

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC					
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.					
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.					
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.					
Requests made in writing	If the request is made in writing, response is generally required within 30 days.					
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.					
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.					
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.					

Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury

A For the 2023 calendar year, or tax year beginning JUL 1 2023 and ending JUN 30 C Name of organization Check if applicable: D Employer identification number Address change AZTEC SHOPS, LTD, Name change 95-0516240 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 5500 CAMPANILE DRIVE MC 1701 (619) 594-6954 122,161,262. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN DIEGO, CA 92182-1701 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TODD SUMMER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.AZTECSHOPS.COM J Website: H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1931 | M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORTIVE COMMERCIAL Activities & Governance SERVICES FOR SAN DIEGO STATE UNIVERSITY, (SEE SCHEDULE O) 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 1997 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 7 Total number of volunteers (estimate if necessary) 6 15,924,741. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 3,540,402, 11,605. Contributions and grants (Part VIII, line 1h) 8 Revenue 25,337,064 32,700,361. Program service revenue (Part VIII, line 2g) 310,558 501,367. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 53,569,631. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 51,651,752 11 80,839,776 86,782,964. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 865,000 870,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 25,435,370, 28,934,271. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 41,828,864. 48,753,143. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68,129,234. 78,557,414. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,710,542. 8,225,550. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 201,763,575. 157,300,395 Total assets (Part X, line 16) 132,072,778 168,310,408, 21 Total liabilities (Part X, line 26) 三年 25,227,617. 33,453,167. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign HEATHER HAWKINS, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature DANIEL ROMANO P00504182 Paid Firm's name GRANT THORNTON ADVISORS LLC 99-1856619 Preparer Firm's EIN 757 THIRD AVENUE, 3RD FLOOR Use Only Firm's address Phone no. (212) 599-0100 NEW YORK, NY 10017-2013 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 95-0516240 AZTEC SHOPS, LTD. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5500 CAMPANILE DRIVE MC 1701 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92182-1701 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of HEATHER HAWKINS 5500 CAMPANILE DRIVE MC 1701 - SAN DIEGO, CA 92182-1701 Telephone No. (619) 594-6954 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 25 I request an automatic 6-month extension of time until MAY 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 JUL 1 , 20 ²³ , and ending JUN 30 , 2024 」 tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

AZTEC SHOPS, LTD. 95-0516240 Page 2 Form 990 (2023)

Pa	Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O		<u>A</u>
	SEE SCREDULE 0		
2	Did the organization undertake any significant program services during the year which were not listed on		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes _A_ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	vices?	Yes X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total exper	nses, and
	revenue, if any, for each program service reported.		20 005 615
4a	(Code:) (Expenses \$ 36,537,383. including grants of \$) DINING SERVICES	(Revenue \$	32,027,617.
	AZTEC SHOPS IS RESPONSIBLE FOR ALL RESTAURANTS AND FOOD SERVICE OUTLETS		
	SERVING ALMOST 40,000 STUDENTS, FACULTY AND STAFF OF SAN DIEGO STATE		
	UNIVERSITY. THE ORGANIZATION OPERATES SDSU'S MEAL PLAN PROGRAM,		
	RESIDENCE HALL DINING PROGRAMS, CAMPUS CATERING DEPARTMENT, OUR OWN		
	BRANDED RESTAURANTS AND CONVENIENCE STORES AS WELL AS FOOD AND BEVERAGE		
	AT SNAPDRAGON STADIUM.		
4b	(Code:) (Expenses \$ 17,255,716. including grants of \$)	(Revenue \$	19,447,879.
	STUDENT APARTMENTS		
	AZTEC SHOPS OWNS SEVERAL APARTMENT COMPLEXES ADJACENT TO SAN DIEGO		
	STATE UNIVERSITY. ALL TENANTS IN THE APARTMENTS DURING THE 2023-24 ACADEMIC YEAR WERE SDSU STUDENTS, WITH APPROXIMATELY 90% OF THE UNITS		
	RENTED DIRECTLY BY THE UNIVERSITY FOR USE BY ITS OFFICE OF HOUSING		
	ADMINISTRATION.		
4c	(Code:) (Expenses \$ 6 , 842 , 043 . including grants of \$)	(Davanua ft	10 469 188 \
40	CAMPUS STORES	(Revenue \$	10,100,100.
	THE SDSU BOOKSTORE IS ONE OF THE LARGEST VOLUME CAMPUS BOOKSTORES IN		
	THE COUNTRY. THE 25,000 SQUARE FOOT FACILITY PROVIDES COURSE MATERIALS		
	FOR EVERY CLASS TAUGHT AT SAN DIEGO STATE UNIVERSITY. AZTEC SHOPS ALSO		
	OPERATES THE AZTEC STORE AT OUR IMPERIAL VALLEY CAMPUS IN CALEXICO,		
	CALIFORNIA. THROUGH THE BOOKSTORE, SATELLITE STORE, AND ITS WEBSITE,		
	AZTEC SHOPS IS THE PREFERRED PROVIDER OF SDSU IMPRINTED CLOTHING AND		
	MERCHANDISE FOR CURRENT STUDENTS AS WELL AS MORE THAN 200,000 LIVING ALUMNI OF SAN DIEGO STATE UNIVERSITY.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 6,523,687. including grants of \$ 870,000.) (Revenue \$	7,977,400.)	
4e	Total program service expenses 67,158,829.		Form 990 (2023)
			Form 330 (2023)

