

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

# 2011

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5500 UNIVERSITY PARKWAY</b> City or town, state or country, and ZIP + 4 <b>SAN BERNARDINO, CA 92407</b> <b>F</b> Name and address of principal officer: <b>ROBERT GARDNER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>95-6067343</b> <b>E</b> Telephone number <b>909-537-5918</b> <b>G</b> Gross receipts \$ <b>26,724,141.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>UEC.CSUSB.EDU</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1962</b> <b>M</b> State of legal domicile: <b>CA</b>

## Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE AND ASSIST IN EDUCATION, ADMINISTRATION, AND RELATED SERVICES OF CALIFORNIA STATE</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>1128</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>118</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	7b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>28,307,353.</b>
9 Program service revenue (Part VIII, line 2g)		<b>2,133,919.</b>	<b>3,830,702.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>1,276,758.</b>	<b>109,933.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0.</b>	<b>0.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>31,718,030.</b>	<b>26,690,334.</b>
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15,679,988.</b>	<b>10,824,544.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>19,537,441.</b>	<b>14,045,341.</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>35,217,429.</b>	<b>24,869,885.</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>-3,499,399.</b>	<b>1,820,449.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>45,398,620.</b>	<b>End of Year</b> <b>18,860,619.</b>
	21 Total liabilities (Part X, line 26)	<b>12,936,194.</b>	<b>12,397,740.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>32,462,426.</b>	<b>6,462,879.</b>

## 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 <b>ROBERT GARDNER, TREASURER</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TERRY SHEA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00165007</b>
	Firm's name ▶ <b>ROGERS, ANDERSON, MALODY &amp; SCOTT, LLP</b>	Firm's EIN ▶ <b>95-2662063</b>			
	Firm's address ▶ <b>735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA 92408</b>	Phone no. <b>(909) 889-0871</b>			

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 to any question 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 and section 4947(a)(1) trusts 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 \$ 23,540,189. including grants of \$ ) (Revenue \$ 2,192,117.)  
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 \$ 660,243. including grants of \$ ) (Revenue \$ 284,247.)  
CHILDREN'S & INFANT CENTERS

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

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 142,154. including grants of \$ ) (Revenue \$ 1,354,338.)

**4e** Total program service expenses **▶** 24,342,586.

**Part IV Checklist of Required Schedules**

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

**UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE CSUSB)**

Form 990 (2011)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	X	
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Form **990** (2011)

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 208		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<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> 1128		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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? If "No," provide an explanation in Schedule O		
<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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<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?		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 and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a 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 organization make any taxable distributions under section 4966?		
<b>b</b>	Did the 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? If "No," provide an explanation in Schedule O	<b>14b</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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
			13
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		4
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 in Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **LISA IANNOLO - 909-537-3922**  
**5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407**

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
ALBERT KARNIG CEO	1.00	X		X				0.	354,191.	67,201.
EDWARD TEYBER CHAIR	1.00	X		X				0.	98,147.	37,017.
LOIS CARSON VICE CHAIR	1.00	X		X				0.	0.	0.
ROBERT GARDNER SECRETARY/TREASURER	1.00	X		X				0.	198,382.	54,233.
DOROTHY CHEN-MAYNARD DIRECTOR	1.00	X						0.	93,898.	22,819.
FRANK RINCON DIRECTOR	1.00	X						0.	150,200.	43,577.
JOSEPHINE MENDOZA DIRECTOR	1.00	X						0.	122,084.	28,570.
LOVELLIE CIMENSKI ALMOGELA DIRECTOR	1.00	X						0.	102,224.	42,064.
ALYSSA ACOSTA DIRECTOR	1.00	X						0.	0.	0.
BOB BROWN DIRECTOR	1.00	X						0.	0.	0.
VAL ZELLMER DIRECTOR	1.00	X						0.	0.	0.
ANDREW BODMAN DIRECTOR	1.00	X						0.	207,950.	54,036.
DEBORAH BURNS EXECUTIVE DIRECTOR	40.00	X		X				77,379.	0.	16,521.
KRISTINE A. ALEXANDER ED CAL ARTS PROG	40.00					X		109,081.	0.	21,667.

**UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE CSUSB)**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Sub-total</b> .....							186,460.	1,327,076.	387,705.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							186,460.	1,327,076.	387,705.	

**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 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or 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
EVALUATION & DEVELOPMENT ASSOC, LLC 530 S LAKE AVE #401, PASADENA, CA 91101	EDUCATION	137,078.

**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 1



**UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE CSUSB)**

Form 990 (2011)

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**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	22422539.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	327,160.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			22749699.			
	<b>Program Service Revenue</b>	<b>2 a</b> <b>GRANTS &amp; CONTRACTS</b>	Business Code 611310	2,192,117.	2,192,117.		
<b>b</b> <b>OTHER SERVICES (ALUMNI</b>		611310	1,354,338.	1,354,338.			
<b>c</b> <b>CHILDREN'S &amp; INFANT CE</b>		611310	284,247.	284,247.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				3,830,702.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		143,177.			143,177.	
	<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>c</b> Rental income or (loss)					
	<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					
		<b>b</b> Less: cost or other basis and sales expenses		0.	33,807.		
		<b>c</b> Gain or (loss)		563.	-33,807.		
	<b>d</b> Net gain or (loss)			-33,244.		-33,244.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</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>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			26690334.	3,830,702.	0.	109,933.	

**UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE CSUSB)**

Form 990 (2011)

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	119,835.	119,835.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,309,346.	8,253,533.	55,813.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,395,363.	2,370,665.	24,698.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	189,294.	123,300.	65,994.	
b Legal				
c Accounting	585,671.	455,584.	130,087.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,321.	27,321.		
g Other	4,103,870.	4,103,870.		
12 Advertising and promotion				
13 Office expenses	1,140,705.	1,030,669.	110,036.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	650,485.	640,594.	9,891.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	85,369.	84,191.	1,178.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	372,230.	319,068.	53,162.	
23 Insurance	76,088.	20,716.	55,372.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>STIPENDS, ROOM &amp; BOARD</b>	5,378,223.	5,378,223.		
b <b>MISCELLANEOUS</b>	847,207.	826,139.	21,068.	
c <b>CAPITAL OUTLAY</b>	398,542.	398,542.		
d <b>STUDENT SERVICES</b>	190,336.	190,336.		
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	24,869,885.	24,342,586.	527,299.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE CSUSB)**

Form 990 (2011)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		1		
	<b>2</b> Savings and temporary cash investments .....	10,883,100.	2	6,124,807.	
	<b>3</b> Pledges and grants receivable, net .....	782,393.	3		
	<b>4</b> Accounts receivable, net .....	3,040,310.	4	2,800,614.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....				6
	<b>7</b> Notes and loans receivable, net .....				7
	<b>8</b> Inventories for sale or use .....				8
	<b>9</b> Prepaid expenses and deferred charges .....	112,913.	9	103,255.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 8,582,251.			
	<b>b</b> Less: accumulated depreciation .....	10b 3,524,866.	4,692,942.	10c 5,057,385.	
	<b>11</b> Investments - publicly traded securities .....	19,595,760.	11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....	62,944.	14	51,645.	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,228,258.	15	4,722,913.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	45,398,620.	16	18,860,619.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,406,797.	17	2,488,645.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<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 .....	10,529,397.	25	9,909,095.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,936,194.	26	12,397,740.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	-1,987,429.	27	668,837.	
	<b>28</b> Temporarily restricted net assets .....	18,121,247.	28	5,794,042.	
	<b>29</b> Permanently restricted net assets .....	16,328,608.	29	0.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	32,462,426.	33	6,462,879.	
<b>34</b> Total liabilities and net assets/fund balances .....	45,398,620.	34	18,860,619.		

Form 990 (2011)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,690,334.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,869,885.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,820,449.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,462,426.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-27,819,996.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,462,879.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)**

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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	34775008.	33022293.	30104247.	28307353.	22749699.	148958600
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	34775008.	33022293.	30104247.	28307353.	22749699.	148958600
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						148958600

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	34775008.	33022293.	30104247.	28307353.	22749699.	148958600
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	945,807.	962,052.	609,837.	783,227.	143,177.	3444100.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	3843797.	4246004.	4812224.			12902025.
<b>11 Total support.</b> Add lines 7 through 10						165304725
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.11	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	86.47	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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

UNIVERSITY ENTERPRISES CORPORATION AT

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**PART II, LINE 10 - OTHER INCOME:**

NATURE AND SOURCE	2011	2010	2009	2008	2007
COMMISSIONS	0	0	1,127,445	1,223,713	227,681
MISCELLANEOUS	0	0	86,820	161,059	174,947
INDIRECT COST RECOVERY	0	0	2,757,239	2,135,815	1,194,623
OTHER REVENUE	0	0	840,720	725,417	2,246,546
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,812,224</b>	<b>\$4,246,004</b>	<b>\$3,843,797</b>



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)	Employer identification number 95-6067343
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**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	FIRST FIVE OF SAN BERNARDINO 330 N. D ST., STE. 500 SAN BERNARDINO, CA 92415-0442	\$ 655,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OFFICE OF NAVAL RESEARCH 140 SYLVESTER ROAD, BLDG. 140, SUITE 130 SAN DIEGO, CA 92106-3521	\$ 2,047,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION 10000 GOETHE RD #C-1 SACRAMENTO, CA 95827	\$ 1,011,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	US DEPARTMENT OF EDUCATION 400 MARYLAND AVE SW WASHINGTON, DC 20202	\$ 3,598,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NATIONAL SCIENCE FOUNDATION 4201 WILSON BOULEVARD ARLINGTON, VA 22230	\$ 2,623,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SAN BERNARDINO COUNTY SUPERINTENDENT OF EDUCATION 1020 EAST COOLEY DRIVE COLTON, CA 92324-3924	\$ 591,604.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)	<b>Employer identification number</b> 95-6067343
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**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	\$ 870,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	INLAND REGIONAL CENTER  PO BOX 19037  SAN BERNARDINO, CA 92423	\$ 1,004,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	REGENTS OF THE UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT  1111 FRANKLIN ST. 9TH FLOOR  OAKLAND, CA 94607	\$ 554,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	UC BERKELEY - THE REGENTS OF THE UNIVERSITY OF CALIFORNIA  30 UNIVERSITY HALL MC1101  BERKELEY, CA 94720-1101	\$ 1,657,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)	<b>Employer identification number</b> 95-6067343
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**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

<b>Name of organization</b> UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)	<b>Employer identification number</b> 95-6067343
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE 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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to 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 (e.g., recreation or education)  Preservation of an 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 in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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 are a 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 programs
  - e  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	19,681,260.	16,426,507.	13,401,462.	14,189,699.	
<b>b</b> Contributions		368,302.	392,596.	1,338,219.	
<b>c</b> Net investment earnings, gains, and losses		3,914,337.	2,632,449.	-1,734,557.	
<b>d</b> Grants or scholarships		361,648.		327,980.	
<b>e</b> Other expenditures for facilities and programs	19,681,260.	584,212.			
<b>f</b> Administrative expenses		82,026.		63,919.	
<b>g</b> End of year balance		19,681,260.	16,426,507.	13,401,462.	

