Form	990-T	E	Exempt Organization Business Inc		Tax Returi	n	OMB No. 1545-0047
		_	(and proxy tax under section 6	• • •	TIDI 20 2024		つりつつ
		For ca			JUN 30, 2024	·	2023
	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and tl Do not enter SSN numbers on this form as it may be made public if				Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see in			D Em	ployer identification number
			ASSOCIATED STUDENTS OF SDSU				
	empt under section	Print or	SAN DIEGO STATE UNIVERSITY			E Gr	95-6042622
	501(c)(3) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, see instructions 5500 CAMPANILE DRIVE MC 7800	•			e instructions)
	408(e) 220(c) 408A 530(a)		City or town, state or province, country, and ZIP or foreign postal co	de		-	
	529(a) 529A		SAN DIEGO, CA 92182-7800	100		F	Check box if
		СВо	ok value of all assets at end of year	41	,905,019.	-1'	an amended return.
G C	heck organization t		X 501(c) corporation 501(c) trust 401(a) tru	ıst	Other trust] State	college/university
		-	6417(d)(1)(A) Applicable entity				
H C	heck if filing only to	o claim	Credit from Form 8941 Refund shown on For	m 2439	Elective payme	ent amo	ount from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding c	orporatio	n		
			ed Schedules A (Form 990-T)				2
	• •		e corporation a subsidiary in an affiliated group or a parent-su	bsidiary o	controlled group?		Yes X No
			d identifying number of the parent corporation	Tala	abaaa ay mbar	(619)	594-6555
Par	ne books are in car		d Business Taxable Income	Tele	phone number	(019)	334-0333
1			ess taxable income computed from all unrelated trades or bus	inesses (see instructions)	1	0.
2					,	2	
3						3	
4			(see instructions for limitation rules)			4	0.
5			s taxable income before net operating losses. Subtract line 4 f			5	
6	Deduction for net	t opera	ting loss. See instructions			6	0.
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199	A deduct	tion.		
	Subtract line 6 fro					7	
8			erally \$1,000, but see instructions for exceptions)			8	
9			eduction. See instructions			9	
10 11			lines 8 and 9 able income. Subtract line 10 from line 7. If line 10 is greater			10	0.
Par				than mic			-
1		-	as corporations. Multiply Part I, line 11 by 21% (0.21)			1	0.
2			rates. See instructions for tax computation. Income tax on th				
	Part I, line 11, fro	m: 🗌	Tax rate schedule or Schedule D (Form 1041)			2	
3	Proxy tax. See in	nstructi	ons			3	
4			instructions			4	
5	Alternative minim	ium tax				5	
6			acility income. See instructions			6	0.
7 Par		<u>Pavn</u>	gh 6 to line 1 or 2, whichever applies			7	0.
1a			prations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see						
c	•		Attach Form 3800 (see instructions)	·			
d			mum tax (attach Form 8801 or 8827)]	
е			1a through 1d	-		1e	
2	Subtract line 1e f	rom Pa	Int II, line 7			2	0.
3a	Amount due from					-	
b	Amount due from					-	
с С	Amount due from		0000			-	
d	Amount due from Other amounts de		· · · · ·			-	
e f		•	Instructions) lines 3a through 3e	· – –		3f	0.
4			nd 3f (see instructions). Check if includes tax previously				
-			x amount here			4	0.
5			lity paid from Form 965-A, Part II, column (k)			5	0.
LHA	For Paperwork R	eductio	on Act Notice, see instructions. 323701 11-20-23	_			Form 990-T (2023)
			17				

4/ 2023.05070 ASSOCIATED STUDENTS OF SD 01927351

D. J. III Tax and Daymanta				Page 2
Part III Tax and Payments (continued)				
6 a Payments: Preceding year's overpayment credited to the current year		4		
b Current year's estimated tax payments. Check if section 643(g) election				
applies 6b		-		
c Tax deposited with Form 8868 6c		4		
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d		4		
e Backup withholding (see instructions) 6e		-		
f Credit for small employer health insurance premiums (attach Form 8941)		-		
g Elective payment election amount from Form 3800 6g				
h Payment from Form 2439 6h				
i Credit from Form 4136 6i				
j Other (see instructions)6j				
7 Total payments. Add lines 6a through 6j		7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	📖	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10		
	nded	11		
Part IV Statements Regarding Certain Activities and Other Information (see instructions)				
1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other aut	thority		Yes	No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have t	to file			
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	untry			
here			_	X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a			
foreign trust?				X
If "Yes," see instructions for other forms the organization may have to file.				
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$\$			_	
4 Enter available pre-2018 NOL carryovers here \$ 4,207,307. Do not include any post-2017 N	IOL car	ryover		
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported	on Part	: I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't	reduce			
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instru	ictions.			
Business Activity Code Available post-201	7 NOL	carryover		
713990 \$		1,402,230.		
624410 \$		704,500.		
\$				
\$				
6 a Reserved for future use				
b Reserved for future use	<u></u>	·····		
Part V Supplemental Information				
Provide any additional information. See instructions.				

