



## Instructions

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

- **Internal Copy:** Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.
- **Public Inspection Copy:** Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.
- **PRINT & PAPER FILE Copy:** CLA will not be mailing in these returns. The first page of the PDF is the filing instructions page, this includes instructions on any payment(s) that may be due. All the remaining pages in the PDF should be printed for signature and mailing. Any return that must be paper filed we recommend that you use certified mail with return receipt as proof of mailing.

Please note:

After the documents have been e-signed and you click '**FINISH**' - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents and print any PRINT & PAPER FILE documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading 'as Separate Files' is important as you will not be receiving a paper copy. You have 120 days to download.**

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any 'PRINT & PAPER FILE' returns on your behalf.

Please initial to indicate that you have read and understand the above:

Initial  
Handwritten initials 'JAE' in black ink, enclosed in a blue rectangular box with a horizontal line extending to the right.

[CLAconnect.com](https://www.claconnect.com)

CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAglobal.com/disclaimer](https://www.claglobal.com/disclaimer).

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.





CliftonLarsonAllen LLP  
CLAconnect.com

May 12, 2026

University Enterprises Corporation at  
CSUSB  
5500 University Parkway  
San Bernardino, CA 92407  
Attention: Jason Espinoza

Dear Jason,

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2026 the filing deadline.

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

### **CALIFORNIA FORM 199 RETURN:**

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

No payment is required.

### **CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed on or before May 15, 2026 to:

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

Enclose a check or money order for \$800, payable to Department of Justice.

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

### **A few final reminders relating to your tax return filings:**

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

accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.

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

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

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP  
CLAconnect.com

**UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB**

**FORM 990 INCOME TAX RETURN**

**FOR YEAR ENDED JUNE 30, 2025**

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

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

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **UNIVERSITY ENTERPRISES CORPORATION AT CSUSB**

EIN or SSN  
**95-6067343**

Name and title of officer or person subject to tax **JASON ESPINOZA  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information

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

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>55,606,899.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 55902  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 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 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Signed by: 

Date 5/13/2026

## 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.

84780255902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 SARAH HINTZ

Date 05/12/26

**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** (2024)

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2024

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB		<b>D</b> Employer identification number 95-6067343
	Doing business as		<b>E</b> Telephone number 909-537-3644
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	5500 UNIVERSITY PARKWAY		<b>G</b> Gross receipts \$ 61,235,488.
	City or town, state or province, country, and ZIP or foreign postal code SAN BERNARDINO, CA 92407		
<b>F</b> Name and address of principal officer: JASON ESPINOZA SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: UEC.CSUSB.EDU

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1962 **M** State of legal domicile: CA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ASSIST IN EDUCATION, ADMINISTRATION, AND RELATED SERVICES OF CALIFORNIA STATE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	1218
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	58
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	50,790,494.	52,033,284.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,972,706.	2,010,003.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	520,073.	576,557.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	156,463.	987,055.
		53,439,736.	55,606,899.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	8,347,666.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,067,973.	28,595,196.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,589,788.	19,087,994.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,657,761.	56,030,856.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,781,975.	-423,957.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	40,431,863.	44,196,129.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	26,508,351.	30,735,798.
	13,923,512.	13,460,331.	

## 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.

<b>Sign Here</b>	Signature of Officer 		Date 5/13/2026		
	Signature of Preparer SARAH HINTZ		Date 05/12/26		
<b>Paid Preparer Use Only</b>	Preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ	Date 05/12/26	Check if self-employed <input type="checkbox"/>	PTIN P00492291
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. 719-635-0330		

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
TO PROMOTE 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 46,046,141. including grants of \$ 8,347,666.) (Revenue \$ 755,006.)  
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 \$ 2,356,115. including grants of \$ 0.) (Revenue \$ 441,485.)  
CHILDREN'S & INFANT CENTERS - CONSISTS OF THE OPERATION OF THE  
ON-CAMPUS CHILD CARE CENTER.

**4c** (Code: \_\_\_\_\_) (Expenses \$ 1,269,264. including grants of \$ 0.) (Revenue \$ 813,512.)  
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 49,671,520.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 1218		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	<b>17</b>	

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 8; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MICHELLE BULAON - (909)537-3644
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92508

**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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOMAS D. MORALES CEO, DIRECTOR (UNIV.PRES)	1.00 40.00	X		X				0.	527,834.	129,931.
(2) DR. RAFIK MOHAMED DIRECTOR	1.00 40.00	X						0.	347,680.	88,540.
(3) SAMUEL SUDHAKAR CHAIR, TREASURER, DIRECTOR VP	1.00 40.00	X		X				0.	320,300.	85,613.
(4) ROBERT NAVA DIRECTOR	1.00 40.00	X						0.	291,503.	117,910.
(5) PAZ OLIVEREZ CHAIR, DIRECTOR VICE PRESIDENT	1.00 40.00	X		X				0.	277,172.	91,261.
(6) ROBIN PHILLIPS DIRECTOR	1.00 40.00	X						0.	267,614.	68,622.
(7) JENNIFER SORENSON DIRECTOR (STAFF)	1.00 40.00	X						0.	238,607.	56,396.
(8) TAEWON YANG ACCOUNTING AND FINANCE DEPT CHAIR AN	1.00 40.00	X		X				0.	198,367.	80,812.
(9) KRISTINE ALEXANDER LEFT 12/24 DIRECTOR, TCAP	0.00 0.00					X		159,558.	0.	28,290.
(10) SESAR MORFIN (2/1/24-5/30/25) INTERIM EXECUTIVE DIRECTOR	40.00 0.00			X				186,000.	0.	0.
(11) ELAINE ZUCCO DIRECTOR OF PROGRAM OPERATIONS, CSRI	40.00 0.00					X		153,898.	0.	31,624.
(12) PAUL NOLTA DIRECTOR, IESBDC	40.00 0.00					X		139,125.	0.	44,858.
(13) CYNTHIA CRAWFORD DIRECTOR (SPONSORED PROGRAM)	0.00 40.00	X						0.	174,306.	0.
(14) MARY MITCHEL DIRECTOR OF RESEARCH AND DEVELOPMENT	40.00 0.00					X		138,627.	0.	20,678.
(15) ERIC GODDARD DIRECTOR OF ADMINISTRATION, CSRI	40.00 0.00					X		138,387.	0.	20,649.
(16) DOROTHY CHEN-MAYNARD DIRECTOR (FACULTY)	1.00 40.00	X						0.	154,002.	1,210.
(17) JEREMY DODSWORTH DIRECTOR (FACULTY)	1.00 40.00	X						0.	135,542.	12,442.

Form 990 (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY AKERS DIRECTOR (SPONSORED PROGRAM)	1.00 0.00	X						0.	83,834.	30.
(19) DAVID DUFAULT-HUNTER DIRECTOR (VICE PRESIDENT)	1.00 40.00	X						0.	59,490.	9,173.
(20) SHARDUL KULKARNI DIRECTOR (STUDENT)	1.00 1.00	X						0.	16,661.	0.
(21) VALERIE ZELLMER VICE CHAIR, DIRECTOR (COMMUNITY)	1.00 0.00	X		X				0.	0.	0.
(22) JASON ESPINOZA (STARTED 6/2/25) EXECUTIVE DIRECTOR	40.00 0.00			X				0.	0.	0.
(23) EVAJUANI BYNUM DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
(24) CARSON FAJARDO DIRECTOR (STUDENT)	1.00 0.00	X						0.	18,947.	1,486.
(25) MARITZA GOMEZ DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
(26) JUAN PADILLA DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								915,595.	3,111,859.	889,525.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								915,595.	3,111,859.	889,525.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPASS GROUP USA, INC, CHARTWELLS DINING, LOS ANGELES, CA 90074-0196	DINING SERVICES	1,948,475.
BRIDGES REENTRY SERVICES, LLC, 11875 PIGEON PASS ROAD, #B13, MORENO VALLEY, CA	TRANSITIONAL HOUSING SERVICES/REENTRY HO	471,355.
GROWING INLAND ACHIEVEMENT, INC. 1508 BARTON ROAD, #185, REDLANDS, CA 92373	REGIONAL COORDINATION & OPERATIONAL SUPP	409,661.
DYNAMICS FOR VICTIMS & SUPPORTIVE SVCS. PO BOX 1702, BLUE JAY, CA 92317	SUPPORT AND SERVICES TO VICTIMS OF VIOLE	352,700.
APPLIED CYBERNETICS RESEARCH GROUP, LLC, 1440 BEAUMONT AVENUE, SUITE A2-265,	IT SUPPORT SERVICES	287,782.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>	662,980.			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	51,370,304.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		52,033,284.			
	Program Service Revenue	<b>2 a</b>	COMMERCIAL OPERATIONS	Business Code 611310	813,512.	813,512.	
<b>b</b>		SPECIAL PROGRAMS	611310	755,006.	755,006.		
<b>c</b>		PARENT FEES	611310	441,485.	441,485.		
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue					
<b>g</b>		<b>Total.</b> Add lines 2a-2f		2,010,003.			
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		548,657.		548,657.
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				5,645,827.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	5,617,927.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	27,900.			
<b>d</b>	Net gain or (loss)		27,900.		27,900.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
			27,194.				
		<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>	10,662.				
<b>c</b>	Net income or (loss) from sales of inventory		16,532.		16,532.		
Miscellaneous Revenue	<b>11 a</b>	ALL OTHER REVENUE	Business Code 900099	970,523.		970,523.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		970,523.			
<b>12</b>	<b>Total revenue.</b> See instructions		55,606,899.	2,010,003.	0.	1,563,612.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,127,015.	3,127,015.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	5,220,651.	5,220,651.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	289,717.		289,717.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	22,311,551.	21,305,069.	1,006,482.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,880,764.	1,811,589.	69,175.	
<b>9</b> Other employee benefits .....	2,662,835.	2,519,630.	143,205.	
<b>10</b> Payroll taxes .....	1,450,329.	1,356,421.	93,908.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	87,768.		87,768.	
<b>c</b> Accounting .....	123,557.		123,557.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	23,336.		23,336.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,338,077.	3,542,848.	2,795,229.	
<b>12</b> Advertising and promotion .....	76,226.	68,179.	8,047.	
<b>13</b> Office expenses .....	3,474,405.	2,485,991.	988,414.	
<b>14</b> Information technology .....	539,110.	515,081.	24,029.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,749,790.	1,746,222.	3,568.	
<b>17</b> Travel .....	1,735,273.	1,516,864.	218,409.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	482,816.	454,268.	28,548.	
<b>20</b> Interest .....	4,857.	4,857.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	676,956.	600,824.	76,132.	
<b>23</b> Insurance .....	345,639.	41,670.	303,969.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> RENTAL, EQUIPMENT AND S	3,384,314.	3,319,918.	64,396.	
<b>b</b> MISCELLANEOUS	45,870.	34,423.	11,447.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	56,030,856.	49,671,520.	6,359,336.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2024)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,323,017.	<b>1</b>	8,523,314.
	<b>2</b> Savings and temporary cash investments .....	11,590,935.	<b>2</b>	11,945,287.
	<b>3</b> Pledges and grants receivable, net .....	13,992,070.	<b>3</b>	11,514,910.
	<b>4</b> Accounts receivable, net .....	139,751.	<b>4</b>	218,383.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	428,176.	<b>9</b>	389,768.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,568,483.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,010,586.	2,717,371.	<b>10c</b> 2,557,897.
	<b>11</b> Investments - publicly traded securities .....	181,521.	<b>11</b>	302,747.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,036,759.	<b>12</b>	2,096,644.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,022,263.	<b>15</b>	6,647,179.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	40,431,863.	<b>16</b>	44,196,129.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,159,430.	<b>17</b>	7,458,253.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	10,542,430.	<b>19</b>	14,484,390.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,806,491.	<b>25</b>	8,793,155.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,508,351.	<b>26</b>	30,735,798.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	13,923,512.	<b>27</b>	13,460,331.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,923,512.	<b>32</b>	13,460,331.
<b>33</b> Total liabilities and net assets/fund balances .....	40,431,863.	<b>33</b>	44,196,129.	