- 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 Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in 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 |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     | X  |
| <b>(ii)</b> related organizations  | X   |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

**Part VI Land, Buildings, and Equipment.** 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
<b>1a</b> Land		4,640.		4,640.
<b>b</b> Buildings		3,915,511.	2,025,710.	1,889,801.
<b>c</b> Leasehold improvements		405,307.	286,162.	119,145.
<b>d</b> Equipment		1,995,909.	1,212,994.	782,915.
<b>e</b> Other		2,260,884.		2,260,884.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,057,385.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>OTHER INVESTMENTS</b>	<b>4,722,913.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	<b>4,722,913.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LIABILITY TO BENEFICIARIES</b>	<b>1,858,433.</b>
(3) <b>POST-RETIREMENT MEDICAL BENEFITS</b>	<b>8,050,662.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>9,909,095.</b>

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,690,334.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,869,885.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,820,449.
4	Net unrealized gains (losses) on investments	4	-199,975.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-29,443,288.
9	Total adjustments (net). Add lines 4 through 8	9	-29,643,263.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-27,822,814.

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

1	Total revenue, gains, and other support per audited financial statements	1	26,446,043.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-199,975.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-78,123.
e	Add lines 2a through 2d	2e	-278,098.
3	Subtract line 2e from line 1	3	26,724,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-33,807.
c	Add lines 4a and 4b	4c	-33,807.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,690,334.

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

1	Total expenses and losses per audited financial statements	1	54,268,857.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	29,398,972.
e	Add lines 2a through 2d	2e	29,398,972.
3	Subtract line 2e from line 1	3	24,869,885.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,869,885.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND**

**THE CERTAINTY AS TO WHETHER THOSE TAX POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS.**

**THE PRIMARY TAX POSITIONS EVALUATED ARE RELATED UEC'S CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE IS UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT (>50%)**

**OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO**

**Part XIV** Supplemental Information (continued)

DISCLOSURES OF UNCERTAIN TAX POSITIONS ARE REQUIRED.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN FMV OF SPLIT INTEREST AGREEMENTS	-78,123.
NET ASSETS TRANSFERRED TO THE CSUSB PHILANTHROPIC FOUNDATION	-29,365,165.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-29,443,288.

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

CHANGE IN FMV OF SPLIT INTEREST AGREEMENTS	-78,123.
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## PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS	-33,807.
----------------------------------	----------

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS	33,807.
NET ASSETS TRANSFERRED TO THE CSUSB PHILANTHROPIC FOUNDATION	29,365,165.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	29,398,972.

ON JULY 1, 2011, ALL ENDOWMENT AND GIFT ASSETS, WITH THE EXCEPTION OF CHARITABLE REMAINDER TRUSTS SET UP WITH THE ORGANIZATION ACTING AS TRUSTEE, WERE TRANSFERRED TO THE NEWLY CREATED CSUSB PHILANTHROPIC FOUNDATION (THE RECIPIENT).

CSUSB PHILANTHROPIC FOUNDATION WAS REORGANIZED TO PROMOTE AND ASSIST EDUCATION, ADMINISTRATION AND RELATED SERVICES OF THE CALIFORNIA STATE UNIVERSITY SAN BERNARDINO CAMPUS.

**Part XIV** Supplemental Information (continued)

THE ORGANIZATION CONSIDERS THE ENTIRE \$29,365,165 TRANSFER, DATED JULY 1, 2011, AS A CONTRIBUTION TO THE RECIPIENT. SIMILARLY, THE RECIPIENT, A 501(C)(3) ORGANIZATION, CONSIDERS THE TRANSFER AS A NON-TAXABLE CONTRIBUTION FROM THE ORGANIZATION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization	<b>UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)</b>	Employer identification number	<b>95-6067343</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing 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. Explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported in 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2011

**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 in 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 are not 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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALBERT KARNIG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	289,143.	0.	65,048.	52,192.	15,009.	421,392.	0.
2 ROBERT GARDNER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	197,952.	0.	430.	35,094.	19,139.	252,615.	0.
3 FRANK RINCON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	149,438.	0.	762.	27,335.	16,242.	193,777.	0.
4 JOSEPHINE MENDOZA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	118,805.	0.	3,279.	21,357.	7,213.	150,654.	0.
5 ANDREW BODMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	207,554.	0.	396.	37,794.	16,242.	261,986.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE N**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

# Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)** Employer identification number **95-6067343**

**Part I** **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

- 2** Did or will any officer, director, trustee, or key employee of the organization:
- a** Become a director or trustee of a successor or transferee organization? .....
  - b** Become an employee of, or independent contractor for, a successor or transferee organization? .....
  - c** Become a direct or indirect owner of a successor or transferee organization? .....
  - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? .....
  - e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>2c</b>		
<b>2d</b>		

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

Schedule N (Form 990 or 990-EZ) (2011)

UNIVERSITY ENTERPRISES CORPORATION AT

**Part I** Liquidation, Termination, or Dissolution (continued)

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
<b>3</b> Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.....		
<b>4a</b> Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? .....		
<b>b</b> If "Yes," did the organization provide such notice? .....		
<b>5</b> Did the organization discharge or pay all of its liabilities in accordance with state laws? .....		
<b>6a</b> Did the organization have any tax-exempt bonds outstanding during the year? .....		
<b>b</b> Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? .....		
<b>c</b> If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.		