Sign	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.								
Here			EXECUTIVE DIRECTOR			May the IRS discuss this return with the preparer shown below (see			
	Signature of officer	Date	Title			instruc	ctions)? X	Yes	No
Paid	Print/Type preparer's name	Preparer's signature		Date	Check self-employe		PTIN		
Preparei	DANIEL ROMANO				con chipicyc		P005041	.82	
Use Only		Firm's EIN 99-1856619							
		WE, 3RD FLOOR							
	Firm's address NEW YORK, NY 1			Phone no.	(212	2) 599-0	100		
							_		(

323711 11-20-23

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.		,		
Part I - Id	entification						
Type or Print	Name of exempt organization, employer, or other filer ASSOCIATED STUDENTS OF SDSU	, see instru	uctions.	Taxpayer	Taxpayer identification number (TIN)		
	SAN DIEGO STATE UNIVERSITY				95-6042622		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 5500 CAMPANILE DRIVE MC 7800	ee instruct	ions.				
return. See instructions.	City, town or post office, state, and ZIP code. For a for SAN DIEGO, CA 92182-7800	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)			0 7	
Applicatio	on Is For	Return Code	Application Is For			Return Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 4720	0 (individual)	03	Form 5227			10	
Form 990		04	Form 6069			11	
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	T (trust other than above)	06	Form 5330 (individual)			13	
Form 990	T (corporation)	07	Form 5330 (other than individual)			14	
Form 104	1-A	08					
After yo	u enter your Return Code, complete either Part II or Parl	t III. Part II	, including signature, is applicable o	only for an	extension of		
time to file	e Form 5330.						
• If this an	oplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.				
	n Name		C C				
	n Number						
	n Year Ending (MM/DD/YYYY)						
Part II - Au	Itomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)				
	oks are in the care of CARLOS CAREAGA						
	5500 CAMPANILE DRIVE MC	7800 - S	AN DIEGO, CA 92182-7800				
Teleph	one No. (619) 594-6555		Fax No.				
	rganization does not have an office or place of business	in the Un	ted States, check this box				
	s for a Group Return, enter the organization's four-digit (
box [If it is for part of the group, check this box	_					
1 I rec	quest an automatic 6-month extension of time until						
	organization named above. The extension is for the orga				1 5		
	calendar year 20 or						
x		. 20	23, and endingJU	JN 30		2024	
	, , , , , , , , , , , , , , , , , , , ,		; ; ;		,		
2 If th	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	on: Initial return	Final retur	n		
3a If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and				
	mated tax payments made. Include any prior year overpa			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
	g EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
	cv Act and Paperwork Reduction Act Notice. see inst				Form 8868 (Rev 1-2024	

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

FORM 990-T	PRE-201	.8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/04	167,273.	0.	167,273.	167,273.
06/30/06	142,319.	0.	142,319.	142,319.
06/30/08	390,712.	0.	390,712.	390,712.
06/30/09	48,351.	0.	48,351.	48,351.
06/30/10	89,125.	0.	89,125.	89,125.
06/30/11	37,135.	0.	37,135.	37,135.
06/30/12	95,055.	0.	95,055.	95,055.
06/30/13	145,348.	0.	145,348.	145,348.
06/30/14	363,331.	0.	363,331.	363,331.
06/30/15	745,507.	0.	745,507.	745,507.
06/30/16	739,600.	0.	739,600.	739,600.
06/30/17	658,721.	0.	658,721.	658,721.
06/30/18	584,830.	0.	584,830.	584,830.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	4,207,307.	4,207,307.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

F

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

2

B Employer identification number 95-6042622

1

of

D Sequence:

Α	Name of the organization	ASSOCIATED	STUDENTS	OF	SDSU	
	SAN DIEGO STAT	E UNIVERSITY	ľ			

