployer identification number
	CSUSB					95-6067343
Part I Identification of Di	isregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33.			
Name, address, and	a) d EIN (if applicable) rded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	s Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077							
5500 UNIVERSITY PARKWAY	ADMINISTER GIFTS AND						
SAN BERNARDINO, CA 92407	SCHOLARSHIPS FOR CSUSB	CALIFORNIA	501(C)	LINE 5			Х
ASSOCIATED STUDENTS CALIFORNIA STATE							
UNIVERSITY, SAN BERNARDINO - 95-6126562,	ASSISTING IN RETENTION AND						
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA	DEVELOPMENT OF STUDENTS	CALIFORNIA	501(C)	LINE 5			х
SANTOS MANUEL STUDENT UNION OF CA STATE							
UNIVERSITY AT SAN BERNARDINO - 95-31, 5500	ASSISTING IN RETENTION AND						
UNIVERSITY PARKWAY, SAN BERNARDINO, CA	DEVELOPMENT OF STUDENTS	CALIFORNIA	501(C)	LINE 5			х
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO							
- 33-0644150, 5500 UNIVERSITY PARKWAY, SAN	PUBLIC UNIVERSITY - STATE			STATE			
BERNARDINO, CA 92407	OF CALIFORNIA	CALIFORNIA	115(1)	INSTITUTION			х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023 CSUS

CSUSB

95-6067343

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner?	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\vdash
									
									ь

95-6067343

Page 3

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х

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	12,096,601.	FMV
(2) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	Q	397,935.	FMV
(3) CSUSB PHILANTHROPIC FOUNDATION	P	142,966.	FMV
(4) CSUSB PHILANTHROPIC FOUNDATION	Q	819,398.	FMV
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN (5) BERNARDINO	P	66,613.	FMV
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN (6) BERNARDINO	0	157,634.	rmv

UNIVERSITY ENTERPRISES CORPORATION AT

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 partner 501 (c orgs Yes	s sec. ()(3) 3.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate itions?	(j Gener mana partr Yes	al or Perciging own	(k) centage nership
	-											
	_											
	-											

Page 4

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule R (Form 990) 2023 CSUSB	95-6067343	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
DADM II IDDNMIDICAMION OF DELAMED MAY EVENDM ODCANIZAMIONG.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, SAN		
BERNARDINO		
DIM. 05 6126562		
EIN: 95-6126562		
5500 UNIVERSITY PARKWAY		
SAN BERNARDINO, CA 92407		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN		
DANIOU MANUEL BIODENI ONION OF CA DIATE ONIVERDITI AT DAN		
BERNARDINO		
TTV 05 2104000		
EIN: 95-3104280		
5500 UNIVERSITY PARKWAY		
SAN BERNARDINO, CA 92407		

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

University Enterprises Corporation at CSUSB 5500 University Parkway San Bernardino, CA 92407

Prepared By:

CliftonLarsonAllen LLP 2210 East Route 66 Glendora, CA 91740

Amount of Tax:

Balance due of \$800

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

Return must be mailed on or before:

May 15, 2025

Special Instructions:

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

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA RRF-1

(Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:

1300 | Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

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.

UNIVERSITY ENTERPRISES CORPORATION AT CSUSB Name of Organization List all DBAs and names the organization uses or has used	Am	ange of address nended report ganization requests email notifications		
5500 UNIVERSITY PARKWAY Address (Number and Street)	State Ch	arity Registration Number 004294		
SAN BERNARDINO, CA 92407 City or Town, State, and ZIP Code	Corporat	ion or Organization No. 0438029		
909-537-3644 MICHELLE.BULAON@CSUSB.EDU Telephone Number E-mail Address	Federal E	Employer ID No. 95-6067343		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departn				
Total Revenue Fee Total Revenue Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million		Total Revenue Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million		_
PART A - ACTIVITIES For your most recent full accounting period (beginning 07/01/2023	en	ding 06/30/2024) list:		
Total Revenue (including noncash contributions) \$ 53,439,736 Noncash Contributions \$ Program Expenses \$ 50,999,572		,	431,	863
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD (
Note: All questions must be answered. If you answer "yes" to any of the ques providing an explanation and details for each "yes" response. Please re			Yes	No
During this reporting period, were there any contracts, loans, leases or other finand any officer, director or trustee thereof, either directly or with an entity in what any financial interest?	nancial trar	nsactions between the organization	res	X
During this reporting period, was there any theft, embezzlement, diversion or n or funds?	misuse of th	ne organization's charitable property		х
3. During this reporting period, were any organization funds used to pay any pen-	a l ty, fine or	judgment?		х
4. During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used?	draising co	unsel for charitable purposes, or		х
5. During this reporting period, did the organization receive any governmental fur	nding?	SEE STATEMENT 12	х	
6. During this reporting period, did the organization hold a raffle for charitable pur	rposes?			х
7. Does the organization conduct a vehicle donation program?				х
Did the organization conduct an independent audit and prepare audited finance generally accepted accounting principles for this reporting period?	cial stateme	ents in accordance with	х	
9. At the end of this reporting period, did the organization hold restricted net asse	ets, whi l e re	eporting negative unrestricted net assets?		х
I declare under penalty of perjury that I have examined this report, including ac and belief, the content is true, correct and complete, and I am authorized to sig		ng documents, and to the best of my know	wledge	е
SESAR MORFIN	F	EXECUTIVE DIRECTOR		
Signature of Authorized Agent Printed Name		Title Date		