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Form 990 (2023) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U				x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	٠٠		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	\vdash
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	—
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	• •	20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form **990** (2023)

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	Continued)		V	Na
22	Did the erganization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	·	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 7 4	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 82	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990	(2023) AZTEC	SHOPS, LTD.			95-0516240	Page
Part V	Statements Regardi	ng Other IR	6 Filings and Tax Compliance	(continued)		

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			_v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_ A
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
٨		7c		
d e		7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the averagination vaccing any payments for indeed temping any ingents the tay year?	110		х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "Ne " provide an explanation on School of Community of of C	14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	"		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			۱.,
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the constitution have been been been been been as of Clinton	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ŭ	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HEATHER HAWKINS - (619) 594-6954			
	5500 CAMPANILE DRIVE MC 1701 SAN DIEGO CA 92182-1701			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	_	cer an	ia a a	recio	rrus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ıl trustee		/ee	m pen		1099-NEC)	1039-1420)	and related
	below	Individual trustee or director	Institutional	<u></u>	Key employee	Highest compensated employee	- La			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) ANGES WONG NICKERSON	2.00									
SEC/TREASURER (SDSU EMP)	40.00	Х		Х				0.	327,145.	115,068.
(2) TODD SUMMER	40.00									
CHIEF EXECUTIVE OFFICER	0.00			Х				270,133.	0.	72,734.
(3) CHRISTY SAMARKOS	2.00									
BRD MEMBER (SDSU EMP) - THRU 04/2024	40.00	Х						0.	234,180.	104,359.
(4) J LUKE WOOD	2.00									
FORMER BOARD MEMBER (SDSU EMP)	40.00						Х	0.	198,805.	77,720.
(5) ROBERT WILLIAMS	40.00									
DIRECTOR BUSINESS DEVELOPMENT	0.00				Х			207,093.	0.	65,542.
(6) BRITTANY SANTOS-DERIEG	2.00	1								
BOARD MEMBER (SDSU EMP)	40.00	Х						0.	195,627.	75,573.
(7) JAHAN JAMSHIDI	40.00	1								
DIRECTOR IT	0.00					Х		223,719.	0.	45,845.
(8) CARL WINSTON	2.00									
CHAIRPERSON (SDSU EMP)	40.00	Х		Х				0.	173,881.	71,916.
(9) KATHY BROWN	40.00									
DIRECTOR CAMPUS STORES	0.00					Х		177,850.	0.	49,081.
(10) HEATHER HAWKINS	40.00									
CHIEF FINANCIAL OFFICER	0.00			Х				180,443.	0.	31,214.
(11) JENNIFER LAKIN	40.00									
DIRECTOR HUMAN RESOURCES	0.00					Х		179,441.	0.	23,565.
(12) PAUL MELCHIOR	40.00									
DIRECTOR DINING SERVICES	0.00					Х		149,184.	0.	28,386.
(13) THOMAS TAZBAZ	40.00	1								
DIRECTOR DINING SERVICES	0.00					Х		127,339.	0.	29,394.
(14) NIKHIL VARAIYA	2.00									
BOARD MEMBER (SDSU EMP)	40.00	Х						0.	78,831.	84.
(15) DR. CHRIS MANNING	2.00									
UNIV BOARD MEMBER - AS OF 04/2024	40.00	Х						0.	0.	0.
(16) LEANNE LOCANO	2.00	1								
STUDENT BOARD MEMBER	0.00	Х						0.	0.	0.
(17) KELLEN BROWN	2.00	-								
STUDENT BOARD MEMBER - AS OF 09/2023	0.00	Х						0.	0.	0.