C Unrelated business activity code (see instructions) 713990

Describe the unrelated trade or business RECREATION CENTERS

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) <u>STMT 2</u>	12	7,150,122.		7,150,122.
13	Total. Combine lines 3 through 12	13	7,150,122.		7,150,122.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	2,242,703.
3	Repairs and maintenance		3	413,128.
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions 7	355,735.		
8	Less depreciation claimed in Part III and elsewhere on return 8a		8b	355,735.
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	607,547.
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE ST	ATEMENT 3	14	4,397,085.
15	Total deductions. Add lines 1 through 14		15	8,016,198.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Par	t I, line 13,		
	column (C)		16	-866,076.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-866,076.
For I	Paperwork Reduction Act Notice, see instructions.	S	chedul	e A (Form 990-T) 2023

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	ıle A (Form 990-T) 2023				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory value	ation		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				
9 Part	Do the rules of section 263A (with respect to property) IV Rent Income (From Real Property and				
1	Description of property (property street address, city, s				
•	A	late, ZIF Codej. Chec		uctions.	
	В П				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter he	re and on Part I, line 6, o	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
F	Total deductions. Add line 4, columns A through D. E	ator bara and an Dart	Lling C galumn (D)		0.
5 Part					••
1	Description of debt-financed property (street address, of	,	Check if a dual-use. See	instructions	
•	A	nty, state, 21 - 6646).			
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	¢	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	art I, line 7, column (A)	····· <u> </u>	0.
_		[
9	Allocable deductions. Multiply line 3c by line 6				^
10	Total allocable deductions. Add line 9, columns A the				0. 0.
<u>11</u>	Total dividends-received deductions included in line	10			
323721 (11-19-24	51		Schedule	A (Form 990-T) 2023

2023.05070 ASSOCIATED STUDENTS OF SD 01927351

1

	ule A (Form 990-T) 2023		ovalties, and Re	ents Fro	m Contro	lled Oi	rganization	S (s	ee instruct	ions)		Page 3
1 411							Exempt Contro	,		,		
	1. Name of controller organization	d	2. Employer identification number			al of specified nents made tion's gross included		art of colur s included rolling orga	nn 4 in the Iniza-	6. Deductions direct on the niza- income in column b		
(1)									e greee me			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	ganizati	ons					
7	. Taxable Income	ir	Net unrelated come (loss) e instructions)		otal of specif yments mad		10. Part of column 9 that is included in the controlling organization's gross income		in the zation's	11. Deductions directly connected with income in column 10		nected with
(1)												
(2)												
(3)												
(4)												
Enter h			Enter here	Imms 5 and 10.Add columns 6 and 11.e and on Part I, column (A).Enter here and on Part I, line 8, column (B).			ere and on Part I, 3, column (B).					
Totals Part	VII Invoctmont	noomo	of a Section 50	1(0)(7) (0) or (17)	Oraar	jization (0.			0.
Fait		ription of		1(0)(7), (-			tructions)	:		5. Total deductions
	1. Dest				2. Amou incor		3. Deduction directly connection (attach stater	ected	4. Set- (attach st		ent)	and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	unte in					_	Add amounts in
Totolo					column 2 here and o line 9, colu	. Enter n Part I,						column 5. Enter here and on Part I, line 9, column (B).
Totals Part	VIII Exploited E	vomnt /	Activity Income	Other T	 [han Adva				l structions)			0.
1	Description of exploite							see in	รถินิธิแบกร)			
2	Gross unrelated busin	,		ness Ente	r here and o	n Part I	line 10 colum	n (Δ)		2		
3	Expenses directly con							• •				
•										3		
4	Net income (loss) from									-		
•	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	art II, line	12							7		

Schedule A (Form 990-T) 2023

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323731 01-19-24

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	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more period	dicals on a	consolidated basis	S.	
	A 🗌					
	в 🛄					
	c 🗌					
	D					
Enter a	amounts for each periodical listed above in the	corresponding colum	ın.			
			4	В	С	D
2	Gross advertising income		•		v	
~	Add columns A through D. Enter here and or		n (A)		I	0.
-	Add coldmins A through D. Enter here and or	r Fart I, III e TT, COluit				
a						
3	Direct advertising costs by periodical		(5)			
а	Add columns A through D. Enter here and or	n Part I, line 11, colum	ın (B)			0.
				1		
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet	e				
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		olumns tot	al or -0- here and o	on	· · · · ·
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, and Tru	stees (s	ee instructions)		
			•	ŀ	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<u></u>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total	Enter here and on Part II, line 1					0.
Part		oo instructions)			I	
1 411						