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5

STATEMENT 12

NATIONAL SECURITY AGENCY 9800 SAVAGE ROAD FORT GEORGE G. MEAD, MD 20755-6842

SAN BERNARDINO COUNTY SHERIFF DEPARTMENT 655 E. THIRD STREET SAN BERNARDINO, CA 92415-0061

STATE OF CALIFORNIA 1220 N. STREET, ROOM 120 SACRAMENTO, CA 95814

U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202

CALIFORNIA DEPT OF CORRECTIONS AND REHABILITATION 1515 S STREET, STE. 415-SOUTH SACRAMENTO, CA 95811

NATIONAL SECURITY AGENCY 9800 SAVAGE ROAD FORT GEORGE G. MEAD, MD 20755-6842

U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202

SAN BERNARDINO COUNTY SHERIFF DEPARTMENT 655 E. THIRD STREET SAN BERNARDINO, CA 92415-0061

STATE OF CALIFORNIA 1220 N. STREET, ROOM 120 SACRAMENTO, CA 95814

STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION 2020 WEST EL CAMINO AVENUE, SUITE 1222 SACRAMENTO, CA 95833

REGENTS OF THE UNIVERSITY OF CALIFORNIA 1608 FOURTH STREET, SUITE 220 BERKELEY, CA 94710-5940

CHILDREN AND FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY 735 E. CARNEGIE DRIVE, SUITE 150 SAN BERNARDINO, CA 92408

U.S. DEPARTMENT OF HOMELAND SECURITY 245 MURRAY LANE SW WASHINGTON, DC 20528

RIVERSIDE COUNTY SUPERINTENDENT OF SCHOOLS 3939 THIRTEENTH STREET RIVERSIDE, CA 92501

STATEMENT(S) 12

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Internal Revenue Service

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form8868 for the latest information. Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or UNIVERSITY ENTERPRISES CORPORATION AT **Print** CSUSB 95-6067343 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5500 UNIVERSITY PARKWAY return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN BERNARDINO, CA 92407 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 990-T (corporation) Form 5330 (other than individual) 14 Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MICHELLE BULAON 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407 Telephone No. (909)537-3644 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box oxedge and attach a list with the names and TINs of all members the extension is for. , 20 25 I request an automatic 6-month extension of time until $\,$ $\,$ MAY $\,$ 15 $\,$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 _____ tax year beginning _____ JUL 1 , 20 ²³ , and ending JUN 30 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

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

Form 8868 (Rev. 1-2024)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

nterr	a Rever	ue Service GO to www.ii 5.gov/F	orniggo for instructions and i	ine latest ii	normation.	Inspection			
<u>A</u> F	or the	2023 calendar year, or tax year beginning JU	JL 1, 2023 and	ending J	UN 30, 2024				
B c	heck if pplicable	UNIVERSITY ENTERPRISES CORPORATIO	N AT		D Employer identifi	cation number			
	Addres change	S CSUSB							
	Name change	Doing business as	95-6067343						
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe	<u> </u>			
	Final return/	5500 UNIVERSITY PARKWAY	,		909-537-3644				
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	53,439,736.			
	Ameno		H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·					
	Application		R MORFIN		for subordinates				
_	pendir	SAME AS C ABOVE			H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	list. See instructions			
	Vebsit		(IIISelt 110 <u>-)</u> 4347 (a)(1)	01 321	H(c) Group exemptio				
			sociation Other	I Voor		M State of legal domicile: CA			
	rt I	Summary	Sociation Other	L TEAI	or formation. 1902 r	VI State of legal domicile. C11			
		Briefly describe the organization's mission or most	significant activities. TO PRO	MOTE AND	ASSIST IN				
မွ		EDUCATION, ADMINISTRATION, AND RELATED			1100101 111				
Activities & Governance					than OEO/ of its mat as				
ē			ntinued its operations or dispos		I _	sers. 17			
હ		Number of voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,		<u>3</u>	5			
<u>«</u>		Number of independent voting members of the gov				1056			
<u>ie</u> s		Total number of individuals employed in calendar y				60			
Ĭ		Total number of volunteers (estimate if necessary)							
Aci		Total unrelated business revenue from Part VIII, col		<u>7a</u>	0.				
	b	Net unrelated business taxable income from Form s	990-1, Part I, line 11		Prior Year	Current Year			
e		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			40,972,330.	50,790,494.			
ē					1,731,061.	1,972,706.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			106,458.	520,073. 156,463.			
			ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
		Total revenue - add lines 8 through 11 (must equal			44,216,193.	53,439,736.			
		Grants and similar amounts paid (Part IX, column (ا			0.	0.			
		Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		0.	0.			
es		Salaries, other compensation, employee benefits (F			22,191,011.	26,067,973.			
sus	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line		<u> </u>					
Ш		Other expenses (Part IX, column (A), lines 11a-11d,			20,499,913.	24,589,788.			
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)		42,690,924.	50,657,761.			
		Revenue less expenses. Subtract line 18 from line	12		1,525,269.	2,781,975.			
Net Assets or				Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			34,429,444.	40,431,863.			
t As	21	, , , , , , , , , , , , , , , , , , , ,			22,883,870.	26,508,351.			
		Net assets or fund balances. Subtract line 21 from	line 20		11,545,574.	13,923,512.			
	rt II	Signature Block							
Und	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.				
		0: 1 ("							
Sig		Signature of officer			Date				
Her	е	SESAR MORFIN, EXECUTIVE DIRECTOR							
		Type or print name and title			Data I F				
		Print/Type preparer's name	Preparer's signature		Date Check C	PTIN			
Paid		,	CASIE ZWAHLEN, CPA	0	5/14/25 self-employ				
Prep		Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN	41-0746749			
Use	Only	Firm's address 2210 EAST ROUTE 66							
		GLENDORA, CA 91740			Phone no. (62	6) 857-7300			
May	the IF	S discuss this return with the preparer shown above	ve? See instructions			X Yes No			

Form	1 990 (2023) CSUSB	95-6067343	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	TO PROMOTE AND ASSIST IN EDUCATION, ADMINISTRATION, AND RELATED		
	SERVICES OF CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X 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	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$47,469,948. including grants of \$) (Revenue)	e\$) <u>,517.</u>)
	GRANTS AND CONTRACTS - PROVIDE STAFF SALARIES, OPERATING SUPPLIES,		
	BOOKS AND MATERIALS, TUITION, STIPENDS AND EQUIPMENT. GRANTS ARE FOR		
	RESEARCH, TEACHING AND COMMUNITY SERVICE PROJECTS.		
4b	(Code:) (Expenses \$2,331,651. including grants of \$) (Revenu	e\$424	1,945.
	CHILDREN'S & INFANT CENTERS - CONSISTS OF THE OPERATION OF THE		
	ON-CAMPUS CHILD CARE CENTER.		
4c	(Code:) (Expenses \$1,197,973. including grants of \$) (Revenu	e\$807	7,244.
	COMMERCIAL OPERATIONS - CONSISTS OF VENDING AND CONTRACT OVERSIGHT OF		
	CAMPUS BOOKSTORE AND DINING SERVICE OPERATIONS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 50,999,572.	•	
		Form 9	90 (2023)