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Part VII Section A Officers Directors Trus		. 1				l			JJ-031024	• Page •
Section A. Officers, Directors, Trus		loy	ees,			gnes	t Co		' '	(F)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	not c , unle:	Pos heck ss per	more rson i irecto	Highest compensated highes	an tee)	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
7.2.	line)	pul	Inst)#0	Key	Hig	For			
(18) TYLER MORGAN	2.00									_
STUDENT BOARD MEMBER	0.00	Х				-		0.	0.	0.
(19) KATARINA HERNANDEZ	2.00								_	0
STUDENT VICE CHAIR - AS OF 05/2024 (20) TAREK MORSY	0.00 2.00	Х				\vdash		0.	0.	0.
, ,		х						0	,	0
STUDENT VICE CHAIR - THRU 05/2024 (21) LEILANI ANDERSON	2.00	A				-		0.	0.	0.
STUDENT BOARD MEMBER	0.00	х						0.	0.	0
(22) SABRINA SIMON	2.00	Λ						0.	٠.	0.
STUDENT BOARD MEMBER	0.00	х						0.	0.	0.
(23) ELLIOT SCOTT	2.00	Λ				┢		0.	٠.	0.
COMM. BOARD MEMBER - AS OF 09/2023	0.00	х						0.	0.	0.
1b Subtotal	1					_		1,515,202.	1,208,469.	790,481.
c Total from continuation sheets to Part V							-	0.	0.	0.
d Total (add lines 1b and 1c)								1,515,202.	1,208,469.	790,481.

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

28

			163	140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	<u> </u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN CAMPUS COMM., 12700 HILL COUNTRY		
BLVD, STE T-200, AUSTIN, TX 78738	APARTMENT MANAGEMENT	1,517,041.
THE UPS STORE 7411		
5187 COLLEGE AVE., SAN DIEGO, CA 92115	MAIL MANAGEMENT	1,162,516.
EXTREME ROOFING OF SAN DIEGO		
11213 EL NOPAL, LAKESIDE, CA 92040	CONTRACTOR SERVICES	1,072,895.
DM CONSTRUCTION & CONCRETE INC		
14875 OAK CREEK ROAD, EL CAJON, CA 92021	CONTRACTOR SERVICES	1,047,727.
ERIC J. EPIFANO		
1434 MARSHALL ROAD #39, ALPINE, CA 91901	CONTRACTOR SERVICES	928,074.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization 29	ed above) who received more than	2000

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AZTEC SHOPS, LTD, 95-0516240 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 11,605 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 11,605 h Total. Add lines 1a-1f **Business Code** 2 a STUDENT APARTMENTS 531110 19,447,879. 19,447,879 Program Service Revenue b UNIVERSITY TOWERS HALL 721310 4,336,218 4,336,218 CAMPUS DINING SERVICES 722310 4,200,741. 4,172,249. 28,492. 2,210,839. CONFERENCE SERVICES 2,361,893 151,054. 531120 OTHER CAMPUS ACTIVITIE 1,948,304 1,948,304, 531120 405,326 f All other program service revenue 531120 405,326 32,700,361 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 537,005 537,005 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 2,851,536 6 a Gross rents 2,650,880. **b** Less: rental expenses 200,656. c Rental income or (loss) 200,656, 200,656. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 21,765. assets other than inventory 7a **b** Less: cost or other basis 57,403. and sales expenses 7b Other Revenue -35,638, c Gain or (loss) -35,638. -35,638. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns **10a** 85,594,870 and allowances 10b 32,670,015 **b** Less: cost of goods sold 52,924,855. 37,179,660. 15,745,195. c Net income or (loss) from sales of inventory **Business Code** 11 a INTEREST REBATES 900099 373,565 373,565. 513130 CUSTOMIZED PRODUCTION 70,555 70,555 d All other revenue

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1,075,588. Form **990** (2023)

Total. Add lines 11a-11d

Total revenue. See instructions

69,771,030.