**Part II** Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	ENDOWMENT INVESTMENT	07/01/11	1,968,126.	MARK TO MARKET	45-2255077	CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	501(C)(3)
	DESIGNATED GIFT FUNDS	07/01/11	5,214,172.	MARK TO MARKET	45-2255077	CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	501(C)(3)
	DESIGNATED SCHOLARSHIP FUNDS	07/01/11	751,283.	MARK TO MARKET	45-2255077	CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	501(C)(3)
	PLEDGES RECEIVABLE	07/01/11	782,392.	BOOK VALUE	45-2255077	CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	501(C)(3)
	ART COLLECTION	07/01/11	2,884,597.	MARK TO MARKET	45-2255077	CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	501(C)(3)
	EQUIPMENT	07/01/11	51,461.	BOOK VALUE	45-2255077	CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	501(C)(3)

**2** Did or will any officer, director, trustee, or key employee of the organization:

	Yes	No
<b>a</b> Become a director or trustee of a successor or transferee organization? .....	X	
<b>b</b> Become an employee of, or independent contractor for, a successor or transferee organization? .....		X
<b>c</b> Become a direct or indirect owner of a successor or transferee organization? .....		X
<b>d</b> Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? .....		X
<b>e</b> If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ►		

**Part III** **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 2E: THE FOLLOWING INDIVIDUALS, ACTING IN THE CAPACITY OF  
DIRECTOR, TRUSTEE, OFFICER AND/OR HIGHLY COMPENSATED EMPLOYEE, BECAME  
DIRECTOR, TRUSTEE, OR OFFICER OF THE TRANSFEREE ORGANIZATION:

ROBERT GARDNER

DR. ALBERT KARNIG

DR. EDWARD C. TEYBER

DR. ANDREW BODMAN

DR. DOROTHY CHEN-MAYNARD

DR. FRANK L. RINCON

MRS. LOIS J. CARSON



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization	UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)	Employer identification number	95-6067343
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNIVERSITY, SAN BERNARDINO.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION TRANSFERRED ITS SCHOLARSHIP PROGRAM SERVICE TO THE  
CSUSB PHILANTHROPIC FOUNDATION DURING THE YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER ACTIVITIES - ALUMNI ASSOCIATION, BOOKSTORE, FOOD SERVICES,  
VENDING & PC LAB.

EXPENSES \$ 142,154. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,354,338.

FORM 990, PART VI, SECTION A, LINE 4: SINCE THE PRIOR YEAR, THE  
ORGANIZATION CHANGED ITS NAME FROM FOUNDATION FOR THE CALIFORNIA STATE  
UNIVERSITY, SAN BERNARDINO TO UNIVERSITY ENTERPRISES CORPORATION AT CSUSB.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO  
AND REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE BOARD SHALL  
RECEIVE ANNUALLY A COPY OF THE APPLICABLE SECTIONS OF THE CALIFORNIA  
EDUCATION CODE WITH INTERPRETATION OF THE LAW BY THE FOUNDATION'S COUNSEL  
AND WILL CERTIFY, BY SIGNATURE, HIS OR HER COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: COMPARABILITY STUDIES ARE USED. THE  
GOVERNING BOARD APPROVES THE SALARY FOR THE EXECUTIVE DIRECTOR.

Name of the organization	UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)	Employer identification number 95-6067343
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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 VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:  
LOIS CARSON - COMMUNITY ACTION PARTNERSHIP, 2038 IOWA AVENUE, SUITE B-102  
RIVERSIDE, CA 92507

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-199,975.
PRIOR PERIOD ADJUSTMENTS:	1,823,267.
CHANGE IN FMV OF SPLIT INTEREST AGREEMENTS	-78,123.
NET ASSETS TRANSFERRED TO THE CSUSB PHILANTHROPIC FOUNDATION	-29,365,165.
TOTAL TO FORM 990, PART XI, LINE 5	-27,819,996.

FORM 990, PART XI, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

FORM 990

REASONABLE CAUSE TO FILE A PAPER RETURN

THE ORGANIZATION IS REQUIRED TO FILE THE RETURN ELECTRONICALLY BUT DOES NOT, BECAUSE IT HAS A REASONABLE CAUSE OF REPORTING THE NAME CHANGE. A COPY OF THE RESTATED ARTICLES OF INCORPORATION IS ENCLOSED.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)** Employer identification number **95-6067343**

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

(a) Name, address, and EIN 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 33-0644150, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	PUBLIC UNIVERSITY - STATE OF CALIFORNIA	CALIFORNIA	115 (1)	STATE INSTITUTION			X
CSUSB PHILANTHROPIC FOUNDATION - 45-2255077 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	ADMINISTER GIFTS AND SCHOLARSHIPS FOR CSUSB	CALIFORNIA	501 (C)	LINE 1			X

**UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE CSUSB)**

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportion- ate 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" to 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

**UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE CSUSB)**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> 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> Sale of assets to related organization(s) .....		X
<b>g</b> Purchase of assets from related organization(s) .....		X
<b>h</b> Exchange of assets with related organization(s) .....		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>n</b> Sharing of paid employees with related organization(s) .....		X
<b>o</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>p</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>q</b> Other transfer of cash or property to related organization(s) .....	X	
<b>r</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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	O	6,305,977.FMV	
(2) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	P	504,651.FMV	
(3) CSUSB PHILANTHROPIC FOUNDATION	Q	29,365,165.FMV	
(4)			
(5)			
(6)			

UNIVERSITY ENTERPRISES CORPORATION AT  
CSUSB (FORMERLY, FNDN FOR THE CSUSB)

Schedule R (Form 990) 2011

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

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

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



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>95-6067343</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5500 UNIVERSITY PARKWAY</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN BERNARDINO, CA 92407</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**LISA IANNOLO**

• The books are in the care of  **5500 UNIVERSITY PARKWAY - SAN BERNARDINO, CA 92407**

Telephone No.  **909-537-3922** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2013**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**THE TAXPAYER IS REQUESTING ADDITIONAL TIME IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **TREASURER** Date



2011

# California Exempt Organization Annual Information Return

199

Calendar Year 2011 or fiscal year beginning month **JULY** day **1** year **2011**, and ending month **JUNE** day **30** year **2012**.