332002 12-21-23

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4		х
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? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			, v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	4.		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		L

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

332004 12-21-23

Par	TV 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 1056			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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?	<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l <u>.</u> .		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		х
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
انہ	to file Form 8282?	7c		A
d		70		х
f	District the state of the state	7e 7f		X
' '	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		\vdash
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?	15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	· · ·		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	<u> </u>		

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, α	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
_		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b		х
9		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iua		
b		10b		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	, , , , , , , , , , , , , , , , , , , ,	12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17	·-	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	•	Х
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	, JUD		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filled CA			
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	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	37		
	X Own website Another's website X 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	financ	cial	
	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			
_•	MICHELLE BULAON - (909)537-3644			
	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, box 6 of 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.

 _								
	Chack this hav	if noithar tha a	raanization nor a	y rolated orga	nization compon	eated any current	officer director	or tructoo

(A) Name and title	(B) Average hours per	(B) Average (do not ch box, unless officer and		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TOMAS D. MORALES	1.00									
BOARD CEO (CSUSB PRESIDENT)	40.00	Х		Х				0.	520,947.	127,575.
(2) RAFIK MOHAMED DIRECTOR (CSUSB VP OF ACADEMIC AFFAI	1.00	х						0.	221 155	60 550
(3) ROBERT NAVA	1.00	Λ						0.	331,155.	68,558.
DIRECTOR (CSUSB VP OF ADVANCEMENT)	40.00	x						0.	277,700.	109,138.
(4) SAMUEL SUDHAKAR	1.00							· ·	277,700.	107,130.
BOARD CHAIR (CSUSB VP OF FINANCE, TE	40.00	х		x				0.	299,993.	74,567.
(5) PAZ OLIVEREZ	1.00								, ,	, .
DIRECTOR (CSUSB VP OF STUDENT AFFAIR	40.00	х						0.	254,720.	92,758.
(6) ROBIN PHILLIPS	1.00									,
DIRECTOR (CSUSB VP OF HR)	40.00	х						0.	243,195.	57,568.
(7) TAEWON YANG	1.00									
INTERIM BOARD TREASURER (CSUSB FACUL	40.00	х		х				0.	195,093.	79,908.
(8) JENNIFER SORENSON	1.00									_
DIRECTOR (CSUSB STAFF REP)	40.00	Х						0.	217,062.	50,505.
(9) DOUGLAS FREER (THRU 07/23)	1.00									
VP FOR ADMINISTRATION	40.00	Х						0.	166,437.	72,355.
(10) CYNTHIA CRAWFORD	1.00									
DIRECTOR (CSUSB FACULTY REP)	40.00	Х						673.	146,507.	70,207.
(11) JOHN GRIFFIN	40.00									
EXEC DIR (THRU 01/24)	0.00			Х				175,948.	0.	29,739.
(12) ELAINE B ZUCCO	40.00							105 500		
DIRECTOR OF OPERATIONS	0.00					Х		135,580.	0.	27,538.
(13) JEREMY DODSWORTH	1.00	.,							110 500	47 025
DIRECTOR (CSUSB FACULTY REP) (14) CHRISTOPHER VALLEJO	40.00	Х	_	_				0.	112,582.	47,935.
EXECUTIVE DIRECTOR OF OPERATIONS	0.00	ł				x		120,375.	0.	37,654.
(15) PAUL NOLTA	40.00					Λ		120,373.	0.	37,034.
PROGRAM DIRECTOR	0.00	1				x		140,428.	0.	16,093.
(16) MARY MITCHEL	40.00	\vdash	\vdash	\vdash		 -		110,120.	•	
DIRECTOR OF RESEARCH	0.00	1				x		119,736.	0.	18,723.
(17) ERIC GODDARD	40.00							,,,,,,,		, ==,
DIRECTOR OF ADMISSIONS	0.00	1				x		118,364.	0.	18,525.
			-		-			, , ,	-	Form 990 (2022)

Form 990 (2023) CSUSB									95-606734	3	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportab l e	E:	stimate	ed
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	ar	nount	of
	week	<u> </u>	cer an	la a a	recto	or/trus	tee)	from	from related		other	
	(list any hours for	irecto						the	organizations (W-2/1099-M I SC/	l .	ipensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	l .	rom th janizat	
	organizations	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee		1099-NEC)	1000 (420)	ı `	d relat	
	below	idua	ution	 	Key employee	est co oyee	ıer			l	anizati	
	line)	Indiv	Instit	Officer	Key e	High emp	Former					
(18) DOROTHY CHEN-MAYNARD	1.00											
DIRECTOR (CSUSB PROF)	40.00	Х						17,761.	52,394.		52,	107.
(19) WILLIAM STEVENSON	1.00											
DIRECTOR (CSUSB INSTRUC FACULTY, SUM	40.00	Х						747.	51,462.		35,	903.
(20) SESAR MORFIN	40.00	_										
INTEREM EXEC DIR (START 02/24)	0.00			Х				0.	37,143.		25,	914.
(21) VALERIE ZELLMER	1.00											
VICE CHAIR	0.00	Х		Х				0.	0.			0.
(22) JUAN HERRERA	1.00											
INTERIM SECRETARY	0.00	Х		Х				0.	0.			0.
(23) DESTINY SHAVERS	1.00											
DIRECTOR (STUDENT REP)	0.00	Х						0.	0.			0.
(24) ANGELICA AGUDO	1.00	-							_			
DIRECTOR (STUDENT REP)	0.00	Х						0.	0.			0.
(25) CARSON FAJARDO	1.00	ļ										
DIRECTOR (STUDENT REP)	0.00	Х						0.	0.			0.
		-										
				<u> </u>				020 (12	2 006 300	1	112	270
1b Subtotal								829,612.	2,906,390.		,113,	0.
c Total from continuation sheets to Part VI								829,612.		1	112	
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	2,906,390.		,113,	270.
2 Total number of individuals (including but n	iot limited to th	ose	liste	d ar	ove	e) wn	o re	ceived more than \$100,	000 of reportable			13
compensation from the organization											Yes	No
O Diel the averagination list and former officers	-liut-u t-ut	1					ام : ما		1		162	NO
3 Did the organization list any former officer,	•		•	•	•		_		•	3		х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su										3		
and related organizations greater than \$150										4	х	
and related organizations greater than \$150	o,ooo: IT "Yes,	CO	трк	ere S	ocne	auie	t J to	or such individual		┷		