Form 990 (2024)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	55,606,899.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	56,030,856.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-423,957.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,923,512.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-17,771.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-21,453.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,460,331.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (UNIVERSITY ENTERPRISES CORPORATION AT CSUSB) and Employer identification number (95-6067343)

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [X] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit. Rows: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 94.11 %; 15 Public support percentage from 2023 Schedule A, Part II, line 14 15 94.12 %

16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Part VI**

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

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

OTHER INCOME

INVENTORY SALES

Multiple horizontal lines for providing supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number  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	\$ 8,182,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NATIONAL SECURITY AGENCY  9800 SAVAGE ROAD  FORT GEORGE G. MEAD, MD 20755-6842	\$ 6,964,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL SCIENCE FOUNDATION  2415 EISENHOWER AVE  ARLINGTON, VA 22230	\$ 4,620,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UC LOS ANGELES  405 HILGARD AVE  LOS ANGELES, CA 90095	\$ 2,734,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE OF CALIFORNIA  1220 N. STREET, ROOM 120  SACRAMENTO, CA 95814	\$ 2,240,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SAN BERNARDINO COUNTY SHERIFF DEPARTMENT  655 E. THIRD STREET  SAN BERNARDINO, CA 92415-0061	\$ 1,932,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	<b>Employer identification number</b>  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
7	NATIONAL INSTITUTE OF HEALTH  9000 ROCKVILLE PIKE  BETHESDA, MD 20892	\$ 1,574,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CSU FULLERTON AUX SRVC CORP  1121 STATE COLLEGE BLVD.  FULLERTON, CA 92831	\$ 1,364,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS  601 NORTH E STREET  SAN BERNARDINO, CA 92410	\$ 1,094,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	U.S. DEPARTMENT OF EDUCATION  400 MARYLAND AVENUE, SW  WASHINGTON, DC 20202	\$ 7,841,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVENUE  WASHINGTON, DC 20201	\$ 1,739,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	<b>Employer identification number</b>  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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB

Employer identification number  
95-6067343

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

	(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 funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
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 organization during the tax year \_\_\_\_\_

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 conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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 statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,640.		4,640.
b Buildings		2,196,396.	1,512,271.	684,125.
c Leasehold improvements		3,015,871.	2,143,122.	872,749.
d Equipment		5,351,576.	4,355,193.	996,383.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,557,897.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
(9)		
<b>Total.</b> (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
(1) DUES FROM RELATED PARTY	1,429,621.
(2) RIGHT-OF-USE ASSET	3,438,048.
(3) ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS	1,779,510.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,647,179.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES FOR PENSION BENEFITS	4,673,756.
(3) LEASE LIABILITY	3,294,109.
(4) DUE TO RELATED PARTY	825,290.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,793,155.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	55,555,001.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-17,771.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	-17,771.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	55,572,772.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	23,336.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	10,791.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	34,127.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	55,606,899.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	56,018,182.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,662.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	10,662.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	56,007,520.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	23,336.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	23,336.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	56,030,856.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

NET CHANGE IN PENSION LIABILITY VALUATION	846,104.
NET CHANGE IN OPEB LIABILITY VALUATION	-824,651.
COST OF GOODS SOLD	-10,662.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,791.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	10,662.
--------------------	---------

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB

**Employer identification number**  
95-6067343

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	33-0644150	GOV'T	74,915.	0.	N/A	N/A	GENERAL SUPPORT TO THE UNIVERSITY
SAN BERNARDINO SUPERINTENDENT OF SCHOOLS - 760 E. BRIER DRIVE - SAN BERNARDINO, CA 92408		GOV'T	20,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
UC REGENTS 6701 SAN PABLO AVE STE 420 BERKELEY, CA 94720-7420	94-3067788	GOV'T	39,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CSU TRUSTEES 401 GOLDEN SHORE, 5TH FLOOR LONG BEACH, CA 90802-4210	95-6123757	GOV'T	62,001.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
LOMA LINDA UNIVERSITY 24887 TAYLOR ST., STE. 202 LOMA LINDA, CA 92350	95-1816009	501(C)(3)	8,925.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT - 114 SO DEL ROSA DRIVE - SAN BERNARDINO, CA 92408	95-6002754	GOV'T	45,438.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 23.
- 3 Enter total number of other organizations listed in the line 1 table 1.

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

**Schedule I (Form 990) (Rev. 12-2024)**

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990)

CSUSB

95-6067343

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KECK GRADUATE INSTITUTE 535 WATSON DR CLAREMONT, CA 91711	95-4625327	501(C)(3)	11,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	7,650.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
BOARD OF REGENTS UNIVERSITY OF NEBRASKA - 6001 DODGE ST. - OMAHA, NE 68812	47-0049123	GOV'T	32,772.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
UNIVERSITY ENTERPRISES INC 6000 J STREET SACRAMENTO, CA 95819-6063	94-1337638	501(C)(3)	12,440.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
ONE FUTURE COACHELLA VALLEY 41-550 ECLECTIC ST., STE. 200D PALM DESERT, CA 92211	81-3653698	501(C)(3)	190,690.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
TEXAS A&M UNIVERSITY 200 DISCOVERY DR., ST. 105 COLLEGE STATION, TX 77843	74-6000089	GOV'T	26,124.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
RIVERSIDE COMMUNITY COLLEGE DISTRICT - 3801 MARKET ST., 3RD FLOOR - RIVERSIDE, CA 92501	95-2993847	GOV'T	272,286.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
OHIO STATE UNIVERSITY OFFICE OF THE BURSAR PO BOX 960 ATHENS, OH 45701	31-6025986	GOV'T	30,897.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CEDARVILLE UNIVERSITY 251 N. MAIN STREET CEDARVILLE, OH 45314	31-0536647	501(C)(3)	100,053.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

Schedule I (Form 990)

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990) CSUSB

95-6067343

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOHAWK VALLEY COMMUNITY COLLEGE 1101 SHERMAN DRIVE UTICA, NY 13501	16-1020948	GOV'T	1,630,691.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
STEVENS INSTITUTE OF TECHNOLOGY CASTLE POINT ON HUDSON HOBOKEN, NJ 70300	22-1487354	501(C)(3)	452,916.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
WAKE FOREST UNIVERSITY PO BOX 7201 WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	71,740.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 24670	04-2103545	501(C)(3)	15,977.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
OHIO UNIVERSITY OFFICE OF THE BURSAR PO BOX 960 ATHENS, OH 45701	31-6402113	GOV'T	25,125.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990) (Rev. 12-2024) CSUSB

95-6067343

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS, ROOM AND BOARD GRANTS	3388	5,220,651.	0.	N/A	N/A

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANT AWARDS ARE MONITORED TO ENSURE FUNDS ARE SPENT IN THE INTENDED MANNER AND EXPENDITURES ARE TRACKED FOR THE REPORTING OF FEDERAL EXPENDITURES.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**Attach to Form 990.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TOMAS D. MORALES CEO, DIRECTOR (UNIV.PRES)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	455,201.	72,000.	633.	100,750.	29,181.	657,765.	0.
(2) DR. RAFIK MOHAMED DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	347,680.	0.	0.	57,563.	30,977.	436,220.	0.
(3) SAMUEL SUDHAKAR CHAIR, TREASURER, DIRECTOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	314,998.	0.	5,302.	56,691.	28,922.	405,913.	0.
(4) ROBERT NAVA DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,003.	5,500.	0.	85,245.	32,665.	409,413.	0.
(5) PAZ OLIVEREZ CHAIR, DIRECTOR VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	270,343.	0.	6,829.	79,917.	11,344.	368,433.	0.
(6) ROBIN PHILLIPS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	258,881.	0.	8,733.	53,823.	14,799.	336,236.	0.
(7) JENNIFER SORENSON DIRECTOR (STAFF)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	231,312.	0.	7,295.	52,284.	4,112.	295,003.	0.
(8) TAEWON YANG ACCOUNTING AND FINANCE DEPT CHAIR AN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	198,249.	0.	118.	56,514.	24,298.	279,179.	0.
(9) KRISTINE ALEXANDER LEFT 12/24 DIRECTOR, TCAP	(i)	122,892.	0.	36,666.	18,271.	10,019.	187,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SESAR MORFIN (2/1/24-5/30/25) INTERIM EXECUTIVE DIRECTOR	(i)	186,000.	0.	0.	0.	0.	186,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELAINE ZUCCO DIRECTOR OF PROGRAM OPERATIONS, CSRI	(i)	145,624.	0.	8,274.	22,472.	9,152.	185,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAUL NOLTA DIRECTOR, IESBDC	(i)	139,125.	0.	0.	21,910.	22,948.	183,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CYNTHIA CRAWFORD DIRECTOR (SPONSORED PROGRAM)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,306.	0.	0.	0.	0.	174,306.	0.
(14) MARY MITCHEL DIRECTOR OF RESEARCH AND DEVELOPMENT	(i)	127,869.	0.	10,758.	19,579.	1,099.	159,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ERIC GODDARD DIRECTOR OF ADMINISTRATION, CSRI	(i)	127,642.	0.	10,745.	19,550.	1,099.	159,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DOROTHY CHEN-MAYNARD DIRECTOR (FACULTY)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	152,216.	0.	1,786.	0.	1,210.	155,212.	0.



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number 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, AND  
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  
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 15:  
COMPARABILITY STUDIES ARE USED. THE GOVERNING BOARD APPROVES THE SALARY FOR  
THE EXECUTIVE DIRECTOR. THE DELIBERATION AND DECISION IS DOCUMENTED IN THE  
BOARD MINUTES.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2025.

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	3,167,598.
MANAGEMENT AND GENERAL EXPENSES	203,640.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,371,238.

CAMPUS SERVICE EXPENSE:

PROGRAM SERVICE EXPENSES	0.
--------------------------	----

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

MANAGEMENT AND GENERAL EXPENSES	2,507,303.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,507,303.

PROFESSIONAL DEVELOPMENT AND TRAINING:

PROGRAM SERVICE EXPENSES	375,250.
MANAGEMENT AND GENERAL EXPENSES	84,286.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	459,536.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,338,077.

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

NET CHANGE IN PENSION LIABILITY VALUATION	-846,104.
NET CHANGE IN OPEB LIABILITY VALUATION	824,651.
TOTAL TO FORM 990, PART XI, LINE 9	-21,453.

FORM 990, PART XII, LINE 2C:  
 THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT  
 HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) (Rev. 1-2025)

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CSUSB PHILANTHROPIC FOUNDATION	P	351,093.	FMV
(2) CSUSB PHILANTHROPIC FOUNDATION SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN	Q	837,051.	FMV
(3) BERNARDINO ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN	P	49,015.	FMV
(4) BERNARDINO	Q	10,000.	FMV
(5) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN	C	518,037.	FMV
(6) BERNARDINO	C	144,943.	FMV



**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

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

EIN: 95-3104280

5500 UNIVERSITY PARKWAY

SAN BERNARDINO, CA 92407

**2024 DEPRECIATION AND AMORTIZATION REPORT**

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	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	HY		2,196,396.				2,196,396.	1,454,532.		140,750.	1,595,282.
3	LEASEHOLDS		NC	.000	HY		3,015,870.				3,015,870.	1,876,579.		193,264.	2,069,843.
4	EQUIPMENT		NC	.000	HY		5,351,576.				5,351,576.	4,217,083.		342,942.	4,560,025.
5	LAND		L				4,640.				4,640.			0.	
	* TOTAL 990 PAGE 10 DEPR						10568482.				10568482.	7,548,194.		676,956.	8,225,150.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			0.
	ACQUISITIONS						10568482.			0.	10568482.	7,548,194.			8,225,150.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						10568482.			0.	10568482.	7,548,194.			8,225,150.
	ENDING ACCUM DEPR											8,225,150.			
	ENDING BOOK VALUE														2,343,332.

**2024 DEPRECIATION AND AMORTIZATION REPORT**

- CURRENT YEAR FEDERAL -

UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB

Asset No.	Description	Date Acquired	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.	1,454,532.		140,750.
3	LEASEHOLDS		NC	.000		3,015,870.			3,015,870.	1,876,579.		193,264.
4	EQUIPMENT		NC	.000		5,351,576.			5,351,576.	4,217,083.		342,942.
5	LAND		L			4,640.			4,640.			0.
	* TOTAL 990 PAGE 10 DEPR					10,568,482.		0.	10,568,482.	7,548,194.		676,956.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					0.		0.	0.	0.		
	ACQUISITIONS					10,568,482.		0.	10,568,482.	7,548,194.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					10,568,482.		0.	10,568,482.	7,548,194.		