323732 01-19-24

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FORM 990-T (A)OTHER INCOMESTATEMENT 2DESCRIPTIONAMOUNTRECREATION CENTER REVENUE7,150,122.TOTAL TO SCHEDULE A, PART I, LINE 127,150,122.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
EVENT SERVICES		2,855,151.
CORPORATE ADMINISTRATION		637,797.
UTILITIES		450,825.
EQUIPMENT		209,742.
INSURANCE		139,923.
SUPPLIES		41,500.
PROGRAM ADMINISTRATION		26,563.
FACILITY ADMIN		13,646.
TRAVEL		7,797.
PROMOTIONS		7,177.
TRANSPORTATION AND LODGING		4,626.
TAX PREP FEES		1,828.
RESALE MERCHANDISE		510.

TOTAL TO SCHEDULE A, PART II, LINE 14

4,397,085.

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	625,344.	0.	625,344.	625,344.
06/30/21	75,846.	0.	75,846.	75,846.
06/30/22	701,040.	0.	701,040.	701,040.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,402,230.	1,402,230.

Form 4562		-	iation and / Information on Attach to your tax	Listed Pro			1	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service	Gata	www.irs.gov/Eo	rm4562 for instructi		itact in	formation		Attachment Seguence No. 179
Name(s) shown on return		www.ii3.gov/i o		Business or activity			i	Identifying number
ASSOCIATED STUDENT	S OF SDSU							
San Diego State Un	iversity			RECREATION	CENTE	RS		95-6042622
Part I Election To Ex	pense Certain Property	y Under Section 17	79 Note: If you have a	any listed prop	erty, co	mplete Part	V before y	ou complete Part I.
1 Maximum amount (s	see instructions)						1	1,160,000.
2 Total cost of section	179 property place	d in service (see i	instructions)				2	
3 Threshold cost of se								2,890,000.
4 Reduction in limitati	on. Subtract line 3 fr	om line 2. If zero	or less, enter -0				4	
5 Dollar limitation for tax year	r. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filing separatel	y, see instructions			5	
6	(a) Description of prop	perty	(b) Cos	t (business use only)	(c) Elected of	cost	
7 Listed property. Ent				·····	7			
8 Total elected cost of								
9 Tentative deduction								
10 Carryover of disallow							10	
11 Business income lin			•	,				
12 Section 179 expens						<u></u>	12	
13 Carryover of disallov				1	3			
Note: Don't use Part II o				a ali vala liata ali a		. \		
	-		epreciation (Don't i		-	-		
14 Special depreciation	-					-		
•								
15 Property subject to							15	355,735.
16 Other depreciation (Part III MACRS D			perty. See instruction				16	555,755.
			Section A	13./				
17 MACRS deductions	for assots placed in	sonvico in tax vo		2023			17	
18 If you are electing to group			v v				… ⊢″	
			e During 2023 Tax Y			al Deprecia	Lion Syste	m
(a) Classification		(b) Month and year placed in service	(c) Basis for depreciat (business/investment u only - see instruction	ion use (d) Rec	overy	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property	/							
e 15-year property	/							
f 20-year property	/							
g 25-year property	/			25 y	rs.		S/L	
b Desidential rent	al proporty	/		27.5	yrs.	MM	S/L	
h Residential rent	ai property	/		27.5	yrs.	MM	S/L	
: Nonropidantial r	ad property	/		39 y	rs.	MM	S/L	
i Nonresidential r	ear property	/				MM	S/L	
Se	ection C - Assets PI	aced in Service	During 2023 Tax Ye	ar Using the A	Iterna	tive Depreci	ation Syst	em
20a Class life							S/L	
b 12-year				12 y			S/L	
c 30-year		/		30 y		MM	S/L	
d 40-year		/		40 y	rs.	MM	S/L	
Part IV Summary	(See instructions.)							
21 Listed property. Ent							21	
22 Total. Add amounts	from line 12, lines 1	4 through 17, lin	es 19 and 20 in colur	nn (g), and line	21.			
			artnerships and S cor	·	instr.		22	355,735.
23 For assets shown al	•	•						
portion of the basis	attributable to section	on 263A costs			23			