Corporation/Organization name <b>UNIVERSITY ENTERPRISES CORPORATION AT CSUSB (FORMERLY, FNDN FOR THE CSUSB)</b>		California corporation number <b>0438029</b>
Address (suite, room, or PMB no.) <b>5500 UNIVERSITY PARKWAY</b>		FEIN <b>95-6067343</b>
City <b>SAN BERNARDINO</b>	State <b>CA</b>	ZIP Code <b>92407</b>

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&amp;TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,974,442.00
	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	22,749,699.00
	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 \$25,000, see General Instruction B	4	26,724,141.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	33,807.00
	7 Total costs. Add line 5 and line 6	7	33,807.00
	8 Total gross income. Subtract line 7 from line 4	8	26,690,334.00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	24,869,885.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,820,449.00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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.

<b>Sign Here</b>	Signature of officer	Title <b>TREASURER</b>	Date	Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00165007</b>
	Firm's name (or yours, if self-employed) and address <b>ROGERS, ANDERSON, MALODY &amp; SCOTT, LLP 735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA 92408</b>			FEIN <b>95-2662063</b>
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
FIRST FIVE OF SAN BERNARDINO	330 N. D ST., STE. 500 SAN BERNARDINO, CA, 92415-0442		655,282.
OFFICE OF NAVAL RESEARCH	140 SYLVESTER ROAD, BLDG. 140, SUITE 130 SAN DIEGO, CA, 92106-3521		2,047,718.
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION	10000 GOETHE RD #C-1 SACRAMENTO, CA, 95827		1,011,075.
US DEPARTMENT OF EDUCATION	400 MARYLAND AVE SW WASHINGTON, DC, 20202		3,598,565.
NATIONAL SCIENCE FOUNDATION	4201 WILSON BOULEVARD ARLINGTON, VA, 22230		2,623,651.
SAN BERNARDINO COUNTY SUPERINTENDENT OF EDUCATION	1020 EAST COOLEY DRIVE COLTON, CA, 92324-3924		591,604.
NATIONAL INSTITUTE OF HEALTH	9000 ROCKVILLE PIKE BETHESDA, MD, 20892		870,264.
INLAND REGIONAL CENTER	PO BOX 19037 SAN BERNARDINO, CA, 92423		1,004,282.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT	1111 FRANKLIN ST. 9TH FLOOR OAKLAND, CA, 94607		554,956.
UC BERKELEY - THE REGENTS OF THE UNIVERSITY OF CALIFORNIA	30 UNIVERSITY HALL MC1101 BERKELEY, CA, 94720-1101		1,657,904.
TOTAL INCLUDED ON LINE 3			<u>14,615,301.</u>

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
INVESTMENTS IN PUBLICLY-TRADED SECURITIES	VARIOUS	VARIOUS	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	563.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT	VARIOUS	02/29/12	PURCHASED	
NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
NONE	77,639.	71,265.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
LEASEHOLD IMPROVEMENTS	VARIOUS	02/29/12	PURCHASED	
NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
NONE	36,427.	26,764.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FURNITURE	VARIOUS	02/29/12	PURCHASED	
NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
NONE	74,633.	56,863.	0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6	188,699.	154,892.	0.	563.
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FORM 199	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
CHILDREN'S & INFANT CENTERS		284,247.	
OTHER SERVICES (ALUMNI, BOOKSTORE, FOOD SERVICE, PC LAB)		1,354,338.	
GRANTS & CONTRACTS		2,192,117.	
TOTAL TO FORM 199, PART II, LINE 7		3,830,702.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ALBERT KARNIG 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	CEO 1.00	0.
EDWARD TEYBER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	CHAIR 1.00	0.
LOIS CARSON COMMUNITY ACTION PARTNERSHIP, 2038 IOWA AVENUE, SUITE B-102 RIVERSIDE, CA 92507	VICE CHAIR 1.00	0.
ROBERT GARDNER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	SECRETARY/TREASURER 1.00	0.
DOROTHY CHEN-MAYNARD 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
FRANK RINCON 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
JOSEPHINE MENDOZA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
LOVELLIE CIMENSKI ALMOGELA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.

ALYSSA ACOSTA 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
BOB BROWN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
VAL ZELLMER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
ANDREW BODMAN 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	DIRECTOR 1.00	0.
DEBORAH BURNS 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	EXECUTIVE DIRECTOR 40.00	0.
KRISTINE A. ALEXANDER 5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407	ED CAL ARTS PROG 40.00	119,835.
TOTAL TO FORM 199, PART II, LINE 11		<u>119,835.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
STIPENDS, ROOM & BOARD	5,378,223.
MISCELLANEOUS	847,207.
CAPITAL OUTLAY	398,542.
STUDENT SERVICES	190,336.
OTHER EMPLOYEE BENEFITS	2,395,363.
MANAGEMENT FEES	189,294.
ACCOUNTING FEES	585,671.
INVESTMENT MANAGEMENT FEES	27,321.
OTHER PROFESSIONAL FEES	4,103,870.
OFFICE EXPENSES	1,140,705.
TRAVEL	650,485.
CONFERENCES AND CONVENTIONS	85,369.
INSURANCE	76,088.
TOTAL TO FORM 199, PART II, LINE 17	<u>16,068,474.</u>

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FORM 199	INVESTMENTS IN STOCK	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	19,595,760.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	19,595,760.	0.

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FORM 199	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ART COLLECTIONS & INTELLECTUAL PROPERTY	1,061,331.	0.
NET INTANGIBLE ASSETS	62,944.	51,645.
PREPAID EXPENSES AND DEFERRED CHARGES	112,913.	103,255.
OTHER INVESTMENTS	5,166,927.	4,722,913.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,404,115.	4,877,813.