TAXABLE YEAR  
**2024**

# California Exempt Organization Annual Information Return

428941 01-14-25  
FORM

**199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 07/01/2024, and ending (mm/dd/yyyy) 06/30/2025

Corporation/Organization name  
**UNIVERSITY ENTERPRISES CORPORATION AT CSUSB**

California corporation number  
**0438029**

Additional information. See instructions.

FEIN  
**95-6067343**

Street address (suite or room)  
**5500 UNIVERSITY PARKWAY**

PMB no.

City  
**SAN BERNARDINO**

State  
**CA** ZIP code  
**92407**

Foreign country name

Foreign province/state/county

Foreign postal code


- A** First return  Yes  No
- B** Amended return  Yes  No
- C** IRC Section 4947(a)(1) trust  Yes  No
- D** Final information return?
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date: (mm/dd/yyyy) \_\_\_\_\_
- E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series
- G** Is this a group filing? See instructions  Yes  No
- H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No
- K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_
- L** Is the organization a limited liability company?  Yes  No
- M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- O** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	9,202,204	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	52,033,284	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	61,235,488	00
	5	Cost of goods sold <b>STMT 3</b> <b>STMT 2</b>	5	10,662	00
	6	Cost or other basis, and sales expenses of assets sold	6	5,617,927	00
	7	Total costs. Add line 5 and line 6	7	5,628,589	00
	8	Total gross income. Subtract line 7 from line 4	8	55,606,899	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	56,030,856	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-423,957	00
<b>Payments</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

**Sign Here**  
Signature of officer:  Title: **EXECUTIVE DIRECTOR** Date: **5/13/2026**

**Paid Preparer's Use Only**  
Preparer's signature: **SARAH HINTZ** Date: **05/12/26** Check if self-employed:   
Firm's name (or yours, if self-employed) and address: **CLIFTONLARSONALLEN LLP**  
**121 SOUTH TEJON STREET, SUITE 1100**  
**COLORADO SPRINGS, CO 80903**

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

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

428951 01-14-25

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	27,194	00	
	2	Interest	•	2	548,657	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 4	•	6	5,645,827	00	
	7	Other income. Attach schedule SEE STATEMENT 5	•	7	2,980,526	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	9,202,204	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	8,347,666	00	
	10	Disbursements to or for members.	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 6	•	11	289,717	00	
	12	Other salaries and wages	•	12	22,311,551	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	4,857	00
		14	Taxes	•	14	1,450,329	00
		15	Rents	•	15	1,749,790	00
		16	Depreciation and depletion (See instructions)	•	16	676,956	00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 7	•	17	21,199,990	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	56,030,856	00

<b>Schedule L Balance Sheet</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		15,913,952	•	20,468,601
2 Net accounts receivable		139,751	•	218,383
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments. Attach schedule *		2,218,280	•	2,399,391
10 a Depreciable assets STMT 13	10,260,925		10,563,843	
b Less accumulated depreciation	7,548,194	2,712,731	8,010,586	2,553,257
11 Land		4,640	•	4,640
12 Other assets. Attach schedule STMT 9		19,442,509	•	18,551,857
13 <b>Total assets</b>		40,431,863		44,196,129
<b>Liabilities and net worth</b>				
14 Accounts payable		6,159,430	•	7,458,253
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. Attach schedule STMT 10		20,348,921		23,277,545
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		13,923,512	•	13,460,331
22 <b>Total liabilities and net worth</b>		40,431,863		44,196,129

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	-538,096	7 Income recorded on books this year not included in this return. Attach schedule *	•	-17,771
2 Federal income tax	•		8 Deductions in this return not charged against book income this year.		
3 Excess of capital losses over capital gains	•		Attach schedule STMT 12	•	-96,368
4 Income not recorded on books this year. Attach schedule	•		9 Total. Add line 7 and line 8		-114,139
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		10 Net income per return.		
6 Total. Add line 1 through line 5		-538,096	Subtract line 9 from line 6		-423,957

\* SEE STATEMENT

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
CALIFORNIA DEPT OF CORRECTIONS AND REHABILITATION	1515 S STREET, STE. 415-SOUTH SACRAMENTO, CA 95811		8,182,778.
NATIONAL SECURITY AGENCY	9800 SAVAGE ROAD FORT GEORGE G. MEAD, MD 20755-6842		6,964,557.
NATIONAL SCIENCE FOUNDATION	2415 EISENHOWER AVE ARLINGTON, VA 22230		4,620,762.
UC LOS ANGELES	405 HILGARD AVE LOS ANGELES, CA 90095		2,734,701.
STATE OF CALIFORNIA	1220 N. STREET, ROOM 120 SACRAMENTO, CA 95814		2,240,074.
SAN BERNARDINO COUNTY SHERIFF DEPARTMENT	655 E. THIRD STREET SAN BERNARDINO, CA 92415-0061		1,932,161.
NATIONAL INSTITUTE OF HEALTH	9000 ROCKVILLE PIKE BETHESDA, MD 20892		1,574,846.
CSU FULLERTON AUX SRVC CORP	1121 STATE COLLEGE BLVD. FULLERTON, CA 92831		1,364,941.
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS	601 NORTH E STREET SAN BERNARDINO, CA 92410		1,094,196.
STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION	2020 WEST EL CAMINO AVENUE, SUITE 1222 SACRAMENTO, CA 95833		1,023,864.
U.S. DEPARTMENT OF COMMERCE	100 BUREAU DRIVE, MS 1650 GAITHERSBURG, MD 20899-1650		903,324.
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE (CIRM) INLAND REGIONAL CENTER	1999 HARISSON STREET, SUITE 1650 OAKLAND, CA 94612 674 BRIER DRIVE SAN BERNARDINO, CA 92408-6127		840,811. 729,460.

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

SOUTHWESTERN COMMUNITY COLLEGE DISTRICT	800 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	706,055.
UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT	1111 FRANKLIN STREET, 11TH FLOOR OAKLAND, CA 94607-5200	685,412.
CITY OF SAN BERNARDINO	290 NORTH D STREET, SUITE 600 SAN BERNARDINO, CA 92415	669,189.
RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY	3403 10TH STREET, SUITE 400 RIVERSIDE, CA 92501	555,772.
REGENTS OF THE UNIVERSITY OF CALIFORNIA	1608 FOURTH STREET, SUITE 220 BERKELEY, CA 94710-5940	438,661.
CSU SAN BERNARDINO	5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	437,232.
SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION	210 N. 4TH STREET, 4TH FLOOR SAN JOSE, CA 95112	413,519.
UC RIVERSIDE	UNIVERSITY OFFICE BLDG. SUITE 245 RIVERSIDE, CA 92521-0217	404,586.
CALIFORNIA COMMISSION ON TEACHER CREDENTIALING	1900 CAPITOL AVENUE SACRAMENTO, CA 95811	282,408.
U.S. ARMY CONTRACTING COMMAND - ABERDEEN PROVING GROUND	4401 BOOTHBY HILL AVE ABERDEEN PROVING GROUND, MD 21005-1846	256,368.
WASHINGTON STATE UNIVERSITY	PO BOX 641060, LIGHTY SSB, ROOM 280 PULLMAN, WA 99164-1060	252,415.
CHILDREN AND FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY	735 E. CARNEGIE DRIVE, SUITE 150 SAN BERNARDINO, CA 92408	249,418.
UC SAN DIEGO	9500 GILMAN DRIVE #0934 LA JOLLA, CA 92093	198,735.
NORWICH UNIVERSITY	158 HARMON DRIVE NORTHFIELD, VT 05663	153,697.
SAN DIEGO ASSOCIATION OF GOVERNMENTS	1011 UNION ST SUITE 400 SAN DIEGO, CA 92101	147,327.
CITY OF PALM DESERT	73-510 FRED WARING DRIVE PALM DESERT, CA 92260-2578	145,367.
WHATCOM COMMUNITY COLLEGE	237 WEST KELLOGG ROAD BELLINGHAM, WA 98226	123,962.
RIVERSIDE COUNTY SUPERINTENDENT OF SCHOOLS	3939 THIRTEENTH STREET RIVERSIDE, CA 92501	123,914.
PACIFIC NORTHWEST NATIONAL LABORATORY	902 BATTELLE BLVD, MSIN: K9-15 RICHLAND, WA 99352-0999	112,922.
SAN DIEGO STATE UNIVERSITY FOUNDATION	5250 CAMPANILE DRIVE SAN DIEGO, CA 92182-1934	102,392.
RIVERSIDE COMMUNITY COLLEGE DISTRICT	4800 MAGNOLIA AVENUE RIVERSIDE, CA 92506-1299	88,307.
CHICO STATE ENTERPRISES	25 MAIN STREET, SUITE 203 CHICO, CA 95928-5388	76,122.
BEAUMONT UNIFIED SCHOOL DISTRICT	350 W. BROOKSIDE AVENUE BEAUMONT, CA 92223-0187	70,873.
RIVERSIDE COUNTY PROBATION	3960 ORANGE STREET, SUITE 600 RIVERSIDE, CA 92501	69,488.
GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT	1325 J STREET, SUITE 1800 SACRAMENTO, CA 95814	68,913.
THE REGENTS OF THE UNIVERSITY OF MICHIGAN	503 THOMPSON ST ANN ARBOR, MI 48109	68,626.
U.S. DEPARTMENT OF AGRICULTURE	805 PENNSYLVANIA AVENUE KANSAS CITY, MT 64105	58,385.

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

CITY OF RIVERSIDE	3900 MAIN ST RIVERSIDE, CA 92522	50,000.
MONTEBELLO UNIFIED SCHOOL DISTRICT	123 SOUTH MONTEBELLO BLVD MONTEBELLO, CA 90640	45,000.
THE SCRIPPS RESEARCH INSTITUTE	10550 N. TORREY PINES ROAD LA JOLLA, CA 92037	44,809.
MAKING HOPE HAPPEN FOUNDATION	777 NORTH F STREET SAN BERNARDINO, CA 92401	38,558.
TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY	401 GOLDEN SHORE, 5TH FLOOR LONG BEACH, CA 90802	36,996.
MOJAVE WATER AGENCY	13846 CONFERENCE CENTER DRIVE APPLE VALLEY, CA 92307-4377	34,567.
CITY OF RANCHO CUCAMONGA	10500 CIVIC CENTER DRIVE RANCHO CUCAMONGA, CA 91730	31,250.
UNIVERSITY ENTERPRISES, INC.	6000 J STREET SACRAMENTO, CA 95819-6111	28,491.
U.S. DEPARTMENT OF THE INTERIOR	12201 SUNRISE VALLEY DRIVE 908 RESTON, VA 20192	28,165.
NORTHEASTERN UNIVERSITY	360 HUNTINGTON AVE BOSTON, MA 02115	27,011.
RIVERSIDE COUNTY OFFICE OF ECONOMIC DEV	3403 10TH ST., SUITE 400 RIVERSIDE, CA 92501	25,000.
ANTELOPE VALLEY UNION HIGH SCHOOL DIST.	176 HOLSTON DR. LANCASTER, CA 93535-4531	21,800.
COLTON JOINT UNIFIED SCHOOL DISTRICT	1212 VALENCIA DRIVE COLTON, CA 92324	19,500.
CITY OF MORENO VALLEY	14177 FREDERICK STREET MORENO VALLEY, CA 92552	17,000.
CITY OF YUCAIPA	34272 YUCAIPA BLVD YUCAIPA, CA 92399	17,000.
TWIN RIVERS USD	5115 DUDLEY BLVD. MCCLELLAN, CA 95652	16,750.
CITY OF TEMECULA	41000 MAIN STREET TEMECULA, CA 92590	15,000.
CITY OF MENIFEE	29844 HAUN ROAD MENIFEE, CA 92586	13,500.
COUNTY OF SAN BERNARDINO	290 NORTH D STREET, SUITE 600 SAN BERNARDINO, CA 92415	13,500.
THE CITY OF LAKE ELSINORE	130 S. MAIN ST LAKE ELSINORE, CA 92530	13,000.
FONTANA UNIFIED SCHOOL DISTRICT	9680 CITRUS AVE FONTANA, CA 92335-5571	12,950.
POMONA UNIFIED SCHOOL DISTRICT	800 SOUTH GAREY AVE POMONA, CA 91766-3325	12,500.
MISSISSIPPI STATE UNIVERSITY	75 B.S. HOOD DRIVE MISSISSIPPI STAT, MS 39762	11,900.
UNIVERSITY OF WASHINGTON	4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	10,440.
ANTI-RECIDIVISM COALITION	1320 E. 7TH ST. SUITE 260 LOS ANGELES, CA 90021	10,254.
CITY OF UPLAND	460 N. EUCLID AVE UPLAND, CA 91786	10,000.
LOMPOC UNIFIED SCHOOL DISTRICT	1301 N. A STREET LOMPOC, CA 93436	15,000.
SAN BRNRDNO CNTY SOFS	655 EAST THIRD STREET SAN BERNARDINO, CA 92415	8,250.