15,924,741.

444,120

86,782,964.

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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) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 870,000 870,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 582,967. 495,523. 87,444. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 23,248,734. 16,921,850. 6,326,884. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,020,377 518,541. 501,836 2,288,107 1,450,879 837,228 9 Other employee benefits 1,794,086 1,324,773. 469,313 10 Payroll taxes Fees for services (nonemployees): 625,756 625,756 Management а 219,385 11,261. 208,124 Legal 233,813, 233,813. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,336,666 2,949,548 387,118 column (A), amount, list line 11g expenses on Sch O.) 1,056,826 429,270, 627,556 Advertising and promotion 12 3,662,731 3,420,531 242,200 13 Office expenses 889,554, 147,765 741,789 Information technology 14 861,608. 861,608. Royalties 15 22,637,508 22,226,966. 410,542 16 Occupancy 94,892 35,222 130,114 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 17,274 13,559. 3,715. Conferences, conventions, and meetings 19 4,828,856. 4,828,856 20 Payments to affiliates 21 6,439,732 6,370,387 69,345 22 Depreciation, depletion, and amortization 575,543 424,883. 150,660 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) EQUIP. RENTAL & MAINT. 1,063,851. 1,054,535. 9,316. SALES DISCOUNTS 1,002,008 988,672. 13,336 TEMPORARY LABOR 892,663. 877.017. 15,646. С MEMBERSHIP DUES 212,743. 198,211. 14,532 66,512, 63,390 3,122 All other expenses е 78,557,414. 67,158,829 11,398,585 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,172,716.	1	4,357,363
	2	Savings and temporary cash investments			9,442,329.	2	8,861,396
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,189,629.	4	9,979,434
	5	Loans and other receivables from any curren	t or former	officer, director,			
		trustee, key employee, creator or founder, su	ıbstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	ualified pers	sons (as defined			
		under section 4958(f)(1)), and persons descri				6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,550,728.	8	3,810,198
۲	9	Prepaid expenses and deferred charges			744,569.	9	707,705
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	230,338,243.			
	b	Less: accumulated depreciation	10b	67,346,721.	118,190,831.	10c	162,991,522
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			13,009,593.	15	11,055,957
_	16	Total assets. Add lines 1 through 15 (must e			157,300,395.	16	201,763,575
	17	Accounts payable and accrued expenses			18,375,506.	17	18,722,221
	18	Grants payable				18	
	19	Deferred revenue			1,945,088.	19	2,138,576
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ja		controlled entity or family member of any of t	•			22	
-	23	Secured mortgages and notes payable to un		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	111 752 104		147 440 611
		of Schedule D			111,752,184.	25	147,449,611
_	26	Total liabilities. Add lines 17 through 25	· · · ·	X	132,072,778.	26	168,310,408
ဖွ		Organizations that follow FASB ASC 958, or the second state of the second secon	check here				
Net Assets or Fund Balances	07	and complete lines 27, 28, 32, and 33.			25,227,617.	07	33,453,167
ala	27			·····	25,227,017.	27	33,433,107
g	28			ak basa		28	
ج		Organizations that do not follow FASB AS	C 958, cned	ck nere			
<u></u>	20	and complete lines 29 through 33.	ndo.	1		00	
sts	29	Capital stock or trust principal, or current fur				29	
1886	30	Paid-in or capital surplus, or land, building, o				30	
et /	31	Retained earnings, endowment, accumulated			25,227,617.	31	33,453,167
ž	32				157,300,395.	32	201,763,575
	33	Total liabilities and net assets/fund balances			137,300,393.	33	Form 990 (2023

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,782,		
2	Total expenses (must equal Part IX, column (A), line 25)	2	78	,557,	414.	
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,225,	550.	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	33	,453,	167.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2023)	

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SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open Insp

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** AZTEC SHOPS, LTD 95-0516240 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). Х An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) SAN DIEGO STATE UNIVERSITY 33-0373293 6 Х 14,741,944

0.