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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 NONE	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not limited to the	hose listed above) who received more than	

Form **990** (2023)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenuè excluded Total revenue Unrelated from tax under function revenue business revenue 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 991,983. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 49,798,511 similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 50,790,494. h Total. Add lines 1a-1f **Business Code** 2 a COMMERCIAL OPERATIONS 807,244, 611310 807,244. Program Service Revenue SPECIAL PROGRAMS 611310 740,517 740,517 PARENT FEES 611310 424,945. 424,945. d All other program service revenue 1,972,706. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 480,848 480,848 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 39,225 assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7c c Gain or (loss) 39,225. 39,225. 39,225. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **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 c Net income or (loss) from sales of inventory **Business Code** 11 a ALL OTHER REVENUE 900099 156,463, 156,463, b d All other revenue 156,463 Total. Add lines 11a-11d 1,972,706 676,536. 53,439,736 Total revenue. See instructions 12

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) Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 138,771 138,771. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 20,189,476. 866,786. 19,322,690. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,893,796 1,775,197 118,599 3,845,930. 3,587,956, 257,974 Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management 17,460 17,460 Legal 95,246, 7,980. 87,266, Accounting Lobbying Professional fundraising services. See Part IV, line 17 18,909. 18,909. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 8,797,468 12,355,481. -3,558,013 column (A), amount, list line 11g expenses on Sch O.) 41,946, 41,671, 275 Advertising and promotion 12 3,093,991 2,013,025. 1,080,966. Office expenses 13 486,998. 501,347, 14,349 Information technology 14 Royalties 15 1,288,354 1,288,354 16 Occupancy 2,803,684 2,636,374. 167,310. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 535,187. 491,273. 43,914. Conferences, conventions, and meetings 19 3,794. 3,794. 20 Payments to affiliates _____ 21 655,510 586,243, 69,267 22 Depreciation, depletion, and amortization 267,6<u>41</u>. 38,791. 228,850. 23 Other expenses. Itemize expenses not covered 24 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.) STIPENDS, ROOM AND BOAR 5,445,182. 5,443,382. 1,800 MISCELLANEOUS 611,776 547,035 64,741 RENTAL, EQUIPMENT AND S 412,293, 373,328, 38,965, С d All other expenses е Total functional expenses. Add lines 1 through 24e 50,657,761 50,999,572, -341,811 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pai	π χ	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y l ine in this Part X	(A) Beginning of year	·····	(B) End of year
		Cook non-interest bearing			2,369,649.	1	4,323,017.
	1				11,269,664.	2	13,809,215.
	2	Savings and temporary cash investments			12,237,088.		13,992,070.
	3	Pledges and grants receivable, net	441,066.	3	139,751.		
	4	Accounts receivable, net			441,000.	4	139,731.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su		-			
	_	controlled entity or family member of any of t	•			5	
	6	Loans and other receivables from other disqu	-	· ·			
	_	under section 4958(f)(1)), and persons describ				6	
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		499,713.	8	428,176.	
•	9				433,713.	9	420,170.
	10a	Land, buildings, and equipment: cost or othe		10 265 565			
		basis. Complete Part VI of Schedule D		7,548,194.	3 160 663	40	2 717 371
	b	1			3,169,663.	10c	2,717,371.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	4 442 601	14	5 022 263		
	15	Other assets. See Part IV, line 11	4,442,601.	15	5,022,263.		
	16	Total assets. Add lines 1 through 15 (must e	34,429,444.	16	40,431,863.		
	17	Accounts payable and accrued expenses	6,693,505.	17	6,159,430.		
	18	Grants payable	0 304 706	18	10 542 420		
	19	Deferred revenue			9,394,796.	19	10,542,430.
	20					20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		, ,,		22	
	23	Secured mortgages and notes payable to un		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X	6,795,569.	۱ ۵۰	9,806,491.
					22,883,870.	25	26,508,351.
	26			a X	22,003,070.	26	20,300,331.
g		Organizations that follow FASB ASC 958, o	cneck ner				
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			11,545,574.	27	13,923,512.
ala	28	Net assets with donor restrictions	11,010,071,	28	15,725,512.		
<u> </u>	20	Organizations that do not follow FASB ASC		20			
Ρ̈́		and complete lines 29 through 33.					
P	20		do			29	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				30	
SS	30					31	
et ⊿	31	Retained earnings, endowment, accumulated			11,545,574.	32	13,923,512.
ž	32	Total liabilities and not assets/fund balances			34,429,444.		40,431,863.
	33	Total liabilities and net assets/fund balances			34,443,444.	33	±0,±31,003.

UNIVERSITY ENTERPRISES CORPORATION AT

Form	n 990 (2023) - CSUSB	95-606/34.)	Pa	ge I∠
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53	,439	736.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50	,657,	761.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,781,	975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,545,	574.
5	Net unrealized gains (losses) on investments	5		55,	737.
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	-	-459	774.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	13	,923	512.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	, , , , , , , , , , , , , , , , , , , ,		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зh	х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

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

UNIVERSITY ENTERPRISES CORPORATION AT

Inspection

OMB No. 1545-0047

CSUSB 95-6067343 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Х 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 12q. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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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.)