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

UNIVERSITY OF THE PACIFIC	3601 PACIFIC AVE. STOCKTON, CA 95211	8,143.
LOYOLA MARYMOUNT UNIVERSITY	1 LOYOLA MARYMOUNT UNIVERSITY DR LOS ANGELES, CA 90045	8,079.
TEMECULA VALLEY UNIFIED SCHOOL DISTRICT	31350 RANCHO VISTA ROAD TEMECULA, CA 92592	7,500.
BAKERSFIELD CITY SCHOOL DISTRICT	1300 BAKER ST BAKERSFIELD, CA 93305	6,500.
RIVERSIDE UNIFIED SCHOOL DISTRICT	3380 14TH ST RIVERSIDE, CA 92501	6,400.
ANTELOPE VALLEY UHSD	44865 3RD ST E LANCASTE, CA 93535	6,000.
MANTECA UNIFIED SD	2271 W LOUISE AVE MANTECA, CA 95337	6,000.
CSU CHANCELLORS OFFICE	6000 J. STREET SACRAMENTO, CA 95819-6124	5,658.
MORENO VALLEY USD	25634 ALESSANDRO BLVD MORENO VALLEY, CA 92553	5,500.
SAN BERNARDINO CITY USD	777 NORTH F STREET SAN BERNARDINO, CA 92410	5,050.
GARVEY SCHOOL DISTRICT	2730 N. DEL MAR AVE. ROSEMEAD, CA 91770	5,000.
NEW TECH NETWORK	952 SCHOOL STREET #311 NAPA, CA 94559	5,000.
PITTSBURG USD	2000 RAILROAD AVE PITTSBURG, CA 94565	5,000.
TEMECULA VALLEY CHAMBER OF COMMERCE	26790 YNEZ CT TEMECULA, CA 92591-5607	5,000.
U.S. DEPARTMENT OF EDUCATION	400 MARYLAND AVENUE, SW WASHINGTON, DC 20202	7,841,147.
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	200 INDEPENDENCE AVENUE WASHINGTON, DC 20201	1,739,718.
U.S. SMALL BUSINESS ADMINISTRATION	409 3RD STREET NW WASHINGTON, DC 20416	223,736.
U.S. DEPARTMENT OF ENERGY	1000 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20585	30,742.
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION	300 E STREET WASHINGTON, DC 20546	8,237.
THE NATIONAL ALLIANCE FOR HISPANIC HEALTH	1501 SIXTEENTH STREET, NW WASHINGTON, DC 20036	6,715.
TOTAL INCLUDED ON LINE 3		<u><u>51,729,856.</u></u>

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR . . . . .		
2.	MERCHANDISE PURCHASED. . . . .		
3.	COST OF LABOR. . . . .		
4.	MATERIALS AND SUPPLIES . . . . .		
5.	OTHER COSTS. . . . .	10,662	
6.	ADD LINES 1 THROUGH 5 . . . . .		10,662
7.	INVENTORY AT END OF YEAR . . . . .		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		10,662

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

CA 199 COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

<u>DESCRIPTION</u>	<u>AMOUNT</u>
COST OF GOODS SOLD	10,662.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5	10,662.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
			<u>PURCHASED</u>	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	5,617,927.	0.	0.	5,645,827.
TOTAL TO FORM 199, PAGE 2, LN 6	5,617,927.	0.	0.	5,645,827.

CA 199 OTHER INCOME STATEMENT 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ALL OTHER REVENUE	970,523.
NONOPERATING REVENUE	0.
COMMERCIAL OPERATIONS	813,512.
SPECIAL PROGRAMS	755,006.
PARENT FEES	441,485.
TOTAL TO FORM 199, PART II, LINE 7	2,980,526.

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

---



---

CA 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT 6

---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
TOMAS D. MORALES 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	CEO, DIRECTOR (UNIV.PRES) 1.00	0.
DR. RAFIK MOHAMED 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
SAMUEL SUDHAKAR 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	CHAIR, TREASURER, DIRECTOR 1.00	0.
ROBERT NAVA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.

UNIVERSITY ENTERPRISES CORPORATION AT CS95-6067343

PAZ OLIVEREZ 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	CHAIR, DIRECTOR VICE PRESI 1.00	0.
ROBIN PHILLIPS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
JENNIFER SORENSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (STAFF) 1.00	0.
TAEWON YANG 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	ACCOUNTING AND FINANCE DEP 1.00	0.
KRISTINE ALEXANDER LEFT 12/24 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR, TCAP 0.00	0.
SE SAR MORFIN (2/1/24-5/30/25) 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	INTERIM EXECUTIVE DIRECTOR 40.00	0.
ELAINE ZUCCO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR OF PROGRAM OPERAT 40.00	0.
CYNTHIA CRAWFORD 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (SPONSORED PROGRA 0.00	0.
DOROTHY CHEN-MAYNARD 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (FACULTY) 1.00	0.
JEREMY DODSWORTH 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (FACULTY) 1.00	0.
TIMOTHY AKERS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (SPONSORED PROGRA 1.00	0.
DAVID DUFAULT-HUNTER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (VICE PRESIDENT) 1.00	0.

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

SHARDUL KULKARNI 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (STUDENT) 1.00	0.
---	----------------------------	----

VALERIE ZELLMER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	VICE CHAIR, DIRECTOR (COMM) 1.00	0.
--	-------------------------------------	----

JASON ESPINOZA (STARTED 6/2/25) 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	EXECUTIVE DIRECTOR 40.00	0.
--	-----------------------------	----

EVAJUANI BYNUM 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (COMMUNITY) 1.00	0.
---	------------------------------	----

CARSON FAJARDO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (STUDENT) 1.00	0.
---	----------------------------	----

MARITZA GOMEZ 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (COMMUNITY) 1.00	0.
--	------------------------------	----

JUAN PADILLA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (COMMUNITY) 1.00	0.
---	------------------------------	----

MIKE RAZO 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR (COMMUNITY) 1.00	0.
--	------------------------------	----

ANTHONY ROBERSON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR STAFF) 1.00	0.
---	-------------------------	----

TOTAL TO FORM 199, PART II, LINE 11		<u>0.</u>
-------------------------------------	--	-----------

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

CA 199	OTHER EXPENSES	STATEMENT 7
DESCRIPTION		AMOUNT
RENTAL, EQUIPMENT AND S		3,384,314.
MISCELLANEOUS		45,870.
PENSION PLAN CONTRIBUTIONS		1,880,764.
OTHER EMPLOYEE BENEFITS		2,662,835.
LEGAL FEES		87,768.
ACCOUNTING FEES		123,557.
INVESTMENT MANAGEMENT FEES		23,336.
OTHER PROFESSIONAL FEES		6,338,077.
ADVERTISING AND PROMOTION		76,226.
OFFICE EXPENSES		3,474,405.
INFORMATION TECHNOLOGY		539,110.
TRAVEL		1,735,273.
CONFERENCES AND CONVENTIONS		482,816.
INSURANCE		345,639.
TOTAL TO FORM 199, PART II, LINE 17		21,199,990.

CA 199	OTHER INVESTMENTS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CSU SYSTEMWIDE INVESTMENT POOL	2,036,759.	2,096,644.
OTHER PUBLICLY TRADED SECURITIES	181,521.	302,747.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,218,280.	2,399,391.

CA 199	OTHER ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	13,992,070.	11,514,910.
PREPAID EXPENSES AND DEFERRED CHARGES	428,176.	389,768.
DUES FROM RELATED PARTY	473,090.	1,429,621.
RIGHT-OF-USE ASSET	3,594,314.	3,438,048.
ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS	954,859.	1,779,510.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	19,442,509.	18,551,857.

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LIABILITIES FOR PENSION BENEFITS	3,827,652.	4,673,756.
LEASE LIABILITY	3,712,430.	3,294,109.
DUE TO RELATED PARTY	2,266,409.	825,290.
DEFERRED REVENUE	10,542,430.	14,484,390.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	20,348,921.	23,277,545.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
DESCRIPTION		AMOUNT
NET UNREALIZED GAIN (LOSS) ON INVESTMENTS		-17,771.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-17,771.

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 12
DESCRIPTION		AMOUNT
NET CHANGE IN PENSION LIABILITY VALUATION		-846,104.
NET CHANGE IN OPEB LIABILITY VALUATION		824,651.
TRANSFERS TO UNIVERSITY/OTHER AUXILLARY ORGANIZATIONS		-74,915.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		-96,368.

CA SCHEDULE L	DEPRECIABLE ASSETS	STATEMENT 13	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
BUILDING	2,196,396.	1,595,282.	601,114.
LEASEHOLDS	3,015,870.	2,069,843.	946,027.
EQUIPMENT	5,351,576.	4,560,025.	791,551.
TOTAL TO FORM 199, SCH L, LINE 10	10,563,842.	8,225,150.	2,338,692.

TAXABLE YEAR  
**2024**

# Corporation Depreciation and Amortization

CALIFORNIA FORM  
**3885**

Attach to Form 100 or Form 100W.

Form 199

FEIN

95-6067343

Corporation name

UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB

California corporation number

0438029

### Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

### Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT 14		10,568,482.					
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	676,956

### Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	<input checked="" type="radio"/>	16	676,956
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	<input checked="" type="radio"/>	17	676,956
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	<input checked="" type="radio"/>	18	0

### Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)					20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12				<input checked="" type="radio"/>	22

UNIVERSITY ENTERPRISES CORPORATION AT CS

95-6067343

CA 3885

DEPRECIATION

STATEMENT 14

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
2 BUILDING		2,196,396.			.000	140,750.	
3 LEASEHOLDS		3,015,870.			.000	193,264.	
4 EQUIPMENT		5,351,576.			.000	342,942.	
5 LAND		4,640.		L		0.	
TOTAL TO FORM 3885		10,568,482.				676,956.	

022

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2024

# California e-file Return Authorization for Exempt Organizations

FORM  
8453-EO

Exempt Organization name UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Identifying number 95-6067343
---	----------------------------------

### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	61,235,488
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	55,606,899
3 Refund (Form 109, line 26)	3	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

### Part II Settle Your Account Electronically for Taxable Year 2024

5 <input type="checkbox"/> Direct deposit of refund (Form 109 only.)		
6 <input type="checkbox"/> Electronic funds withdrawal	6a Amount	6b Withdrawal date (mm/dd/yyyy)

### Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				


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

9 Routing number _____	11 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
10 Account number _____	

### Part V Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


Sign Here  Signed by: SARAH HINTZ  
 Date: 5/13/2026 Title: EXECUTIVE DIRECTOR

### Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
SARAH HINTZ				P00492291
Must Sign Firm's name (or yours if self-employed) and address	CLIFTONLARSONALLEN LLP 121 SOUTH TEJON STREET, SUITE 1100 COLORADO SPRINGS, CO			Firm's FEIN 41-0746749 ZIP code 80903

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.