14,741,944

Schedule A (Form 990) 2023 AZTEC SHOPS, LTD. 95-0516240 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		T	1	1	1	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4				1		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				+		
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10 Gross receipts from related activities,	ete (eee instructi				12	
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
13	organization, check this box and stor	· ·		•	•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022		•	.,,		15	%
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_	-				
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin			
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

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

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

Se	ction A. Public Support	<u>51511, p15455 5511,p</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,		, ,	, ,	, ,	`,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	e Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
_							
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (I		•			15	<u>%</u>
16	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						L
K	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che		· ·	· ·		-	

332023 12-21-23

Schedule A (Form 990) 2023

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	162	NO
1	х	
2		Х
3a		Х
3b		
30		
3с		
4a		х
4b		
4.		
4c		
5a		Х
5b		
5c		
6		х
6		
7		Х
8		Х
9a		Х
0:		Х
9b		^
9с		Х
30		
10a		х
10b		
	- 000	

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Х	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	ruction	´ I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ok.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	- 1	

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

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

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART IV, SECTION D, LINE 3:
ROLE THE ORGANIZATION'S SUPPORTED ORGANIZATION PLAYED
THE VOTING BOARD MEMBERS OF AZTEC SHOPS, LTD. INCLUDE THE PRESIDENT OF
SAN DIEGO STATE UNIVERSITY AND THE PRESIDENT OF ASSOCIATED STUDENTS OF
SAN DIEGO STATE UNIVERSITY (OR THEIR DESIGNEES), AS WELL AS THE SAN
DIEGO STATE UNIVERSITY VICE PRESIDENT OF STUDENT AFFAIRS AND THE SAN
DIEGO STATE UNIVERSITY VICE PRESIDENT OF BUSINESS AND FINANCIAL
AFFAIRS.
PART IV, SECTION E, LINE 1C:
EXPLAIN HOW ORGANIZATION SUPPORTS GOVERNMENT ENTITY
AZTEC SHOPS PROVIDES SUPPORTIVE COMMERCIAL SERVICES FOR SAN DIEGO STATE
UNIVERSITY, INCLUDING A BOOKSTORE, DINING SERVICES AND STUDENT HOUSING
OPERATIONS. AZTEC SHOPS ENGAGES IN ACTIVITIES ON BEHALF OF SAN DIEGO
STATE UNIVERSITY, AND, IF NOT FOR THE INVOLVEMENT OF AZTEC SHOPS LTD.,
SAN DIEGO STATE UNIVERSITY WOULD NORMALLY BE ENGAGED IN SIMILAR
ACTIVITIES.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization AZTEC SHOPS, LTD. 95-0516240

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

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

Schedule B (Form 990) (2023)

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

Name of organization

Employer identification number

AZTEC SHOPS, LTD.

95-0516240

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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
140.	Hame, address, and Zir + +	\$	Person Payroll Noncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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

Name of organization

Employer identification number

AZTEC SHOPS, LTD.

95-0516240

art II Noi	ncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om irt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		S	1

Schedule B (Form 990) (2023) Page **4**

iame or or	ganization			Employer identification number				
	OPS, LTD.		-tion F04(-\/7\	95-0516240				
Part III	from any one contributor. Complete columns (a)	through (e) and the following line en	trv. For organizat	(8), or (10) that total more than \$1,000 for the year ions				
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional states.	charitable, etc., contributions of \$1,000 or space is needed.	less for the year. (E	Enter this info. once.) $\Phi_{$				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
-		(e) Transfer of git	 ft					
		(e) Transfer or g						
-	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee				
/-> N -								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Parti								
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee				
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			_					
		(e) Transfer of gi	ft					
		.==						
-	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee				
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			_					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee				
			Helation	or a director to a director				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Nam	e of the organization AZTEC SHOPS, LTD.			95-0516240
Pai	•	d Funds or Other Sim	ilar Funds or Ac	
	organization answered "Yes" on Form 990, Part IV, lin			Complete ii iiic
	g,,	(a) Donor advised fu	ınds (b) Funds and other accounts
1	Total number at end of year	(a) Denot democe to		2, 1 01100 0110 01101 000001110
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			1-
5	Did the organization inform all donors and donor advisors in			
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Pai	impermissible private benefit? t II Conservation Easements. Complete if the organization			
			on Form 990, Part IV,	ille 7.
1	Purpose(s) of conservation easements held by the organization	`		sically discussions band and
	Preservation of land for public use (for example, recrea	· —		rically important land area
	Protection of natural habitat	P	reservation of a certif	fied historic structure
•	Preservation of open space	C1		ti
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	ned conservation contributio	n in the form of a cor	Held at the End of the Tax Year
_				
a h				2a
b	-	ustura included on line 2e		2b 2c
ر م	Number of conservation easements on a certified historic structure of conservation easements included on line 20 ages.			20
d	Number of conservation easements included on line 2c acqu	•		2d
3	on a historic structure listed in the National Register			
3		eased, extilliguished, or terri	illiated by the organiz	zation during the tax
4	year Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		handling of	
•	violations, and enforcement of the conservation easements it		, manaling or	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	5, 1 G,	,	Ü	9 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforce	cing conservation eas	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue	and expense stateme	ent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's fina	ancial statements tha	t describes the
	organization's accounting for conservation easements.		011 0	
Pai	t III Organizations Maintaining Collections of		ures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for put	· · · · · ·		ce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	of public service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				·
2	If the organization received or held works of art, historical tre			provide
_	the following amounts required to be reported under FASB A			Ф.
a	Revenue included on Form 990, Part VIII, line 1			
D	Assets included in Form 990, Part X			Ф