		ASSO	CIATED STUI	DENTS (OF SDSU	J									
For	m 4562 (2023)		DIEGO STATI									95-	-604262	2	Page 2
Pa	art V Listed Propert				her vehic	les, cert	tain aircr	aft, an	d property	used fo	r				
	entertainment, Note: For any	vehicle for w	hich vou are u	, isina the	standar	d milead	ae rate o	r dedu	cting lease	e expens	e. com	olete o r	ılv 24a.		
	24b, columns (a) through (c) of Śection A	, all of S	ection B	, and Se	ection C	if appli	icable.	•			•		
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution: S	See the i	nstruc	tions for li	nits for p	basseng	er autor	nobiles.)	
<u>24a</u>	Do you have evidence to s	support the bus		nt use cla	aimed?	<u> </u>	′es 📃	No	24b If "Y	es," is th	ne evide	nce writ	ten?	_ Yes	No
	(a)	(b) Date	(c) Business/		(d)	Ba	(e) sis for depre	ciation	(f)		(g)		(h)		(i) ected
	Type of property (list vehicles first)	placed in	investment		Cost or ther basis	(bu	siness/inve	stment	Recovery period		thod/ ention		eciation uction		ion 179
		service	use percenta	ge U			use only	/)	period			ucu			cost
25	Special depreciation allo				•		•								
	used more than 50% in							<u></u>			25				
26	Property used more that	n 50% in a qı 1	ualified busine	ess use:								1			
		: :		%										<u> </u>	
		: :		%										<u> </u>	
		: :		%											
27	Property used 50% or le	ss in a qualif	ied business i	use:					1			1			
		: :		%						S/L -				4	
		: :		%						S/L -				4	
		: :		%						S/L -				4	
	Add amounts in column														
29	Add amounts in column	(i), line 26. E	inter here and	on line	7, page 1	1				<u></u>	<u></u>		. 29		
			5	Section	B - Infor	mation	on Use	of Veł	nicles						
	mplete this section for ve										•				
to y	our employees, first ans	wer the ques	tions in Section	on C to s	see if you	ı meet a	in except	tion to	completir	g this se	ection fo	r those	vehicles.		
				1		1		-		1					
					(a)		b)		(c)		d)	(e)		1	(f)
30	Total business/investment		•	Veh	icle 1	Veh	icle 2	V	ehicle 3	Vehi	cle 4	Veh	icle 5	Veh	icle 6
	year (don't include commu													──	
	Total commuting miles of													──	
32	Total other personal (no	-													
	driven													───	
	Total miles driven during														
	Add lines 30 through 32				· · · ·		T				1		T	──	T
34	Was the vehicle availabl			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												+	<u> </u>	+
35	Was the vehicle used pr		more												
	than 5% owner or relate												──	──	+
36	Is another vehicle availa	ble for perso	nal												
	use?			_										<u> </u>	
			- Questions f												
	swer these questions to c			xception	to comp	oleting S	Section E	s for ve	ehicles use	ed by em	ployees	who a	ren't		
	re than 5% owners or rela														—
37	Do you maintain a writte										by your			Yes	No
															_
38	Do you maintain a writte		-												
~~	employees? See the ins			•	~										
	Do you treat all use of ve	,													_
	Do you provide more that														
	the use of the vehicles,														+
41	Do you meet the require														_
	Note: If your answer to :	37, 38, 39, 4	∪, or 41 is "Ye	es," don'	t comple	ete Secti	on B for	the co	overed veh	icles.					
12	art VI Amortization (a)		I	(b)	1	(2)		I	(പ)		(0)			(f)	
	(a) Description of	costs	Date	(b) amortization		(c) Amortizal			(d) Code		(e) Amortiza		A	(f) mortization	1
	Amortization of	ot beside!		begins Detext was		amoun	ι		section		period or per	rcentage	fo	or this year	
42	Amortization of costs th	at begins du	ning your 2023		ar: 			1		<u> </u>					
				: :											
40	Amortization of	ot because is a		<u>+</u>	<u> </u>							42			
	Amortization of costs th	0										43			
44	Total. Add amounts in c	column (t). Se	ee the instruct	ions for	wnere to	report						44			

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

2

B Employer identification number 95-6042622

D Sequence:

2

of

Α	Name of the organization	ASSOCIATED	STUDENTS	OF	SDSU		
	SAN DIEGO STAT	E UNIVERSIT	Y				