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

**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:  
[www.oag.ca.gov/charities](http://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	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Organization requests email notifications
List all DBAs and names the organization uses or has used  5500 UNIVERSITY PARKWAY Address (Number and Street)	State Charity Registration Number <u>004294</u>
SAN BERNARDINO, CA 92407 City or Town, State, and ZIP Code	Corporation or Organization No. <u>0438029</u>
909-537-3644                      MICHELLE.BULAON@CSUSB.EDU Telephone Number                      E-mail Address	Federal Employer ID No. <u>95-6067343</u>

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
**Make Check Payable to Department of Justice**

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2024 ending 06/30/2025 ) list:

Total Revenue (including noncash contributions) \$ 55,606,899 Noncash Contributions \$ 0 Total Assets \$ 44,196,129  
 Program Expenses \$ 49,671,520 Total Expenses \$ 56,030,856

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;">SEE STATEMENT 15</span>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

JASON ESPINOZA	EXECUTIVE DIRECTOR	
Signature of Authorized Agent	Printed Name	Title
		Date

THE ORGANIZATION HAD THE FOLLOWING GOVERNMENT ENTITIES PROVIDING FUNDING:

CALIFORNIA DEPT OF CORRECTIONS AND REHABILITATION  
 CALIFORNIA DEPT OF REHABILITATION  
 CALIFORNIA STUDENT AID COMMISSION  
 CALIFORNIA COMMISSION ON TEACHER CREDENTIALING  
 STATE OF CALIFORNIA  
 STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
 GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT  
 CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE (CIRM)  
 NATIONAL SECURITY AGENCY  
 NATIONAL SCIENCE FOUNDATION  
 NATIONAL INSTITUTE OF HEALTH  
 NATIONAL AERONAUTICS AND SPACE ADMINISTRATION  
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 U.S. DEPARTMENT OF EDUCATION  
 U.S. DEPARTMENT OF COMMERCE  
 U.S. DEPARTMENT OF AGRICULTURE  
 U.S. DEPARTMENT OF THE INTERIOR  
 U.S. DEPARTMENT OF ENERGY  
 U.S. SMALL BUSINESS ADMINISTRATION  
 HEALTH RESOURCES AND SERVICES ADMINISTRATION  
 INSTITUTE OF MUSEUM AND LIBRARY SERVICES  
 U.S. ARMY CONTRACTING COMMAND - ABERDEEN PROVING GROUND  
 PACIFIC NORTHWEST NATIONAL LABORATORY  
 COUNTY OF SAN BERNARDINO  
 COUNTY OF SAN BERNARDINO, OFFICE OF ECONOMIC DEVELOPMENT  
 COUNTY OF VENTURA  
 CITY OF SAN BERNARDINO  
 CITY OF PALM DESERT  
 SAN BERNARDINO COUNTY SHERIFF DEPARTMENT  
 RIVERSIDE COUNTY PROBATION  
 RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY  
 SAN DIEGO ASSOCIATION OF GOVERNMENTS  
 SANTA ANA WATERSHED PROJECT AUTHORITY  
 MOJAVE WATER AGENCY  
 INLAND EMPIRE RESOURCE CONSERVATION DISTRICT  
 SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS  
 RIVERSIDE COUNTY SUPERINTENDENT OF SCHOOLS  
 LOS ANGELES COUNTY OFFICE OF EDUCATION  
 BEAUMONT UNIFIED SCHOOL DISTRICT  
 LAKE ELSINORE UNIFIED SCHOOL DISTRICT  
 UC LOS ANGELES  
 UC RIVERSIDE  
 UC SAN DIEGO  
 UC BERKELEY  
 REGENTS OF THE UNIVERSITY OF CALIFORNIA  
 UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT  
 CSU SAN BERNARDINO  
 TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY  
 CSU CHANCELLORS OFFICE  
 SOUTHWESTERN COMMUNITY COLLEGE DISTRICT  
 RIVERSIDE COMMUNITY COLLEGE DISTRICT  
 WHATCOM COMMUNITY COLLEGE

\*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Signature block section containing: Declaration of preparer, Signature of officer (Jason Espinoza), Date (5/13/2026), Preparer's name (Sarah Hintz), Preparer's signature, Date (05/13/2026), PTIN (P00492291), Firm's name (CliftonLarsonAllen LLP), Firm's address, Firm's EIN (41-0746749), Phone no. (719-635-0330).

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

Form 990 (2024)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
TO PROMOTE 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 46,046,141. including grants of \$ 8,347,666.) (Revenue \$ 755,006.)  
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 \$ 2,356,115. including grants of \$ 0.) (Revenue \$ 441,485.)  
CHILDREN'S & INFANT CENTERS - CONSISTS OF THE OPERATION OF THE  
ON-CAMPUS CHILD CARE CENTER.

**4c** (Code: \_\_\_\_\_) (Expenses \$ 1,269,264. including grants of \$ 0.) (Revenue \$ 813,512.)  
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 49,671,520.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 1218		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....		
<b>4a</b>	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)? .....		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	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? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? .....		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	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? .....		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? .....		
	If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 8; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MICHELLE BULAON - (909)537-3644
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92508

**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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOMAS D. MORALES CEO, DIRECTOR (UNIV.PRES)	1.00 40.00	X		X				0.	527,834.	129,931.
(2) DR. RAFIK MOHAMED DIRECTOR	1.00 40.00	X						0.	347,680.	88,540.
(3) SAMUEL SUDHAKAR CHAIR, TREASURER, DIRECTOR VP	1.00 40.00	X		X				0.	320,300.	85,613.
(4) ROBERT NAVA DIRECTOR	1.00 40.00	X						0.	291,503.	117,910.
(5) PAZ OLIVEREZ CHAIR, DIRECTOR VICE PRESIDENT	1.00 40.00	X		X				0.	277,172.	91,261.
(6) ROBIN PHILLIPS DIRECTOR	1.00 40.00	X						0.	267,614.	68,622.
(7) JENNIFER SORENSON DIRECTOR (STAFF)	1.00 40.00	X						0.	238,607.	56,396.
(8) TAEWON YANG ACCOUNTING AND FINANCE DEPT CHAIR AN	1.00 40.00	X		X				0.	198,367.	80,812.
(9) KRISTINE ALEXANDER LEFT 12/24 DIRECTOR, TCAP	0.00 0.00					X		159,558.	0.	28,290.
(10) SESAR MORFIN (2/1/24-5/30/25) INTERIM EXECUTIVE DIRECTOR	40.00 0.00			X				186,000.	0.	0.
(11) ELAINE ZUCCO DIRECTOR OF PROGRAM OPERATIONS, CSRI	40.00 0.00					X		153,898.	0.	31,624.
(12) PAUL NOLTA DIRECTOR, IESBDC	40.00 0.00					X		139,125.	0.	44,858.
(13) CYNTHIA CRAWFORD DIRECTOR (SPONSORED PROGRAM)	0.00 40.00	X						0.	174,306.	0.
(14) MARY MITCHEL DIRECTOR OF RESEARCH AND DEVELOPMENT	40.00 0.00					X		138,627.	0.	20,678.
(15) ERIC GODDARD DIRECTOR OF ADMINISTRATION, CSRI	40.00 0.00					X		138,387.	0.	20,649.
(16) DOROTHY CHEN-MAYNARD DIRECTOR (FACULTY)	1.00 40.00	X						0.	154,002.	1,210.
(17) JEREMY DODSWORTH DIRECTOR (FACULTY)	1.00 40.00	X						0.	135,542.	12,442.

Form 990 (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY AKERS DIRECTOR (SPONSORED PROGRAM)	1.00 0.00	X						0.	83,834.	30.
(19) DAVID DUFAULT-HUNTER DIRECTOR (VICE PRESIDENT)	1.00 40.00	X						0.	59,490.	9,173.
(20) SHARDUL KULKARNI DIRECTOR (STUDENT)	1.00 1.00	X						0.	16,661.	0.
(21) VALERIE ZELLMER VICE CHAIR, DIRECTOR (COMMUNITY)	1.00 0.00	X		X				0.	0.	0.
(22) JASON ESPINOZA (STARTED 6/2/25) EXECUTIVE DIRECTOR	40.00 0.00			X				0.	0.	0.
(23) EVAJUANI BYNUM DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
(24) CARSON FAJARDO DIRECTOR (STUDENT)	1.00 0.00	X						0.	18,947.	1,486.
(25) MARITZA GOMEZ DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
(26) JUAN PADILLA DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								915,595.	3,111,859.	889,525.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								915,595.	3,111,859.	889,525.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPASS GROUP USA, INC, CHARTWELLS DINING, LOS ANGELES, CA 90074-0196	DINING SERVICES	1,948,475.
BRIDGES REENTRY SERVICES, LLC, 11875 PIGEON PASS ROAD, #B13, MORENO VALLEY, CA	TRANSITIONAL HOUSING SERVICES/REENTRY HO	471,355.
GROWING INLAND ACHIEVEMENT, INC. 1508 BARTON ROAD, #185, REDLANDS, CA 92373	REGIONAL COORDINATION & OPERATIONAL SUPP	409,661.
DYNAMICS FOR VICTIMS & SUPPORTIVE SVCS. PO BOX 1702, BLUE JAY, CA 92317	SUPPORT AND SERVICES TO VICTIMS OF VIOLE	352,700.
APPLIED CYBERNETICS RESEARCH GROUP, LLC, 1440 BEAUMONT AVENUE, SUITE A2-265,	IT SUPPORT SERVICES	287,782.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	662,980.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	51,370,304.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			52,033,284.			
Program Service Revenue	<b>2 a</b> COMMERCIAL OPERATIONS	<b>Business Code</b>	611310	813,512.	813,512.		
	<b>b</b> SPECIAL PROGRAMS		611310	755,006.	755,006.		
	<b>c</b> PARENT FEES		611310	441,485.	441,485.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,010,003.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			548,657.		548,657.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	5,645,827.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	5,617,927.				
<b>c</b> Gain or (loss)	<b>7c</b>	27,900.					
<b>d</b> Net gain or (loss)			27,900.		27,900.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		27,194.				
<b>b</b> Less: cost of goods sold	<b>10b</b>	10,662.					
<b>c</b> Net income or (loss) from sales of inventory			16,532.		16,532.		
Miscellaneous Revenue	<b>11 a</b> ALL OTHER REVENUE	<b>Business Code</b>	900099	970,523.		970,523.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			970,523.			
<b>12 Total revenue.</b> See instructions			55,606,899.	2,010,003.	0.	1,563,612.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,127,015.	3,127,015.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,220,651.	5,220,651.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	289,717.		289,717.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	22,311,551.	21,305,069.	1,006,482.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,880,764.	1,811,589.	69,175.	
<b>9</b> Other employee benefits	2,662,835.	2,519,630.	143,205.	
<b>10</b> Payroll taxes	1,450,329.	1,356,421.	93,908.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	87,768.		87,768.	
<b>c</b> Accounting	123,557.		123,557.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	23,336.		23,336.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,338,077.	3,542,848.	2,795,229.	
<b>12</b> Advertising and promotion	76,226.	68,179.	8,047.	
<b>13</b> Office expenses	3,474,405.	2,485,991.	988,414.	
<b>14</b> Information technology	539,110.	515,081.	24,029.	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,749,790.	1,746,222.	3,568.	
<b>17</b> Travel	1,735,273.	1,516,864.	218,409.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	482,816.	454,268.	28,548.	
<b>20</b> Interest	4,857.	4,857.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	676,956.	600,824.	76,132.	
<b>23</b> Insurance	345,639.	41,670.	303,969.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> RENTAL, EQUIPMENT AND S	3,384,314.	3,319,918.	64,396.	
<b>b</b> MISCELLANEOUS	45,870.	34,423.	11,447.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	56,030,856.	49,671,520.	6,359,336.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2024)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,323,017.	<b>1</b>	8,523,314.
	<b>2</b> Savings and temporary cash investments .....	11,590,935.	<b>2</b>	11,945,287.
	<b>3</b> Pledges and grants receivable, net .....	13,992,070.	<b>3</b>	11,514,910.
	<b>4</b> Accounts receivable, net .....	139,751.	<b>4</b>	218,383.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	428,176.	<b>9</b>	389,768.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,568,483.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,010,586.	2,717,371.	<b>10c</b> 2,557,897.
	<b>11</b> Investments - publicly traded securities .....	181,521.	<b>11</b>	302,747.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,036,759.	<b>12</b>	2,096,644.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,022,263.	<b>15</b>	6,647,179.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	40,431,863.	<b>16</b>	44,196,129.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,159,430.	<b>17</b>	7,458,253.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	10,542,430.	<b>19</b>	14,484,390.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,806,491.	<b>25</b>	8,793,155.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,508,351.	<b>26</b>	30,735,798.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	13,923,512.	<b>27</b>	13,460,331.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,923,512.	<b>32</b>	13,460,331.
<b>33</b> Total liabilities and net assets/fund balances .....	40,431,863.	<b>33</b>	44,196,129.	