Sec	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	•	
	membership fees received. (Do not						
	include any "unusual grants.")	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
2	Tax revenues levied for the organ-	, ,				, ,	· · ·
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
	The portion of total contributions		02,000,100	01,711,701	10,772,000.	00,,00,101.	200,000,201.
5	-						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						189,360,104.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	30,794,998.	32,090,498.	34,711,784.	40,972,330.	50,790,494.	189,360,104.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	182,500.	148,614.	94,631.	108,945.	480,848.	1,015,538.
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.)	12,696.	2,000,775.	5,255,253.	1,406,344.	2,129,169.	10,804,237.
11	Total support. Add lines 7 through 10						201,179,879.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public						
14	Public support percentage for 2023 (li	ne 6, co l umn (f), di	vided by line 11, c	olumn (f))		14	94.12 %
15	Public support percentage from 2022	Schedule A, Part I	I, l ine 14			15	86.24 %
	33 1/3% support test - 2023. If the o					ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	J		, , ,			
_	more, and if the organization meets th	•					
	organization meets the facts-and-circu				•		
18	Private foundation. If the organizatio						;
	and the state of t			,,, 0, ,, 0,	, box a		(Form 990) 2023

Schedule A (Form 990) 2023

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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.)

qualify under the tests listed be Section A. Public Support	alow, please comp	лете наптп.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(-)	(=)	(-,	(/		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						_
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add l ines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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 th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check this box and stop here						
check this box and stop here						
	c Support Per	centage	column (f))		15	%
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2023 (ii 16 Public support percentage from 2022	c Support Per ine 8, column (f), d Schedule A, Part	centage livided by line 13, o III, line 15	column (f))		15 16	% %
check this box and stop here Section C. Computation of Publi 15 Public support percentage from 2023 (li 16 Public support percentage from 2022 Section D. Computation of Inves	c Support Per ine 8, column (f), d Schedule A, Part itment Income	centage ivided by line 13, o III, line 15 Percentage			16	%
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2023 (li 16 Public support percentage from 2022 Section D. Computation of Inves 17 Investment income percentage for 20	c Support Per ine 8, column (f), d Schedule A, Part tment Income 23 (line 10c, colur	centage livided by line 13, o III, line 15 Percentage mn (f), divided by li	ne 13, column (f))		16	%
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2023 (li 16 Public support percentage from 2022 Section D. Computation of Inves 17 Investment income percentage from 20 18 Investment income percentage from 20	c Support Per ine 8, column (f), d Schedule A, Part trent Income 123 (line 10c, colur 2022 Schedule A,	ivided by line 13, of lill, line 15	ne 13, column (f))		16 17 18	% %
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2023 (li 16 Public support percentage from 2022 Section D. Computation of Inves 17 Investment income percentage from 20 18 Investment income percentage from 20 19 33 1/3% support tests - 2023. If the	c Support Per ine 8, column (f), d Schedule A, Part stment Income 123 (line 10c, colur 2022 Schedule A, organization did n	ivided by line 13, of line 15. or line 15. or line 15. or line 16. or line 17. or line 17. or line 17. or line 18.	ne 13, column (f)) on line 14, and line	15 is more than	16 17 18 33 1/3%, and line 17	% %
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2023 (li 16 Public support percentage from 2022 Section D. Computation of Inves 17 Investment income percentage for 20 18 Investment income percentage from 21 19a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar	c Support Per ine 8, column (f), d Schedule A, Part tment Income 23 (line 10c, colur 2022 Schedule A, organization did n d stop here. The	ivided by line 13, of lill, line 15 Percentage mn (f), divided by line 17 Part III, line 17 not check the box organization qualication decided.	ne 13, column (f)) on line 14, and line fies as a publicly s	15 is more than upported organiz	16 17 18 33 1/3%, and line 17 ation	% % % 7 is not
check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2023 (li 16 Public support percentage from 2022 Section D. Computation of Inves 17 Investment income percentage from 20 18 Investment income percentage from 20 19 33 1/3% support tests - 2023. If the	c Support Per ine 8, column (f), d Schedule A, Part treent Income 23 (line 10c, colur 2022 Schedule A, organization did not stop here. The organization did not stop did not s	ivided by line 13, or line 15 e Percentage mn (f), divided by line 17 mot check the box or organization qualitation to the check a box on livided box or check a box or line to the che	ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	e 15 is more than a upported organiz u, and line 16 is m	16 17 18 33 1/3%, and line 17 ation	% % % ' is not

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Schedule A (Form 990) 2023

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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'		
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- Gu		
3b		
3с		
- 55		
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4a		
4b		
7.5		
4c		
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5b		
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٥.		
9b		
9с		<u> </u>
40		
10a		
10b		
dule A (Forn	n 990)	2023

332024 12-21-23 Schedule A (Form 990) 2023

Sche	dule A	(Form 990) 2023 CSUSB	95-6067343	Pa	age 5
Par		Supporting Organizations (continued)			<u>g</u>
		The state of the s		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of on	e or		
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	uto al		
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	-	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
<u>Sec</u>	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instructior	1 <u>s).</u>	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2 b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

CSUSB 95-6067343 Schedule A (Form 990) 2023 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 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 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3

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

4

5

Schedule A (Form 990) 2023

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

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

Schedule A (Form 990) 2023 CSUSB 95-6067343 Page **7**

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	J -
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	S	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
<u> </u>	From 2020				
d	From 2021				
<u>e</u>	From 2022				
<u>f</u>	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule A (Form 990) 2023 CSUSB	95-6067343	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any section D.	lines 1 and 2; Part IV, Sectio ; Part V, Section B, line 1e; P	n C,
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization
UNIVERSITY ENTERPRISES CORPORATION AT
CSUSB

Employer identification number
95-6067343

CSU	95-6067343					
Organization type (check o	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If line 1. Complete Parts I and II.	d that received from any one				
For an organization	n described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from a	any one				
contributor, during	the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	ientific,				
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ϵ	ntering				
"N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributions is checked, enter h purpose. Don't cor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
Caution: An organization th answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	orm 990), but it must				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023) Page **2**

Constant D (1 cm 000) (2020)	, ago
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,074,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
2		\$1,328,377.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
3		\$1,217,199.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 1,356,958.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,562,551.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$3,912,102.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023) Page **2**

	9-
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$8,260,933.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,556,191.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,349,978.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 6,002,168.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$2,753,832.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$1,123,237.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023) Page **3**

	3
Name of organization	Employer identification number
UNIVERSITY ENTERPRISES CORPORATION AT	
CSUSB	95-6067343

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				

323453 12-26-23

Schedule B (Form 990) (2023)