C Unrelated business activity code (see instructions) 624410

E Describe the unrelated trade or business CHILDREN'S CENTER

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b		4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 5	12	476,339.		476,339
13	Total. Combine lines 3 through 12	13	476,339.		476,339

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	364,770.
3	Repairs and maintenance			3	32,724.
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	12,709.
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	75,392.
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SEE	STAT	rement 6	14	606,772.
15	Total deductions. Add lines 1 through 14			15	1,092,367.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part I	, line 13,		
	column (C)			16	-616,028.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-616,028.
For I	Paperwork Reduction Act Notice, see instructions.	chedule	e A (Form 990-T) 2023		

LHA 323741 01-19-24

14400328 153424 0192735-00005

55 2023.05070 ASSOCIATED STUDENTS OF SD 01927351

Part	ule A (Form 990-T) 2023				2 Page 2
		hod of inventory valua	tion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6 7	Total. Add lines 1 through 5 Inventory at end of year				
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter l				
9	Do the rules of section 263A (with respect to property)				Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Chec	k if a dual-use. See instru	uctions.	
	A 🗌	, ,			
	в 🔲				
	c 🗌				
	D		,		
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
-	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
5 Part 1	V Unrelated Debt-Financed Income (s) Description of debt-financed property (street address, or street address) (s)	ee instructions)	I, line 6, column (B)		0.
	A	Sity, State, ZIF Code,	Check if a dual-use. See	Instructions.	
	в	ily, state, zir code).	Check if a dual-use. See	Instructions.	
	B C		Check if a dual-use. See		
	в				D
2	B C		Check if a dual-use. See	C	D
2	B C D				D
2 3	B C D Gross income from or allocable to debt-financed				D
	B C D Gross income from or allocable to debt-financed property				D
	B				D
3	B				D
3	B				D
3 a b	B				D
3 a b	B				D
3 a b c 4	B				D
3 a b c	B	A			D
3 b c 4 5	B	A	B	C	
3 b c 4 5 6	B	A	B		
3 b c 4 5 6 7	B	A	B	C	%
3 b c 4 5 6	B	A	B	C	
3 b c 4 5 6 7	B	A	B	C	%
3 b c 4 5 6 7 8	B	A 9 . Enter here and on Pa	B B b b b c c c c c c c c c c c c c c c	C	%
3 b c 4 5 6 7 8 9	B	A % . Enter here and on Pa ough D. Enter here ar	B B b b b c c c c c c c c c c c c c c c	С	% %

Sched Part	ule A (Form 990-T) 2023	uities. Ro	ovalties, and Re	ents Fro	m Contro	lled O	rganization	S (s	ee instruct	ions)		Page 3
- urt	•••		,				Exempt Control	`		,		
	1. Name of controller organization	d	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		nn 4 in the aniza-		
(1)												
(2)												
(3)												
(4)												
<u></u>			No	nexempt (Controlled O	ganizati	ons					
7	'. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif syments mad		10. Part of that is inclusion controlling gross	luded	in the zation's		co	ductions directly nnected with ne in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I, (A).	Ent	er h	olumns 6 and 11. ere and on Part I, 8, column (B).
Totals Part	VII Invootmont I	noomo	of a Section 50	1(0)(7) ((0) or (17)	Oraar			0.			0.
Fait		cription of		1(0)(7), (1 · · · ·		tructions)			5. Total deductions
	1. Desc				2. Amou incor		3. Deduction directly connection (attach stater	ected	4. Set- (attach st		,	and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)						ta i.a						
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B). 0.
Part	VIII Exploited E	xemnt A	Activity Income,	Other 1	⊥ Than ∆dve		n Income	'soo in	tructions)			
1	Description of exploite			,				000 11	5.1 40 (10115)			
2	Gross unrelated busin			ness Ente	r here and o	n Part I	line 10 colum	n (A)		2		
3	Expenses directly con											
Ū	line 10, column (B)									3		
4	Net income (loss) from	unrelated	trade or business.	Subtract lir	ne 3 from lin	 e 2. lf a d	aain. complete			-		
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2023