Form 990 (2024)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	55,606,899.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	56,030,856.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-423,957.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,923,512.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-17,771.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-21,453.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,460,331.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2024)



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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions).

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit. Rows: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 94.11 %; 15 Public support percentage from 2023 Schedule A, Part II, line 14 94.12 %

16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]

b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Part VI**

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

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

OTHER INCOME

INVENTORY SALES

Multiple horizontal lines for providing supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	<b>Employer identification number</b>  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	_____ _____ _____	\$ 8,182,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 6,964,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 4,620,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 2,734,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 2,240,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,932,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	<b>Employer identification number</b>  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
7	_____ _____ _____	\$ 1,574,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 1,364,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 1,094,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 7,841,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 1,739,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	<b>Employer identification number</b>  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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB

Employer identification number  
95-6067343

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

	(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 funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
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 organization during the tax year \_\_\_\_\_

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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

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

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

Part VI Land, Buildings, and Equipment

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
(9)		
<b>Total.</b> (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
(1) DUES FROM RELATED PARTY	1,429,621.
(2) RIGHT-OF-USE ASSET	3,438,048.
(3) ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS	1,779,510.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,647,179.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES FOR PENSION BENEFITS	4,673,756.
(3) LEASE LIABILITY	3,294,109.
(4) DUE TO RELATED PARTY	825,290.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,793,155.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	55,555,001.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-17,771.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	-17,771.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	55,572,772.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	23,336.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	10,791.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	34,127.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	55,606,899.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	56,018,182.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,662.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	10,662.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	56,007,520.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	23,336.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	23,336.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	56,030,856.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

NET CHANGE IN PENSION LIABILITY VALUATION	846,104.
NET CHANGE IN OPEB LIABILITY VALUATION	-824,651.
COST OF GOODS SOLD	-10,662.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,791.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	10,662.
--------------------	---------



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB

**Employer identification number**  
95-6067343

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	33-0644150	GOV'T	74,915.	0.	N/A	N/A	GENERAL SUPPORT TO THE UNIVERSITY
SAN BERNARDINO SUPERINTENDENT OF SCHOOLS - 760 E. BRIER DRIVE - SAN BERNARDINO, CA 92408		GOV'T	20,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
UC REGENTS 6701 SAN PABLO AVE STE 420 BERKELEY, CA 94720-7420	94-3067788	GOV'T	39,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CSU TRUSTEES 401 GOLDEN SHORE, 5TH FLOOR LONG BEACH, CA 90802-4210	95-6123757	GOV'T	62,001.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
LOMA LINDA UNIVERSITY 24887 TAYLOR ST., STE. 202 LOMA LINDA, CA 92350	95-1816009	501(C)(3)	8,925.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT - 114 SO DEL ROSA DRIVE - SAN BERNARDINO, CA 92408	95-6002754	GOV'T	45,438.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 23.
- 3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (Rev. 12-2024)

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990) CSUSB

95-6067343

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KECK GRADUATE INSTITUTE 535 WATSON DR CLAREMONT, CA 91711	95-4625327	501(C)(3)	11,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	7,650.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
BOARD OF REGENTS UNIVERSITY OF NEBRASKA - 6001 DODGE ST. - OMAHA, NE 68812	47-0049123	GOV'T	32,772.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
UNIVERSITY ENTERPRISES INC 6000 J STREET SACRAMENTO, CA 95819-6063	94-1337638	501(C)(3)	12,440.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
ONE FUTURE COACHELLA VALLEY 41-550 ECLECTIC ST., STE. 200D PALM DESERT, CA 92211	81-3653698	501(C)(3)	190,690.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
TEXAS A&M UNIVERSITY 200 DISCOVERY DR., ST. 105 COLLEGE STATION, TX 77843	74-6000089	GOV'T	26,124.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
RIVERSIDE COMMUNITY COLLEGE DISTRICT - 3801 MARKET ST., 3RD FLOOR - RIVERSIDE, CA 92501	95-2993847	GOV'T	272,286.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
OHIO STATE UNIVERSITY OFFICE OF THE BURSAR PO BOX 960 ATHENS, OH 45701	31-6025986	GOV'T	30,897.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CEDARVILLE UNIVERSITY 251 N. MAIN STREET CEDARVILLE, OH 45314	31-0536647	501(C)(3)	100,053.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

Schedule I (Form 990)

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990) CSUSB

95-6067343

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOHAWK VALLEY COMMUNITY COLLEGE 1101 SHERMAN DRIVE UTICA, NY 13501	16-1020948	GOV'T	1,630,691.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
STEVENS INSTITUTE OF TECHNOLOGY CASTLE POINT ON HUDSON HOBOKEN, NJ 70300	22-1487354	501(C)(3)	452,916.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
WAKE FOREST UNIVERSITY PO BOX 7201 WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	71,740.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 24670	04-2103545	501(C)(3)	15,977.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
OHIO UNIVERSITY OFFICE OF THE BURSAR PO BOX 960 ATHENS, OH 45701	31-6402113	GOV'T	25,125.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990) (Rev. 12-2024) CSUSB

95-6067343

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS, ROOM AND BOARD GRANTS	3388	5,220,651.	0.	N/A	N/A

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANT AWARDS ARE MONITORED TO ENSURE FUNDS ARE SPENT IN THE INTENDED MANNER AND EXPENDITURES ARE TRACKED FOR THE REPORTING OF FEDERAL EXPENDITURES.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**Attach to Form 990.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TOMAS D. MORALES CEO, DIRECTOR (UNIV.PRES)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	455,201.	72,000.	633.	100,750.	29,181.	657,765.	0.
(2) DR. RAFIK MOHAMED DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	347,680.	0.	0.	57,563.	30,977.	436,220.	0.
(3) SAMUEL SUDHAKAR CHAIR, TREASURER, DIRECTOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	314,998.	0.	5,302.	56,691.	28,922.	405,913.	0.
(4) ROBERT NAVA DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,003.	5,500.	0.	85,245.	32,665.	409,413.	0.
(5) PAZ OLIVEREZ CHAIR, DIRECTOR VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	270,343.	0.	6,829.	79,917.	11,344.	368,433.	0.
(6) ROBIN PHILLIPS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	258,881.	0.	8,733.	53,823.	14,799.	336,236.	0.
(7) JENNIFER SORENSON DIRECTOR (STAFF)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	231,312.	0.	7,295.	52,284.	4,112.	295,003.	0.
(8) TAEWON YANG ACCOUNTING AND FINANCE DEPT CHAIR AN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	198,249.	0.	118.	56,514.	24,298.	279,179.	0.
(9) KRISTINE ALEXANDER LEFT 12/24 DIRECTOR, TCAP	(i)	122,892.	0.	36,666.	18,271.	10,019.	187,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SESAR MORFIN (2/1/24-5/30/25) INTERIM EXECUTIVE DIRECTOR	(i)	186,000.	0.	0.	0.	0.	186,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELAINE ZUCCO DIRECTOR OF PROGRAM OPERATIONS, CSRI	(i)	145,624.	0.	8,274.	22,472.	9,152.	185,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAUL NOLTA DIRECTOR, IESBDC	(i)	139,125.	0.	0.	21,910.	22,948.	183,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CYNTHIA CRAWFORD DIRECTOR (SPONSORED PROGRAM)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,306.	0.	0.	0.	0.	174,306.	0.
(14) MARY MITCHEL DIRECTOR OF RESEARCH AND DEVELOPMENT	(i)	127,869.	0.	10,758.	19,579.	1,099.	159,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ERIC GODDARD DIRECTOR OF ADMINISTRATION, CSRI	(i)	127,642.	0.	10,745.	19,550.	1,099.	159,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DOROTHY CHEN-MAYNARD DIRECTOR (FACULTY)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	152,216.	0.	1,786.	0.	1,210.	155,212.	0.



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number 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, AND  
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  
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 15:  
COMPARABILITY STUDIES ARE USED. THE GOVERNING BOARD APPROVES THE SALARY FOR  
THE EXECUTIVE DIRECTOR. THE DELIBERATION AND DECISION IS DOCUMENTED IN THE  
BOARD MINUTES.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2025.

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	3,167,598.
MANAGEMENT AND GENERAL EXPENSES	203,640.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,371,238.

CAMPUS SERVICE EXPENSE:

PROGRAM SERVICE EXPENSES	0.
--------------------------	----

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

MANAGEMENT AND GENERAL EXPENSES	2,507,303.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,507,303.

PROFESSIONAL DEVELOPMENT AND TRAINING:

PROGRAM SERVICE EXPENSES	375,250.
MANAGEMENT AND GENERAL EXPENSES	84,286.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	459,536.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,338,077.

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

NET CHANGE IN PENSION LIABILITY VALUATION	-846,104.
NET CHANGE IN OPEB LIABILITY VALUATION	824,651.
TOTAL TO FORM 990, PART XI, LINE 9	-21,453.

FORM 990, PART XII, LINE 2C:  
 THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT  
 HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

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

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

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CSUSB PHILANTHROPIC FOUNDATION	P	351,093.	FMV
(2) CSUSB PHILANTHROPIC FOUNDATION SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN	Q	837,051.	FMV
(3) BERNARDINO ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN	P	49,015.	FMV
(4) BERNARDINO	Q	10,000.	FMV
(5) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN	C	518,037.	FMV
(6) BERNARDINO	C	144,943.	FMV



**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

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

EIN: 95-3104280

5500 UNIVERSITY PARKWAY

SAN BERNARDINO, CA 92407

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**

June 30, 2025

---

**Prepared For:**

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

---

**Prepared By:**

CliftonLarsonAllen LLP  
121 South Tejon Street, Suite 1100  
Colorado Springs, CO 80903

---

**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, 2026

---

**Special Instructions:**

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

**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:  
[www.oag.ca.gov/charities](http://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	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Organization requests email notifications
List all DBAs and names the organization uses or has used  5500 UNIVERSITY PARKWAY Address (Number and Street)  SAN BERNARDINO, CA 92407 City or Town, State, and ZIP Code  909-537-3644                      MICHELLE.BULAON@CSUSB.EDU Telephone Number                      E-mail Address	State Charity Registration Number <u>004294</u>  Corporation or Organization No. <u>0438029</u>  Federal Employer ID No. <u>95-6067343</u>

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
**Make Check Payable to Department of Justice**

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2024 ending 06/30/2025) list:

Total Revenue (including noncash contributions) \$ 55,606,899 Noncash Contributions \$ 0 Total Assets \$ 44,196,129  
 Program Expenses \$ 49,671,520 Total Expenses \$ 56,030,856

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;">SEE STATEMENT 15</span>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

JASON ESPINOZA	EXECUTIVE DIRECTOR		
Signature of Authorized Agent	Printed Name	Title	Date