Name of organization Employer identification number UNIVERSITY ENTERPRISES CORPORATION AT CSUSB 95-6067343 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23 Schedule B (Form 990) (2023)

Page 4

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Inspection

Name of the organization

UNIVERSITY ENTERPRISES CORPORATION AT

CSUSB

Employer identification number 95 - 6067343

Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.	·				
	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds				
	are the organization's property, subject to the organization's exclusive legal control?	Yes				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring				
	impermissible private benefit?					
Pai	Sompleto is the original and the origina	/, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).					
		torically important land area				
	-	tified historic structure				
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c					
	day of the tax year.	Held at the End of the Tax Year				
a	Total number of conservation easements	2a				
b	Total acreage restricted by conservation easements	2b				
C	Number of conservation easements on a certified historic structure included on line 2a	2c				
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	•				
Ü	year	nzation daming the tax				
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation en	asements during the year				
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)	(i)				
	and section 170(h)(4)(B)(ii)?	Yes No				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	ment and				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	nat describes the				
Da	organization's accounting for conservation easements.	Circilor Access				
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public				
•	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
D	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e or public service,				
	provide the following amounts relating to these items.	¢.				
	(i) Revenue included on Form 990, Part VIII, line 1					
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain,					
2	the following amounts required to be reported under FASB ASC 958 relating to these items:	provide				
а	Revenue included on Form 990, Part VIII, line 1	\$				
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023				

Sche	dule D (Form 990) 2023 CSUSB					95-6	067343	Page 2
Pai	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or O	ther S	imilar Asse	ets _{(contin}	ued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that ma	ake signi	ficant use of it	s	
	collection items (check all that apply).							
а	Public exhibition	c	l Loan or ex	change program				
b	Scholarly research	е	e Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's	exempt	purpose in Pa	ırt XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	asures, or other si	milar ass	ets		
	to be sold to raise funds rather than to be m						Yes	No.
Pai	t IV Escrow and Custodial Arran	igements Comple	te if the organizatio	n answered "Yes	on For	m 990, Part I V	, l ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contributio	ns or other assets	s not inc	luded _		
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or o	custodial account	liability?	L	Yes	No
_	If "Yes," explain the arrangement in Part XIII							
Pai	t V Endowment Funds Complete in					Th h	1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years bac	ck (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs				-			
f	Administrative expenses							
g	End of year balance		<u> </u>	<u> </u>				
2	Provide the estimated percentage of the cur	-	- 1	a)) he i d as:				
a	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Term endowment	_%						
2-	The percentages on lines 2a, 2b, and 2c sho		ation that are hold a	and administered	for the			
3a	Are there endowment funds not in the posse	ession of the organiza	alion inal are neio a	ina aamiinisterea	ior trie		Г	Yes No
	organization by:							163 140
	(i) Unrelated organizations?(ii) Related organizations?						3a(i)	-+-
h	If "Yes" on line 3a(ii), are the related organizations?	ations listed as requir						+-
Δ Δ	Describe in Part XIII the intended uses of the						3b	
Par	t VI Land, Buildings, and Equipm		willett lutius.					
	Complete if the organization answere). Part IV. line 11a.	See Form 990. Pa	art X. line	10.		
	Description of property	(a) Cost or o	i	st or other		mulated	(d) Book	
	besomption of property	basis (investr		s (other)	depre		(u) 5001	Value
19	Land		, , ,	4,640.				4,640.
	Buildings	l l		2,196,396.	1	,454,532.		741,864.
	Leasehold improvements			3,015,870.		,876,579.		139,291.
	Equipment			5,048,659.		,217,083.		831,576.
	Other	I		' ' 				0.
	. Add lines 1a through 1e. (Column (d) must e		X line 10c column			+	2.	717,371.

Schedule D (Form 990) 2023

332052 09-28-23

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B))

	UNIVERSITY ENTER	PRISES CORPORATION A	AΤ		
Schedule E	O (Form 990) 2023 CSUSB			95-6067343	Page 3
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) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financ	ial derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, line 12, col. (B))				
Part VII	Investments - Program Related. Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a Cas Farm 000 Dort V line 12		
	(a) Description of investment		(c) Method of valuation: Cost or	and of year market	volue
	(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of	end-oi-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)	(h) must squal Form 000 Port V line 12 sel (P))				
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets				
T GIT IN	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d See Form 990, Part X line 15		
		Description		(b) Book v	value
(1) DU	ES FROM RELATED PARTY	<u>'</u>			473,090.
	GHT-OF-USE ASSET				594,314 .
	SETS FOR POST-EMPLOYMENT MEDICAL BE	NEFITS			954,859.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, line 15, co	ol. (B))		5,0	022,263.
Part X	Other Liabilities	1 //			
	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 v	value
	deral income taxes				
(2) LI.	ABILITIES FOR PENSION BENEFITS			3,8	827,652.
(3) LE	ASE LIABILITY			3,	712,430.
(4) DU	E TO RELATED PARTY			2,3	266,409.
(5)					
(6)					
(7)					
(8)					
(0)					

Total. (Column (b) must equal Form 990. Part X. line 25. col. (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

Schedule D (Form 990) 2023

9,806,491.