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FORM 199	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
LIABILITY TO BENEFICIARIES	2,052,307.	1,858,433.
POST-RETIREMENT MEDICAL BENEFITS	8,477,090.	8,050,662.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	10,529,397.	9,909,095.

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FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	9
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	199,975.
CHANGE IN FMV OF SPLIT INTEREST AGREEMENTS	78,123.
NET ASSETS TRANSFERRED TO THE CSUSB PHILANTHROPIC FOUNDATION	29,365,165.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	29,643,263.

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

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 as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 04294</b>  <b>UNIVERSITY ENTERPRISES CORPORATION AT          CSUSB (FORMERLY, FNDN FOR THE CSUSB)</b> <small>Name of Organization</small>  <b>5500 UNIVERSITY PARKWAY</b> <small>Address (Number and Street)</small>  <b>SAN BERNARDINO, CA 92407</b> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>0438029</u>  Federal Employer I.D. No. <u>95-6067343</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2011 ending 06/30/2012) list:  
 Gross annual revenue \$ 26,690,334. Total assets \$ 18,860,619.

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

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet 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? <span style="float:right"><b>SEE STATEMENT 10</b></span>	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<b>X</b>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<b>X</b>	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	

Organization's area code and telephone number 909-537-5918  
  
 Organization's e-mail address LIANNOLO@CSUSB.EDU

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

<b>ROBERT GARDNER</b>	<b>TREASURER</b>
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>



University Enterprises Corporation listing of Governmental Funding FY 11-12

Sponsor ID Description	Address	City State ZIP	Contact	Phone	Spons Award .
CALIFORNIA DEPT OF TRANSPORTATION, Division of Research and Innovation, MS A#83	P. O. Box 942873	Sacramento, California 94273-0001	Christine Azevedo	(916) 657-4723	65A0244
CALIFORNIA COMMISSION ON TEACHER CREDENTIALING	1900 Capitol Ave	Sacramento, Ca 95811	Nadine Noelting	916-327-2966	965
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION	10000 Goethe Rd #C-1	Sacramento ca 95827	Jeanette Thomas	916-255-6159	5600001363
California Department of Education	Child Nutrition Fiscal Svc 1430 N Street 32213	Sacramento, CA 95814		916-445-3497	36-77360V
CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION	PO Box 944246	Sacramento, Ca 95815	Virginia Hernandez	915-320-2078	3CA01571
CALIFORNIA DEPARTMENT OF REHABILITATION	Inland Empire District 3130 Chicago A	Riverside, Ca 92507	Susan Senior	951-782-6666	VENDORIZATION ONLY
California Department of Water Resources	PO Box 942836	Sacramento Ca 95814		916-651-9225	4600008909
California Dept of Corrections & Rehab	PO Box 942883	Sacramento, Ca 94283-0001	Lori Lee	916-870-6449	DJ107078
CALIFORNIA DEPT OF EDUCATION	Career and College Transition Division 1430 N Street Rm 4309	Sacramento, Ca 95814-5901	Kevin Woolfork	916-319-0780	ITQ-08-516
California Dept of Rehabilitation, Blind Field Services	464 West 4th Street #152	San Bernardino, Ca 92401-1419	Main Number	909-383-4401	N/A
CALIFORNIA POSTSECONDARY EDUCATION COMMISSION	770 "L" Street #1160	Sacramento, Ca 95814	Natalie Sidarous	916-445-1000	ITQ-08-516
CALIFORNIA POSTSECONDARY EDUCATION COMMISSION	1430 N Street Rm 4309	Sacramento, Ca 95814-5901	M. Trott	916-322-8028	ITQ-11-809
City of Chino	P. O. Box 667	Chino, Ca 91708-0667	Crux Esparza	909-590-5502	
CITY OF CORONA REDEVELOPMENT AGENCY	PO Box 940	Corona, Ca 92878-0940	Clint Whited	951-817-5715	89482-431
City of Moreno Valley	14177 Frederic Street	Moreno Valley, Ca 92552	Keynecia Jones	951-413-3484	
City of Rancho Cucamonga	10500 Civic Center Drive	Rancho Cucamonga, Ca 91720	Fabian Villenas	909-477-2700	
City of Riverside	3900 Main Street	Riverside, Ca 92501	Daeanna Lorsan	951-826-2520	
CITY OF SAN BERNARDINO	330 N. "D" STREET	San Bernardino, Ca 92415-0442	Mayors Office	909-3586-7706	NONE
City of Upland	460 North Euclid Ave.	Upland, Ca 91785	Jeff Zwack	909-931-4303	
COMMUNITY ACTION PARTNERSHIP OF RIVERSIDE COUNTY	2038 Iowa Avenue, Suite B-102	Riverside, Ca 92507	Maria Juarez	951-955-6430	CAP-11-029
COUNTY OF SAN BERNARDINO DEPT OF COMMUNITY DEV & HOUS	290 North D Street #600	San Bernardino, CA 92401-1706		909.388.0800	36199
FIRST FIVE OF SAN BERNARDINO/CHILDREN & FAMILIES COMMISS	330 N. "D" STREET	San Bernardino, Ca 92415-0442	Ronnie Robinson	909-387-1523	FS020
Health and Human Services Agency (CHHS)	9000 Rockville Pike	Bethesda, Maryland 20892	Purohit Vishnudutt	301-443-1887	1R24DA025319-01A1
Health Planning and Development, Office of Statewide (OSHPD)	400 R STREET ROOM #330	SACRAMENTO, CA 95811	Manuela Tochica	916-326-3752	LL20545
HEALTH RESOURCES AND SERVICES ADMINISTRATION	Div. of Nursing 5600 Fishers Lande	Rockville, MD 20852-1750	Karen Breesden	301-443-5787	A10HP22077
HHS-CENTER FOR DISEASE CONTROL AND PREVENTION	1600 Clifton Rd	Atlanta, GA 30333	GRANDILLO, PETER B	4123866834	1 R21 OH009327-01A2
JPL-Jet Propulsion Laboratory	4800 Oak Grove Dr.	Pasadena, CA 91109-8099	Linda Nenadovic-Car	818.393.0921	RSA 1355591
Murrieta Chamber of Commerce	24801 Monroe Ave.	Murrieta, Ca	Rex Oliver	951-677-7916	
National Aeronautics and Space Administration	Attn: Office of Procurement-SP, Bldg	Stennis Space Center, MS 39529	BENVENUTTI, BEN	877/677-2123	NNX11AQ99G