323731 01-19-24

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	ule A (Form 990-T) 2023				Page 4	
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on	a consolidated bas	sis.		
	A 🗌					
	в					
	c 🔲					
	D					
Enter a	amounts for each periodical listed above in the co					
		A	В	С	D	
2	Gross advertising income			v		
2					0.	
_	Add columns A through D. Enter here and on P	art i, line i i, column (A)			.	
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on P	art I, line 11, column (B)			0.	
4	Advertising gain (loss). Subtract line 3 from line					
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is less					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain on					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the grea		otal or .0. here and	on		
u	Part II, line 13				0.	
Part	X Compensation of Officers, Dire	ctors, and Trustees				
	,,,,,,			3. Percentage	4. Compensation	
	1. Name	2. Title		of time devoted	attributable to	
	in runo			to business	unrelated business	
(1)				%		
(2)				%		
				%		
<u>(3)</u>				%		
(4)				%		
Tatal	Enter have and an Dart II, line 1				0.	
Part		·····			0.	
Part		instructions)				
_						

2

95-6042622

FORM 990-T (A)	OTHER INCOME	STATEMENT 5
DESCRIPTION		AMOUNT
CHILDREN'S CENTER INCOME		476,339.
TOTAL TO SCHEDULE A, PART I	, LINE 12	476,339.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
ADMINISTRATIVE		548,856.
SUPPLIES		32,518.
UTILITIES		11,521.
SERVICES		3,936.
OTHER EXPENSES		3,131.
FACILITY ADMIN		2,410.
TAX PREP FEES		1,828.
EQUIPMENT		1,663.
TRAVEL		909.
TOTAL TO SCHEDULE A, PAR	RT II, LINE 14	606,772.

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 7		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/19	108,338.	0.	108,338.	108,338.		
06/30/20	218,258.	0.	218,258.	218,258.		
06/30/21	282,948.	0.	282,948.	282,948.		
06/30/22	94,956.	0.	94,956.	94,956.		
NOL CARRYO	VER AVAILABLE THIS	YEAR	704,500.	704,500.		

Form 4562	Attach to your tax return.									
epartment of the Treasury ternal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information.									Attachment Sequence No. 179	
Name(s) shown on return							this form relates		Identifying number	
ASSOCIATED STUDENT	S OF SDSU									
San Diego State Un	-				DREN'S CI				95-6042622	
Part I Election To Ex	pense Certain Property	y Under Section 17	'9 Note: If you ha	ive any lis	ted proper	ty, co	mplete Part	V before y	ou complete Part I. 1,160,000.	
(1 Maximum amount (see instructions)									
 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 									2 200 000	
	3	2,890,000.								
4 Reduction in limitation						•••••		4		
	Illar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instruction (a) Description of property (b) Cost (business us)						(c) Elected c			
6	(a) Description of prop	(0)	COSt (DUSIN	ess use only)		(C) Elected (.051			
7 Listed property. Ent	ar the emount from I	ino 20			7					
7 Listed property. Enter8 Total elected cost of			in column (c) lin		·····			8		
9 Tentative deduction.										
10 Carryover of disallov										
11 Business income lim										
12 Section 179 expense					,					
13 Carryover of disallov								12		
Note: Don't use Part II of										
	preciation Allowan				e listed pro	perty	.)			
14 Special depreciation	•		•							
	14									
	the tax year 15 Property subject to section 168(f)(1) election									
	16 Other depreciation (including ACRS)									
Part III MACRS D	epreciation (Don't i									
			Sectio	n A						
17 MACRS deductions	for assets placed in	service in tax ye	ars beginning bet	ore 2023				17		
18 If you are electing to group	any assets placed in servic	e during the tax year in	to one or more general	asset accou	nts, check here					
	Section B - Assets F	Placed in Servic	e During 2023 Ta	ax Year L	Ising the G	iener	al Deprecia	ion Syste	m	
(a) Classification	of property	(b) Month and year placed in service	(c) Basis for depr (business/investm only - see instru	nent use	(d) Recovery period (e) Convent			(f) Method	(g) Depreciation deduction	
19a 3-year property										
b 5-year property										
c 7-year property										
d 10-year property	,									
e 15-year property										
f 20-year property	,									
g 25-year property	,				25 yrs			S/L		
h Residential renta	al property	/			27.5 yr		MM	S/L		
		/			27.5 yr	s.	MM	S/L		
i Nonresidential re	eal property	/			39 yrs		MM	S/L		
		/		<u> </u>			MM	S/L		
	ction C - Assets Pl	aced in Service	During 2023 Tax	Year Us	ing the Alt	erna	live Depreci		iem	
20a Class life					10			S/L		
b 12-year					12 yrs			S/L		
c 30-year		/			30 yrs		MM	S/L		
d 40-year Part IV Summary	(Soo instructions)	/			40 yrs	•	MM	S/L		
, <u> </u>	(See instructions.)	20								
21 Listed property. Ente			aa 10 cmd 00 in	alumar (-)	on d 16 2	 -		21		
22 Total. Add amounts Enter here and on th	e appropriate lines o	of your return. Pa	rtnerships and S	corporati				22	12,709.	
23 For assets shown at portion of the basis	•	•			23					