332053 09-28-23

	t XI Reconciliation of Revenue per Audited Financial S	tatomente With De	avenue per Pe	turn	67343 Page 4
Pai			evenue per ne	turri	
	Complete if the organization answered "Yes" on Form 990, Part IV Total revenue, gains, and other support per audited financial statements			1	53,016,790.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	33,010,730.
a	Net unrealized gains (losses) on investments	2a	55,737.		
a b	Donated services and use of facilities		,		
c	Recoveries of prior year grants				
d	OH (D. 11 1 D. 1)(III)				
e				2e	55,737.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	52,961,053.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,,
٠ •	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,909.		
b	Other (Describe in Part XIII.)		459,774.		
	A 1 1 P		,	4c	478,683.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line			5	53,439,736.
Par	t XII Reconciliation of Expenses per Audited Financial S	Statements With E	xpenses per F		,,
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	50,638,852.
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				
0	0.1	_			
4	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	50,638,852.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,909.		
a b	Other (Describe in Part XIII.)		20,505.		
		·		4c	18,909.
				5	50,657,761.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line † XIII Supplemental Information	9 18.) ······		1 3 1	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 1: Part IV lines 1h an	d 2h: Part V line /	· Part Y I	ine 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			·, rait //, I	ine z, Fait Ai,
IIIICS	zu and 4b, and Fart All, lines zu and 4b. Also complete this part to provide	arry additional information	iion.		
PART	X, LINE 2:				
	·				
UEC	IS A NONPROFIT TAX-EXEMPT CORPORATION ORGANIZED UNDER 1	INTERNAL REVENUE			
CODE	SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PR	RIVATE			
FOUN	DATION. IT IS ALSO EXEMPT FROM STATE INCOME TAXES. HOWE	EVER, ANY			
UNRE	LATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. THE U	JEC HAD NO			
ODI T	CARTON DOD ANY INDELANDO DUCTADOG TACOMO MAY DUDTAG MU	, voan			
OBLI	GATION FOR ANY UNRELATED BUSINESS INCOME TAX DURING THE	S YEAR.			
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
	AI, BINE 4D OTHER ADOUGHERTS.				
NET	CHANGE IN PENSION LIABILITY VALUATION	1,207,652.			
		, , ,			
NET	CHANGE IN OPEB LIABILITY VALUATION	-860,043.			
		, ,			
TRAN	SFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS	112,165.			
		,			
TOTA	L TO SCHEDULE D, PART XI, LINE 4B	459,774.			
332054	99-28-23			Schedul	e D (Form 990) 2023

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule D (Form 990) 2023 CSUSB		95-6067343	Page 5
Schedule D (Form 990) 2023 CSUSB Part XIII Supplemental Information (co	ontinued)		<u> </u>
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		Schedule D (Form	000/ 2022
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332055 09-28-23

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.
UNIVERSITY ENTERPRISES CORPORATION AT
CSUSB

Employer identification number 95-6067343

Tark the appropriate box(ex) 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	Pa	art I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide 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				Yes	No
First class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence			
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, reparding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment form a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 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 Por 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? 5 Any related organization? 6 A The organization? 6 A The organization? 7 A The organization? 8 Any related organization? 8 Any related organization? 8 Any related organization? 9 Any related organization? 1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on th		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
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reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X 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 from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Press' 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? 5 Any related organization? 6 Any related organization? 6 The organization? 7 Any related organization? 8 Any related organization? 8 The organization? 9 Any related organization? 1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Ferni Part III. 7 A Y Expert on line 8 aor 6b, describe in Part III. 8 Were any amounts reported on Form 990, P					
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Independent compensation consultant		establish compensation of the CEO/Executive Director, but explain in Part III.			
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a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5				
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		·	_		v
If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	D	-	ac		Δ.
contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_				
a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	О				
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		60		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. 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					
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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	D		OD		
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initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		<u> </u>		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	•		₈		х
	9				
	•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 CSUSB 95-6067343 Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TOMAS D. MORALES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	446,276.	72,000.	2,671.	105,600.	21,975.	648,522.	0.
(2) RAFIK MOHAMED	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (CSUSB VP OF ACADEMIC AFFAI	(ii)	324,385.	0.	6,770.	46,733.	21,825.	399,713.	0.
(3) ROBERT NAVA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,000.	6,000.	7,700.	87,437.	21,701.	386,838.	0.
(4) SAMUEL SUDHAKAR	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD CHAIR (CSUSB VP OF FINANCE, TE	(ii)	293,868.	0.	6,125.	46,733.	27,834.	374,560.	0.
(5) PAZ OLIVEREZ	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (CSUSB VP OF STUDENT AFFAIR	(ii)	247,500.	0.	7,220.	81,975.	10,783.	347,478.	0.
(6) ROBIN PHILLIPS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	237,000.	0.	6,195.	46,733.	10,835.	300,763.	0.
(7) TAEWON YANG	(i)	0.	0.	0.	0.	0.	0.	0.
INTERIM BOARD TREASURER (CSUSB FACUL	(ii)	178,352.	0.	16,741.	58,325.	21,583.	275,001.	0.
(8) JENNIFER SORENSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	210,912.	0.	6,150.	46,733.	3,772.	267,567.	0.
(9) DOUGLAS FREER (THRU 07/23)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	166,437.	0.	0.	53,873.	18,482.	238,792.	0.
(10) CYNTHIA CRAWFORD	(i)	673.	0.	0.	0.	0.	673.	0.
	(ii)	146,507.	0.	0.	48,525.	21,682.	216,714.	0.
(11) JOHN GRIFFIN	(i)	175,948.	0.	0.	20,888.	8,851.	205,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ELAINE B ZUCCO	(i)	135,580.	0.	0.	20,102.	7,436.	163,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JEREMY DODSWORTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	110,689.	0.	1,893.	36,885.	11,050.	160,517.	0.
(14) CHRISTOPHER VALLEJO	(i)	120,375.	0.	0.	19,252.	18,402.	158,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PAUL NOLTA	(i)	140,428.	0.	0.	7,584.	8,509.	156,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule J (Form 990) 2023 CSUSB 95-6067343 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE 0 (Form 990)

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

OMB No. 1545-0047

epartment of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service UNIVERSITY ENTERPRISES CORPORATION AT Name of the organization Employer identification number CSUSB 95-6067343 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNIVERSITY, SAN BERNARDINO. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT HAVE BEEN GRANTED AUTHORITY TO ACT ON BEHALF OF THE BOARD FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE RETURN IS AVAILABLE. IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTERESTS POLICY FOR BOARD MEMBERS, OFFICERS, AND EMPLOYEES. IN CONNECTION WITH ANY ACTUAL OR POTENTIAL CONFLICT OF INTERESTS, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF ANY OUTSIDE INTEREST, OUTSIDE ACTIVITY, FINANCIAL INTEREST TO THE BOARD OF DIRECTORS, OR THE BOARD COMMITTEE DELEGATED THE AUTHORITY TO RECEIVE SUCH DISCLOSURES. MONITORING IS PERFORMED REGULARLY BY THE BOARD OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON. WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF

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

Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number 95-6067343
ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL	
MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF	
INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING	
LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPARABILITY STUDIES ARE USED. THE GOVERNING BOARD APPROVES THE SALARY FOR	
THE EXECUTIVE DIRECTOR. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN	
2023.	
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 IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES 4,003,772.	
MANAGEMENT AND GENERAL EXPENSES 186,596.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 4,190,368.	
CAMPUS SERVICE EXPENSE:	
PROGRAM SERVICE EXPENSES 0.	
MANAGEMENT AND GENERAL EXPENSES 2,043,532.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 2,043,532.	