National Endowment For The Humanities	1100 Pennsylvania Avenue, NW (Room 1000)	Washington, D. C. 20590	Robert Straughter	202-606-8237	AC-50118-11
NATIONAL GEOSPATIAL-INTELLIGENCE AGENCY	341 Pine Tree Road Cornell University	Ithaca, NY 14850	Phillip Hwang	703-715-2639	HM1582-06-1-2048
NATIONAL INSTITUTE OF HEALTH	9000 Rockville Pike	Bethesda, Maryland 20892	Ryan Talesnik	301-435-6976	5G11HD052368-05
National Science Foundation	4201 Wilson Boulevard	Arlington, Virginia 22230	Harriett Taylor	703-292-7973	CNS-0938964
NATIONAL SECURITY AGENCY	341 Pine Tree Road Cornell University	Ithaca, NY 14850	Diane Varieur	410-864-1948	H98230-09-1-0371
OFFICE OF NAVAL RESEARCH REGIONAL OFFICE (ONRRO) SAN DIEGO	140 Sylvester Road, Bldg. 140, Suite 1100	San Diego, California 92106-3521	James Canty or Rachelle Canty	(619) 221-5499	W911NF0820049
Regenerative Medicine, California Institute for (CIRM)	201 King Street	San Francisco, CA 94107	Jenny Lam	415.396.9121	TB1-01185
RIVERSIDE COUNTY DEPT OF MENTAL HEALTH	3801 University Ave #400	Riverside, Ca 92501	Janine Moore	951-955-7169	MHARCO69
RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY	P. O. Box 1180	Riverside, Ca 92502	Melissa Valdivia	951-955-9803	4.114-11
RIVERSIDE COUNTY OFFICE OF EDUCATION	3939 Thirteenth Street	Riverside Ca 92507	Lisa Cassel	951-826-6632	C-1002362
RIVERSIDE COUNTY PROBATION ADMINISTRATION DEPT	PO Box 833	Riverside, Ca 92502	Purchasing	951-955-4937	PRARC-95277-001-016-
RIVERSIDE COUNTY SUPERINTENDENT OF SCHOOLS	3939 Thirteenth Street	Riverside Ca 92507	Barbara Howard	951-826-6632	C1002794
SAN BERNARDINO ASSOCIATED GOVERNMENTS (SANBAG)	1170 West 3rd Street	San Bernardino, Ca 92410	Accounting	909-884-8276	VARIOUS AGREEMENTS
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT	114 South Del Rosa Ave	San Bernardino, Ca 92408	Kathleen Rowley	909-387-1648	SBCCD# 7715
SAN BERNARDINO COUNTY OFFICE OF EDUCATION	1020 Cooley Drive	Colton, Ca 92324	Nadine Noelting	916-327-2966	967
SAN BERNARDINO COUNTY SHERIFF DEPARTMENT	655 E. Third Street	San Bernardino, Ca 92405	Admin Migr	909-387-3637	need
SAN BERNARDINO COUNTY/KIDS N CARE	1111 East Mill Street #100	San Bernardino, Ca 9240	Accounts Payable	909-777-0742	09/10-0432
SAN BERNARDINO EMPLOYMENT AND TRAINING AGENCY	600 North Arrowhead Ave Ste #300	San Bernardino, Ca 92401	Janice Stowers	909-888-7881	E340-11-664
Temecula Valley Chamber of Commerce	25790 Ynez Court	Temecula, Ca 92591	Alice Sullivan		
U.S. Department of State	2201 C Street NW	Washington, D.C. 20520	Michael Hannold	662.205.4638	S-TH200-12-GR-003
U.S. Small Business Administration	409 3rd Street, S. W., 6th Floor Cooperative State	Washington, D. C. 20416	Carol Greenfield	202-205-6480	FF20599
US Department of Agriculture	Reserch/Education Service Awards	Washington DC 20250-2271	Irma Lawrence	202-720-2082	2009-38422-19782
US Department of Agriculture/Forest Service	602 S. Tippecanoe Ave	San Bernardino, Ca 92408	Gar Abbas	909-382-2620	06CS11051200039
US Department Of Defense/US ARMY RDECOM ACQ CTR	4300 S. Miami Blvd	Durham, NC 27703	Iyer Purush	919-549-4204	W911NF-12-1-0077
US Department of Education	400 Maryland Ave SW	Washington, D.C. 20202	Pariece Wilkins	202-291-7104	P334A050185-10 NCE
US Department of Transportation, Research and Innovative Technol	1200 New Jersey SE	Washington, D.C. 20590-0001	Lydia Mercado	203-366-3372	DTRT06-G0023 M4
USGS National Grants Branch - 205 National Center	12201 SUNRISE VALLEY DRIVE	RESTON, VA 20192	Elizabeth Lemersal	703-648-6146	G11AP20138 0002

A0715763

EFFECTIVE  
DATE

JUL - 1 2011

RESTATED  
ARTICLES OF INCORPORATION OF  
FOUNDATION FOR THE  
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

ENDORSED - FILED  
in the office of the Secretary of State  
of the State of California

JUN 10 2011

The undersigned certify that:

1. They are the **president** and **secretary**, respectively, of Foundation for the California State University, San Bernardino, a California corporation.
2. The Articles of Incorporation of this corporation are amended and restated to read as follows:

ARTICLE I. The name of the corporation is University Enterprises Corporation at CSUSB.