## THE ORGANIZATION HAD THE FOLLOWING GOVERNMENT ENTITIES PROVIDING FUNDING:

CALIFORNIA DEPT OF CORRECTIONS AND REHABILITATION  
 CALIFORNIA DEPT OF REHABILITATION  
 CALIFORNIA STUDENT AID COMMISSION  
 CALIFORNIA COMMISSION ON TEACHER CREDENTIALING  
 STATE OF CALIFORNIA  
 STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
 GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT  
 CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE (CIRM)  
 NATIONAL SECURITY AGENCY  
 NATIONAL SCIENCE FOUNDATION  
 NATIONAL INSTITUTE OF HEALTH  
 NATIONAL AERONAUTICS AND SPACE ADMINISTRATION  
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 U.S. DEPARTMENT OF EDUCATION  
 U.S. DEPARTMENT OF COMMERCE  
 U.S. DEPARTMENT OF AGRICULTURE  
 U.S. DEPARTMENT OF THE INTERIOR  
 U.S. DEPARTMENT OF ENERGY  
 U.S. SMALL BUSINESS ADMINISTRATION  
 HEALTH RESOURCES AND SERVICES ADMINISTRATION  
 INSTITUTE OF MUSEUM AND LIBRARY SERVICES  
 U.S. ARMY CONTRACTING COMMAND - ABERDEEN PROVING GROUND  
 PACIFIC NORTHWEST NATIONAL LABORATORY  
 COUNTY OF SAN BERNARDINO  
 COUNTY OF SAN BERNARDINO, OFFICE OF ECONOMIC DEVELOPMENT  
 COUNTY OF VENTURA  
 CITY OF SAN BERNARDINO  
 CITY OF PALM DESERT  
 SAN BERNARDINO COUNTY SHERIFF DEPARTMENT  
 RIVERSIDE COUNTY PROBATION  
 RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY  
 SAN DIEGO ASSOCIATION OF GOVERNMENTS  
 SANTA ANA WATERSHED PROJECT AUTHORITY  
 MOJAVE WATER AGENCY  
 INLAND EMPIRE RESOURCE CONSERVATION DISTRICT  
 SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS  
 RIVERSIDE COUNTY SUPERINTENDENT OF SCHOOLS  
 LOS ANGELES COUNTY OFFICE OF EDUCATION  
 BEAUMONT UNIFIED SCHOOL DISTRICT  
 LAKE ELSINORE UNIFIED SCHOOL DISTRICT  
 UC LOS ANGELES  
 UC RIVERSIDE  
 UC SAN DIEGO  
 UC BERKELEY  
 REGENTS OF THE UNIVERSITY OF CALIFORNIA  
 UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT  
 CSU SAN BERNARDINO  
 TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY  
 CSU CHANCELLORS OFFICE  
 SOUTHWESTERN COMMUNITY COLLEGE DISTRICT  
 RIVERSIDE COMMUNITY COLLEGE DISTRICT  
 WHATCOM COMMUNITY COLLEGE

\*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB
D Employer identification number 95-6067343
E Telephone number 909-537-3644
G Gross receipts \$ 61,235,488.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: UEC.CSUSB.EDU
K Form of organization:
L Year of formation: 1962
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer JASON ESPINOZA, EXECUTIVE DIRECTOR
Paid: Preparer's name SARAH HINTZ, signature SARAH HINTZ, Date 05/13/26, PTIN P00492291
Preparer Use Only: Firm's name CLIFTONLARSONALLEN LLP, Firm's EIN 41-0746749, Firm's address 121 SOUTH TEJON STREET, SUITE 1100, COLORADO SPRINGS, CO 80903, Phone no. 719-635-0330

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROMOTE 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 46,046,141. including grants of \$ 8,347,666. ) (Revenue \$ 755,006. ) 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 \$ 2,356,115. including grants of \$ 0. ) (Revenue \$ 441,485. ) CHILDREN'S & INFANT CENTERS - CONSISTS OF THE OPERATION OF THE ON-CAMPUS CHILD CARE CENTER.

4c (Code: ) (Expenses \$ 1,269,264. including grants of \$ 0. ) (Revenue \$ 813,512. ) 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 49,671,520.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included on line 1a, above, who are independent (8); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MICHELLE BULAON - (909)537-3644
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92508

**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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOMAS D. MORALES CEO, DIRECTOR (UNIV.PRES)	1.00 40.00	X		X				0.	527,834.	129,931.
(2) DR. RAFIK MOHAMED DIRECTOR	1.00 40.00	X						0.	347,680.	88,540.
(3) SAMUEL SUDHAKAR CHAIR, TREASURER, DIRECTOR VP	1.00 40.00	X		X				0.	320,300.	85,613.
(4) ROBERT NAVA DIRECTOR	1.00 40.00	X						0.	291,503.	117,910.
(5) PAZ OLIVEREZ CHAIR, DIRECTOR VICE PRESIDENT	1.00 40.00	X		X				0.	277,172.	91,261.
(6) ROBIN PHILLIPS DIRECTOR	1.00 40.00	X						0.	267,614.	68,622.
(7) JENNIFER SORENSON DIRECTOR (STAFF)	1.00 40.00	X						0.	238,607.	56,396.
(8) TAEWON YANG ACCOUNTING AND FINANCE DEPT CHAIR AN	1.00 40.00	X		X				0.	198,367.	80,812.
(9) KRISTINE ALEXANDER LEFT 12/24 DIRECTOR, TCAP	0.00 0.00					X		159,558.	0.	28,290.
(10) SESAR MORFIN (2/1/24-5/30/25) INTERIM EXECUTIVE DIRECTOR	40.00 0.00			X				186,000.	0.	0.
(11) ELAINE ZUCCO DIRECTOR OF PROGRAM OPERATIONS, CSRI	40.00 0.00					X		153,898.	0.	31,624.
(12) PAUL NOLTA DIRECTOR, IESBDC	40.00 0.00					X		139,125.	0.	44,858.
(13) CYNTHIA CRAWFORD DIRECTOR (SPONSORED PROGRAM)	0.00 40.00	X						0.	174,306.	0.
(14) MARY MITCHEL DIRECTOR OF RESEARCH AND DEVELOPMENT	40.00 0.00					X		138,627.	0.	20,678.
(15) ERIC GODDARD DIRECTOR OF ADMINISTRATION, CSRI	40.00 0.00					X		138,387.	0.	20,649.
(16) DOROTHY CHEN-MAYNARD DIRECTOR (FACULTY)	1.00 40.00	X						0.	154,002.	1,210.
(17) JEREMY DODSWORTH DIRECTOR (FACULTY)	1.00 40.00	X						0.	135,542.	12,442.

Form 990 (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY AKERS DIRECTOR (SPONSORED PROGRAM)	1.00 0.00	X						0.	83,834.	30.
(19) DAVID DUFAULT-HUNTER DIRECTOR (VICE PRESIDENT)	1.00 40.00	X						0.	59,490.	9,173.
(20) SHARDUL KULKARNI DIRECTOR (STUDENT)	1.00 1.00	X						0.	16,661.	0.
(21) VALERIE ZELLMER VICE CHAIR, DIRECTOR (COMMUNITY)	1.00 0.00	X		X				0.	0.	0.
(22) JASON ESPINOZA (STARTED 6/2/25) EXECUTIVE DIRECTOR	40.00 0.00			X				0.	0.	0.
(23) EVAJUANI BYNUM DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
(24) CARSON FAJARDO DIRECTOR (STUDENT)	1.00 0.00	X						0.	18,947.	1,486.
(25) MARITZA GOMEZ DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
(26) JUAN PADILLA DIRECTOR (COMMUNITY)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								915,595.	3,111,859.	889,525.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								915,595.	3,111,859.	889,525.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPASS GROUP USA, INC, CHARTWELLS DINING, LOS ANGELES, CA 90074-0196	DINING SERVICES	1,948,475.
BRIDGES REENTRY SERVICES, LLC, 11875 PIGEON PASS ROAD, #B13, MORENO VALLEY, CA	TRANSITIONAL HOUSING SERVICES/REENTRY HO	471,355.
GROWING INLAND ACHIEVEMENT, INC. 1508 BARTON ROAD, #185, REDLANDS, CA 92373	REGIONAL COORDINATION & OPERATIONAL SUPP	409,661.
DYNAMICS FOR VICTIMS & SUPPORTIVE SVCS. PO BOX 1702, BLUE JAY, CA 92317	SUPPORT AND SERVICES TO VICTIMS OF VIOLE	352,700.
APPLIED CYBERNETICS RESEARCH GROUP, LLC, 1440 BEAUMONT AVENUE, SUITE A2-265,	IT SUPPORT SERVICES	287,782.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	662,980.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	51,370,304.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			52,033,284.			
Program Service Revenue	<b>2 a</b> COMMERCIAL OPERATIONS	<b>Business Code</b>	611310	813,512.	813,512.		
	<b>b</b> SPECIAL PROGRAMS		611310	755,006.	755,006.		
	<b>c</b> PARENT FEES		611310	441,485.	441,485.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,010,003.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			548,657.		548,657.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	5,645,827.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	5,617,927.				
	<b>c</b> Gain or (loss)	<b>7c</b>	27,900.				
<b>d</b> Net gain or (loss)			27,900.		27,900.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		27,194.				
<b>b</b> Less: cost of goods sold	<b>10b</b>	10,662.					
<b>c</b> Net income or (loss) from sales of inventory			16,532.		16,532.		
Miscellaneous Revenue	<b>11 a</b> ALL OTHER REVENUE	<b>Business Code</b>	900099	970,523.		970,523.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			970,523.			
<b>12 Total revenue.</b> See instructions			55,606,899.	2,010,003.	0.	1,563,612.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,127,015.	3,127,015.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,220,651.	5,220,651.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	289,717.		289,717.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	22,311,551.	21,305,069.	1,006,482.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,880,764.	1,811,589.	69,175.	
<b>9</b> Other employee benefits	2,662,835.	2,519,630.	143,205.	
<b>10</b> Payroll taxes	1,450,329.	1,356,421.	93,908.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	87,768.		87,768.	
<b>c</b> Accounting	123,557.		123,557.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	23,336.		23,336.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,338,077.	3,542,848.	2,795,229.	
<b>12</b> Advertising and promotion	76,226.	68,179.	8,047.	
<b>13</b> Office expenses	3,474,405.	2,485,991.	988,414.	
<b>14</b> Information technology	539,110.	515,081.	24,029.	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,749,790.	1,746,222.	3,568.	
<b>17</b> Travel	1,735,273.	1,516,864.	218,409.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	482,816.	454,268.	28,548.	
<b>20</b> Interest	4,857.	4,857.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	676,956.	600,824.	76,132.	
<b>23</b> Insurance	345,639.	41,670.	303,969.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> RENTAL, EQUIPMENT AND S	3,384,314.	3,319,918.	64,396.	
<b>b</b> MISCELLANEOUS	45,870.	34,423.	11,447.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	56,030,856.	49,671,520.	6,359,336.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2024)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,323,017.	<b>1</b>	8,523,314.
	<b>2</b> Savings and temporary cash investments .....	11,590,935.	<b>2</b>	11,945,287.
	<b>3</b> Pledges and grants receivable, net .....	13,992,070.	<b>3</b>	11,514,910.
	<b>4</b> Accounts receivable, net .....	139,751.	<b>4</b>	218,383.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	428,176.	<b>9</b>	389,768.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,568,483.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,010,586.	2,717,371.	<b>10c</b> 2,557,897.
	<b>11</b> Investments - publicly traded securities .....	181,521.	<b>11</b>	302,747.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,036,759.	<b>12</b>	2,096,644.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,022,263.	<b>15</b>	6,647,179.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	40,431,863.	<b>16</b>	44,196,129.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,159,430.	<b>17</b>	7,458,253.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	10,542,430.	<b>19</b>	14,484,390.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,806,491.	<b>25</b>	8,793,155.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,508,351.	<b>26</b>	30,735,798.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	13,923,512.	<b>27</b>	13,460,331.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,923,512.	<b>32</b>	13,460,331.
<b>33</b> Total liabilities and net assets/fund balances .....	40,431,863.	<b>33</b>	44,196,129.	