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB		Employer identification number 95-6067343
GRANT SUBRECIPIENT COSTS:		
PROGRAM SERVICE EXPENSES	2,335,725.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,335,725.	
PROFESSIONAL DEVELOPMENT AND TRAINING:		
PROGRAM SERVICE EXPENSES	156,439.	
MANAGEMENT AND GENERAL EXPENSES	67,646.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	224,085.	
GRANT INDIRECT COSTS: PROGRAM SERVICE EXPENSES	5,859,545.	
MANAGEMENT AND GENERAL EXPENSES	-5,855,787 .	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,758.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	·	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
NET CHANGE IN PENSION LIABILITY VALUATION	-1,207,652.	
NET CHANGE IN OPEB LIABILITY VALUATION	860,043.	
TRANSFERS TO UNIVERSITY/OTHER AUXILIARY ORGANIZATIONS	-112,165.	
TOTAL TO FORM 990, PART XI, LINE 9	-459,774.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT AC	COUNTANT	
HAS NOT CHANGED FROM THE PRIOR YEAR.		

Schedule O (Form 990) 2023

Schedule O (Form 990) 202	23	Page
Name of the organization	UNIVERSITY ENTERPRISES CORPORATION AT	Employer identification number
_	CSUSB	95-6067343

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	ume of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB									
Part I Identification of D	visregarded Entities. Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 33.							
	(a)	(b)	(c)	(d)	(e)	(f)				

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077							
5500 UNIVERSITY PARKWAY	ADMINISTER GIFTS AND						
SAN BERNARDINO, CA 92407	SCHOLARSHIPS FOR CSUSB	CALIFORNIA	501(C)	LINE 5			Х
ASSOCIATED STUDENTS CALIFORNIA STATE							
UNIVERSITY, SAN BERNARDINO - 95-6126562,	ASSISTING IN RETENTION AND						
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA	DEVELOPMENT OF STUDENTS	CALIFORNIA	501(C)	LINE 5			Х
SANTOS MANUEL STUDENT UNION OF CA STATE							
UNIVERSITY AT SAN BERNARDINO - 95-31, 5500	ASSISTING IN RETENTION AND						
UNIVERSITY PARKWAY, SAN BERNARDINO, CA	DEVELOPMENT OF STUDENTS	CALIFORNIA	501(C)	LINE 5			Х
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO							
- 33-0644150, 5500 UNIVERSITY PARKWAY, SAN	PUBLIC UNIVERSITY - STATE			STATE			
BERNARDINO, CA 92407	OF CALIFORNIA	CALIFORNIA	115(1)	INSTITUTION			х

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box 20 of Schedu l e	mana	ral or aging ner?	(k) Percentage ownership
		odana yy					163	NO	(163	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	ent	tion b)(13) rolled tity?

Schedule R (Form 990) 2023

Page 2

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Page 3

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

No	te: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
_				
r	Other transfer of cash or property to related organization(s)	1r		х
	Other transfer of cash or property from related organization(s)	1s		Х

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	12,096,601.	FMV
(2) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	Q	397,935.	FMV
(3) CSUSB PHILANTHROPIC FOUNDATION	P	142,966.	FMV
(4) CSUSB PHILANTHROPIC FOUNDATION	Q	819,398.	FMV
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN (5) BERNARDINO	P	66,613.	FMV
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN		157.624	
(6) BERNARDINO	Q	157,634.	FMV

Schedule R (Form 990) 2023

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)	(b)	(c)		(e))	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are a partners 501 (c) orgs	all Seec	Share of	Share of		ropor-	Code V-LIBI	Genera	or Percentage
of entity	i iiiiai y aotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501 (c))(3)	total	end-of-year	tio	ropor- inate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
2. 2,		country)	excluded from tax under	Yes I		income	assets	alloca	No	of Schedule K-1	partife	
		,,	360110113 3 12-3 14)	Yes	NO			Yes	NO	(1 01111 1003)	Yes	10
-				\vdash					T			+
-												
				\sqcup	_				_			
-												
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Schedule R (Form 990) 2023

Page 4

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule R (Form 990) 2023 CSUSB	95-6067343	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
MANUE ADDRESS AND BIN OF DELAMED ODGINISATION		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, SAN		
BERNARDINO		
EIN: 95-6126562		
5500 UNIVERSITY PARKWAY		
SAN BERNARDINO, CA 92407		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN		
BERNARDINO		
05 040400		
EIN: 95-3104280		
5500 UNIVERSITY PARKWAY		
- ONIVERSIII FARRWAI		
SAN BERNARDINO, CA 92407		

332165 09-28-23 Schedule R (Form 990) 2023



Certificate Of Completion

Envelope Id: 49713760-4DFB-4546-B811-AD704B149AB1

Subject: Exempt Return for University Enterprises Corporation at A209409 06.30.24

Client Name: University Enterprises Corporation at

Client Number: A209409

Document Pages: 109

Supplemental Document Pages: 46

Certificate Pages: 5 AutoNav: Enabled

Source Envelope:

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220 S 6th St Ste 300

Minneapolis, MN 55402-1418 Erlinda.Tomas@claconnect.com IP Address: 40.83.141.201

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Signed: 5/14/2025 5:09:56 PM

Signer Events

Sesar Morfin

sesar.morfin@csusb.edu Associate Vice President

Security Level: Email, Account Authentication

(None), Access Code

Signature Signed by:

Signatures: 6

Initials: 1

Sesar Morfin 3C59B695C3F5408..

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Form CARRF-1.pdf

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casie.zwahlen@claconnect.com

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