ARTICLE II. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

The charitable purpose for which this corporation is organized is to further the educational programs of California State University, San Bernardino, in conformity with authorized functions of auxiliary organizations (Subchapter 6, Section 42500, of Chapter 1, Division 5 of Title 5 of the California Code of Regulations). This corporation is organized exclusively for educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

ARTICLE III. This corporation shall be an auxiliary organization of the California State University and shall conduct its operations in conformity with the California statutes governing such organizations (Chapter 7, commencing with Section 89900, of Part 55, Division 8, Title 3 of the Education Code) and the Regulations adopted by the Board of Trustees of the California State University (Subchapter 6, commencing with Section 42400, of Chapter 1, Division 5 of Title 5 of the California Code of Regulations) as required by the Education Code, Section 89900(c).

ARTICLE IV. In accordance with the provisions of Section 9913 of the California Corporations Code, this corporation elects to be governed by all of the provisions of the California Nonprofit Public Benefit Corporation Law not otherwise applicable to this corporation under Sections 9910-9927 of the Corporations Code.

ARTICLE V. The property of this corporation is irrevocably dedicated to charitable purposes set forth in Article II, and no part of the net income or assets of this corporation shall ever inure to the benefit of any private person. Upon dissolution of this corporation, net assets, other than trust funds, shall be distributed to a successor approved by the President of California State University, San Bernardino and the Trustees of the California State University. Any nongovernmental successor shall be a nonprofit organization organized and operated exclusively for charitable or educational purposes meeting the requirements for exemption provided by Section 214 of the California Revenue and Taxation Code, and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1986.

ARTICLE VI. No substantial part of the activities of this corporation shall consist of the carrying on of propaganda, or otherwise attempting to influence legislation, nor shall this corporation participate or intervene in any political campaign (including publishing or distribution of statements) on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles, this corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code or (b) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

ARTICLE VII. The number of Directors, their qualifications, powers, duties, terms of office, manner of removal and filling vacancies on the Board, and the manner of calling and holding meetings of Directors, shall be as stated in the Bylaws. The President of the University shall be a member of the Board of Directors of this corporation to insure that this corporation operates in conformity with policies of the Board of Trustees of The California State University. The corporation shall have no members. Each of the Directors shall have one vote. There shall be no proxy voting permitted for the transaction of any of the business of this corporation.

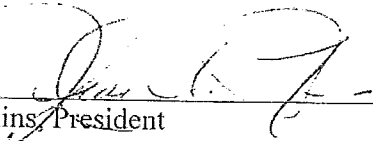
ARTICLE VIII. The Articles of Incorporation of this corporation shall be amended only by the vote of a majority of the total membership of the Board of Directors, subject to the approval of the President of the University.

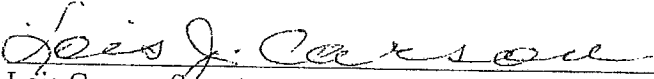
3. The foregoing amendment and restatement of Articles of Incorporation has been duly approved by the Board of Directors at a regular meeting on March 10, 2011 with a July 1, 2011 effective date.

4. The corporation has no members.
5. The foregoing amendment and restatement of the Articles of Incorporation has been duly approved by the President of the University.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Executed at San Bernardino, California on June 8 2011 by:

  
\_\_\_\_\_  
Neale Perkins, President  
Foundation for the California State University, San Bernardino

  
\_\_\_\_\_  
Lois Carson, Secretary  
Foundation for the California State University, San Bernardino



I hereby certify that the foregoing transcript of 3 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JUN 13 2011

Date: \_\_\_\_\_ *Jm*

*Debra Bowen*

DEBRA BOWEN, Secretary of State

UNIVERSITY ENTERPRISES CORPORATION AT CSUSB  
CA CORP NUMBER: 0438029  
YE: JUNE 30, 2012  
Footnotes to California Return

The Organization is reporting a name change in the current tax year. A copy of the restated article of incorporation is enclosed.

FORM RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS  
PART B, LINE 1

STATEMENT 10

ON JULY 1, 2011, ALL ENDOWMENT AND GIFT ASSETS, WITH THE EXCEPTION OF CHARITABLE REMAINDER TRUSTS SET UP WITH THE ORGANIZATION ACTING AS TRUSTEE, WERE TRANSFERRED TO THE NEWLY CREATED CSUSB PHILANTHROPIC FOUNDATION (THE RECIPIENT).

THE ORGANIZATION WAS REORGANIZED TO PROMOTE AND ASSIST EDUCATION, ADMINISTRATION AND RELATED SERVICES OF THE CALIFORNIA STATE UNIVERSITY SAN BERNARDINO CAMPUS.

THE ORGANIZATION CONSIDERS THE ENTIRE \$29,365,165 TRANSFER, DATED JULY 1, 2011, AS A NON-TAXABLE CONTRIBUTION TO THE RECIPIENT. SIMILARLY, THE RECIPIENT, A 501(C)(3) ORGANIZATION, CONSIDERS THE TRANSFER AS A NON-TAXABLE CONTRIBUTION FROM THE ORGANIZATION.