Form 990 (2024)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	55,606,899.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	56,030,856.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-423,957.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,923,512.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-17,771.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-21,453.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,460,331.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2024)



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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and % symbol. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 94.11 %; 15 Public support percentage from 2023 Schedule A, Part II, line 14 15 94.12 %; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	<b>Employer identification number</b>  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	_____ _____ _____	\$ 8,182,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 6,964,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 4,620,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 2,734,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 2,240,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,932,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	<b>Employer identification number</b>  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
7	_____ _____ _____	\$ 1,574,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 1,364,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 1,094,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 7,841,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 1,739,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	<b>Employer identification number</b>  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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB

Employer identification number  
95-6067343

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

	(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 funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
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 organization during the tax year \_\_\_\_\_

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 conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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 statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

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

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
(9)		
<b>Total.</b> (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
(1) DUES FROM RELATED PARTY	1,429,621.
(2) RIGHT-OF-USE ASSET	3,438,048.
(3) ASSETS FOR POST-EMPLOYMENT MEDICAL BENEFITS	1,779,510.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,647,179.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES FOR PENSION BENEFITS	4,673,756.
(3) LEASE LIABILITY	3,294,109.
(4) DUE TO RELATED PARTY	825,290.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,793,155.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	55,555,001.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-17,771.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	-17,771.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	55,572,772.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	23,336.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	10,791.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	34,127.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	55,606,899.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	56,018,182.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,662.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	10,662.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	56,007,520.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	23,336.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	23,336.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	56,030,856.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET CHANGE IN PENSION LIABILITY VALUATION	846,104.
NET CHANGE IN OPEB LIABILITY VALUATION	-824,651.
COST OF GOODS SOLD	-10,662.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,791.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	10,662.
--------------------	---------

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB

**Employer identification number**  
95-6067343

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407	33-0644150	GOV'T	74,915.	0.	N/A	N/A	GENERAL SUPPORT TO THE UNIVERSITY
SAN BERNARDINO SUPERINTENDENT OF SCHOOLS - 760 E. BRIER DRIVE - SAN BERNARDINO, CA 92408		GOV'T	20,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
UC REGENTS 6701 SAN PABLO AVE STE 420 BERKELEY, CA 94720-7420	94-3067788	GOV'T	39,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CSU TRUSTEES 401 GOLDEN SHORE, 5TH FLOOR LONG BEACH, CA 90802-4210	95-6123757	GOV'T	62,001.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
LOMA LINDA UNIVERSITY 24887 TAYLOR ST., STE. 202 LOMA LINDA, CA 92350	95-1816009	501(C)(3)	8,925.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT - 114 SO DEL ROSA DRIVE - SAN BERNARDINO, CA 92408	95-6002754	GOV'T	45,438.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 23.
- 3 Enter total number of other organizations listed in the line 1 table ..... 1.

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

Schedule I (Form 990) (Rev. 12-2024)

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990) CSUSB

95-6067343

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KECK GRADUATE INSTITUTE 535 WATSON DR CLAREMONT, CA 91711	95-4625327	501(C)(3)	11,000.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	7,650.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
BOARD OF REGENTS UNIVERSITY OF NEBRASKA - 6001 DODGE ST. - OMAHA, NE 68812	47-0049123	GOV'T	32,772.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
UNIVERSITY ENTERPRISES INC 6000 J STREET SACRAMENTO, CA 95819-6063	94-1337638	501(C)(3)	12,440.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
ONE FUTURE COACHELLA VALLEY 41-550 ECLECTIC ST., STE. 200D PALM DESERT, CA 92211	81-3653698	501(C)(3)	190,690.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
TEXAS A&M UNIVERSITY 200 DISCOVERY DR., ST. 105 COLLEGE STATION, TX 77843	74-6000089	GOV'T	26,124.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
RIVERSIDE COMMUNITY COLLEGE DISTRICT - 3801 MARKET ST., 3RD FLOOR - RIVERSIDE, CA 92501	95-2993847	GOV'T	272,286.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
OHIO STATE UNIVERSITY OFFICE OF THE BURSAR PO BOX 960 ATHENS, OH 45701	31-6025986	GOV'T	30,897.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
CEDARVILLE UNIVERSITY 251 N. MAIN STREET CEDARVILLE, OH 45314	31-0536647	501(C)(3)	100,053.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

Schedule I (Form 990)

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990) CSUSB

95-6067343

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOHAWK VALLEY COMMUNITY COLLEGE 1101 SHERMAN DRIVE UTICA, NY 13501	16-1020948	GOV'T	1,630,691.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
STEVENS INSTITUTE OF TECHNOLOGY CASTLE POINT ON HUDSON HOBOKEN, NJ 70300	22-1487354	501(C)(3)	452,916.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
WAKE FOREST UNIVERSITY PO BOX 7201 WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	71,740.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 24670	04-2103545	501(C)(3)	15,977.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.
OHIO UNIVERSITY OFFICE OF THE BURSAR PO BOX 960 ATHENS, OH 45701	31-6402113	GOV'T	25,125.	0.	N/A	N/A	SUBAWARD GRANT RECIPIENT, DELEGATING PROGRAMMATIC WORK/RESEARCH.

UNIVERSITY ENTERPRISES CORPORATION AT

Schedule I (Form 990) (Rev. 12-2024) CSUSB

95-6067343

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS, ROOM AND BOARD GRANTS	3388	5,220,651.	0.	N/A	N/A

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANT AWARDS ARE MONITORED TO ENSURE FUNDS ARE SPENT IN THE INTENDED MANNER AND EXPENDITURES ARE TRACKED FOR THE REPORTING OF FEDERAL EXPENDITURES.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**Attach to Form 990.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TOMAS D. MORALES CEO, DIRECTOR (UNIV.PRES)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	455,201.	72,000.	633.	100,750.	29,181.	657,765.	0.
(2) DR. RAFIK MOHAMED DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	347,680.	0.	0.	57,563.	30,977.	436,220.	0.
(3) SAMUEL SUDHAKAR CHAIR, TREASURER, DIRECTOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	314,998.	0.	5,302.	56,691.	28,922.	405,913.	0.
(4) ROBERT NAVA DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,003.	5,500.	0.	85,245.	32,665.	409,413.	0.
(5) PAZ OLIVEREZ CHAIR, DIRECTOR VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	270,343.	0.	6,829.	79,917.	11,344.	368,433.	0.
(6) ROBIN PHILLIPS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	258,881.	0.	8,733.	53,823.	14,799.	336,236.	0.
(7) JENNIFER SORENSON DIRECTOR (STAFF)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	231,312.	0.	7,295.	52,284.	4,112.	295,003.	0.
(8) TAEWON YANG ACCOUNTING AND FINANCE DEPT CHAIR AN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	198,249.	0.	118.	56,514.	24,298.	279,179.	0.
(9) KRISTINE ALEXANDER LEFT 12/24 DIRECTOR, TCAP	(i)	122,892.	0.	36,666.	18,271.	10,019.	187,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SESAR MORFIN (2/1/24-5/30/25) INTERIM EXECUTIVE DIRECTOR	(i)	186,000.	0.	0.	0.	0.	186,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELAINE ZUCCO DIRECTOR OF PROGRAM OPERATIONS, CSRI	(i)	145,624.	0.	8,274.	22,472.	9,152.	185,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAUL NOLTA DIRECTOR, IESBDC	(i)	139,125.	0.	0.	21,910.	22,948.	183,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CYNTHIA CRAWFORD DIRECTOR (SPONSORED PROGRAM)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,306.	0.	0.	0.	0.	174,306.	0.
(14) MARY MITCHEL DIRECTOR OF RESEARCH AND DEVELOPMENT	(i)	127,869.	0.	10,758.	19,579.	1,099.	159,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ERIC GODDARD DIRECTOR OF ADMINISTRATION, CSRI	(i)	127,642.	0.	10,745.	19,550.	1,099.	159,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DOROTHY CHEN-MAYNARD DIRECTOR (FACULTY)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	152,216.	0.	1,786.	0.	1,210.	155,212.	0.



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB	Employer identification number 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, AND  
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  
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 15:  
COMPARABILITY STUDIES ARE USED. THE GOVERNING BOARD APPROVES THE SALARY FOR  
THE EXECUTIVE DIRECTOR. THE DELIBERATION AND DECISION IS DOCUMENTED IN THE  
BOARD MINUTES.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2025.

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	3,167,598.
MANAGEMENT AND GENERAL EXPENSES	203,640.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,371,238.

CAMPUS SERVICE EXPENSE:

PROGRAM SERVICE EXPENSES	0.
--------------------------	----

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

MANAGEMENT AND GENERAL EXPENSES	2,507,303.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,507,303.

PROFESSIONAL DEVELOPMENT AND TRAINING:

PROGRAM SERVICE EXPENSES	375,250.
MANAGEMENT AND GENERAL EXPENSES	84,286.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	459,536.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,338,077.

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

NET CHANGE IN PENSION LIABILITY VALUATION	-846,104.
NET CHANGE IN OPEB LIABILITY VALUATION	824,651.
TOTAL TO FORM 990, PART XI, LINE 9	-21,453.

FORM 990, PART XII, LINE 2C:  
 THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT  
 HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

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

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

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CSUSB PHILANTHROPIC FOUNDATION	P	351,093.	FMV
(2) CSUSB PHILANTHROPIC FOUNDATION SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN	Q	837,051.	FMV
(3) BERNARDINO ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN	P	49,015.	FMV
(4) BERNARDINO	Q	10,000.	FMV
(5) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY AT SAN	C	518,037.	FMV
(6) BERNARDINO	C	144,943.	FMV



**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

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

EIN: 95-3104280

5500 UNIVERSITY PARKWAY

SAN BERNARDINO, CA 92407

## Certificate Of Completion

Envelope Id: 6DC6C11E-3482-8275-82B0-E80DAAFC5E45	Status: Completed
Subject: Exempt Return for University Enterprises Corporation at A209409 6.30.2025	
Client Name: University Enterprises Corporation at	
Client Number: A209409	
Source Envelope:	
Document Pages: 118	Signatures: 5
Supplemental Document Pages: 48	Initials: 1
Certificate Pages: 5	Envelope Originator:
AutoNav: Enabled	Jocelyn Everright
Envelopeld Stamping: Enabled	220 S 6th St Ste 300
Time Zone: (UTC-06:00) Central Time (US & Canada)	Minneapolis, MN 55402-1418
	Jocelyn.Everright@claconnect.com
	IP Address: 13.64.159.111

## Record Tracking

Status: Original	Holder: Jocelyn Everright	Location: DocuSign
5/13/2026 11:52:12 AM	Jocelyn.Everright@claconnect.com	

## Signer Events

Jason Espinoza  
 jason.espinoza@csusb.edu  
 Executive Director  
 Security Level: Email, Account Authentication (None), Access Code

## Signature

Signed by:  
  
 31B0ECB32C90432...  
 Signature Adoption: Drawn on Device  
 Using IP Address: 83.171.250.132  
 Signed using mobile

## Timestamp

Sent: 5/13/2026 12:01:54 PM  
 Viewed: 5/13/2026 3:19:29 PM  
 Signed: 5/13/2026 3:22:30 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 5/13/2026 3:19:29 PM  
 ID: 34e4d3dc-20cc-48bb-9d41-c3c94d17531b  
 Supplemental Documents:

PRINT & PAPER FILE - UECACSUSB - 6-30-2025 - Viewed: 5/13/2026 3:22:24 PM  
 Form CA RRF-1.pdf

Read: Not Required  
 Accepted: Not Required

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

Elena Iporac  
 Elena.Iporac@csusb.edu  
 Security Level: Email, Account Authentication (None), Access Code

**COPIED**

Sent: 5/13/2026 12:01:54 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

Michelle Bulaon  
 Michelle.Bulaon@csusb.edu  
 Security Level: Email, Account Authentication (None), Access Code

**COPIED**

Sent: 5/13/2026 12:01:55 PM

**Electronic Record and Signature Disclosure:**

Carbon Copy Events	Status	Timestamp
Not Offered via DocuSign		
Zwahlen, Casie Casie.Zwahlen@claconnect.com Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 5/13/2026 12:01:55 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Witness Events	Signature	Timestamp
----------------	-----------	-----------

Notary Events	Signature	Timestamp
---------------	-----------	-----------

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/13/2026 12:01:55 PM
Certified Delivered	Security Checked	5/13/2026 3:19:29 PM
Signing Complete	Security Checked	5/13/2026 3:22:30 PM
Completed	Security Checked	5/13/2026 3:22:30 PM

Payment Events	Status	Timestamps
----------------	--------	------------

Electronic Record and Signature Disclosure
--

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, CliftonLarsonAllen LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

#### **How to contact CliftonLarsonAllen LLP:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com)

#### **To advise CliftonLarsonAllen LLP of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

#### **To request paper copies from CliftonLarsonAllen LLP**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

#### **To withdraw your consent with CliftonLarsonAllen LLP**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.