		ASSO	CIATED STUI	DENTS C	OF SDSU	J										
For	m 4562 (2023)		DIEGO STATI									95-	-604262	2	Page 2	
Pa	Listed Propert				ner vehic	les, cert	ain aircr	aft, an	d property	used fo	or					
	entertainment, Note: For any	vehicle for w	hich vou are u	, sina the	standar	d milead	ae rate o	r dedu	cting lease	e expens	se. com	olete o r	1 v 24a.			
	24b, columns (a) through (c) of Śection A	, all of S	ection B	, and Se	ection C	f appl	icable.	•						
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution: S	See the i	nstruc	tions for li	nits for	passeng	er autor	nobiles.)		
<u>24a</u>	Do you have evidence to s	support the bus		nt use cla	aimed?	<u> </u>	es	No	24b If "Y	es," is tl	ne evide	nce writ	ten?	Yes	No	
	(a) (b) (c) Two of property Date Busines			, (d)			(e) (f) Basis for depreciation			(g)			(h)		(i) ected	
	Type of property placed in investment (list vehicles first)						siness/inve	stment	Recovery period		thod/ /ention		eciation uction		on 179	
		service	use percenta	ge U			use only	r)	period			ucu	uction		ost	
	Special depreciation allo				•		•									
	used more than 50% in				<u></u>			<u></u>		<u></u>	25					
26	Property used more that	n 50% in a qı 1	ualified busine	ss use:								1				
		: :		%										<u> </u>		
		: :		%										<u> </u>		
				%										<u> </u>		
27	Property used 50% or le	ess in a qualif T														
		: :		%						S/L ·				-		
		: :		%							S/L -			-		
				%						S/L ·				-		
	Add amounts in column															
<u>29</u>	Add amounts in column	(i), line 26. E								<u></u>			29			
~							on Use									
	nplete this section for ve										•					
το γ	our employees, first ans	wer the ques	tions in Section	on C to s	ee IT you	i meet a	n excep	tion to	completin	ig this se	ection to	r those	venicies.			
					<u></u>		b)		(a)		دا/		(a)		(4)	
20	Total huginggo/investment	milaa driwaa du	uring the	(a)		-	b)		(c)		d)		(e)		(f)	
	Total business/investment		•	Vehicle 1		Ven	Vehicle 2 V		Vehicle 3 V		Vehicle 4		Vehicle 5		Vehicle 6	
	year (don't include commu															
	Total commuting miles of															
	Total other personal (no	-														
	driven													-		
	Total miles driven during															
	Add lines 30 through 32 34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
				Tes	No	res	No	Tes	s No	165	No	Tes	No	Tes	No	
	during off-duty hours? Was the vehicle used pr								_				+			
35	•	al mana an O														
26	than 5% owner or relate Is another vehicle availa								_				+			
	0	•														
	use?		- Questions f		overs W	l /ho Prov	vide Veh		for Lise by	l 7 Thoir F	i mnlove			1		
Ane	wer these questions to c												ron't			
	e than 5% owners or rela			Coption	10 0011	Sicting C				a by ch	ployees	a who a				
	Do you maintain a writte			ohibits a	ll nerson	nal use c	of vehicle	s incl	udina com	mutina	by your			Yes	No	
	Do you maintain a writte										our					
	employees? See the ins		-	-												
	Do you treat all use of ve			•	•											
	Do you provide more that	,														
	the use of the vehicles,				~											
	Do you meet the require															
	Note: If your answer to :														-	
_	art VI Amortization	, _0, 00, 4	_,	.,			2 0 101									
(a)				(b) (d			(c)		(d)		(e)					
Description of costs Date			amortization Amortizable begins amount				Code Amo section period o			ation	Ai fo	(f) mortization or this year	l			
42	Amortization of costs th	at begins du	ring your 2023	-	ır:					I						
		<u> </u>		: :												
				: :												
43	Amortization of costs th	at began bef	ore your 2023	tax yea	r							43				
	43 Amortization of costs that began before your 2023 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44															