332051 09-28-23

Schedule D (Form 990) 2023

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

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

Complete if the organization answered the orthogonal section and provide the complete in the organization answered the organization answered the organization answered the organization and the organization answered the organization and the o						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		39,135,426.		39,135,426.		
b Buildings		149,475,334.	41,681,550.	107,793,784.		
c Leasehold improvements		10,143,855.	7,641,993.	2,501,862.		
d Equipment		23,005,399.	16,047,245.	6,958,154.		
e Other		8,578,229.	1,975,933.	6,602,296.		
Total. Add lines 1a through 1e. (Column (d) must equa	162,991,522.					

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 AZTEC SHOPS, LTD. 95-0516240 Page **3**

ı	Part VII	Investn	nents -	Other	Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT OF USE ASSETS	7,378,955.
(2) FINANCE LEASE RIGHT OF USE ASSETS	1,849,232.
(3) DEFERRED RENT RECEIVABLE	401,158.
(4) SECURITY AND OTHER DEPOSITS	1,352,612.
(5) FRANCHISE LICENSES	74,000.
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	11,055,957.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOANS PAYABLE SAN DIEGO STATE UNIVERSITY	85,024,810.
(3) LOAN PAYABLE CSU	33,970,000.
(4) LEASE LIABILITIES	8,232,262.
(5) ACCRUED BENEFIT COSTS	8,917,349.
(6) NOTES PAYABLE SDSU RESEARCH FOUNDATION	5,479,594.
(7) LOGO COMMISSION PAYABLE SAN DIEGO STATE UNIVERSITY	1,320,964.
(8) DEBT ACQUISTION COSTS	4,501,600.
(9) DEFERRED RENT PAYABLE ASSOCIATED STUDENTS	3,032.
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	147,449,611.

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

Schedule D (Form 990) 2023

Pai	Reconciliation of Revenue per Audited Financial Statement	s with	Revenue per Re	turn	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	121,967,209.
1					121,307,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	2b			
С.	Recoveries of prior year grants	2c	25 104 244		
d	Other (Describe in Part XIII.)	2d	35,184,244.		25 104 244
е	Add lines 2a through 2d			2e	35,184,244.
3	Subtract line 2e from line 1			3	86,782,965.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statemen	to \A/ith	Evnonces per B	5	86,782,965.
Pa		re with	Expenses per n	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				112 7/1 650
1	Total expenses and losses per audited financial statements			1	113,741,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	35,184,244.		
е	Add lines 2a through 2d			2e	35,184,244.
3	Subtract line 2e from line 1			3	78,557,415.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	78,557,415.
Pa	rt XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b	and 2b; Part V, line 4;	; Part X,	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio	nal inforn	nation.		
PART	YX, LINE 2:				
THE	ORGANIZATION AND PRIMARILY ALL OF ITS AFFILIATES ARE RECOGNIZED	BY THE			
T.1700.T	DATA DENDANCE (EDITOR (IDG) AG BYENDE EDON HEDDENI INGONE ENVIRO	DED			
INTE	RNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAX UNI	DER			
an an	NION EA1/A) OF MUT INMEDIAL DEVINUE CODE AC CUARTERIE ORGANICAM	TOMA			
SECI	'ION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZAT:	LONS			
0117.1	TENTING UNDER THERRIBLE CODE GEOMEON FOLIGINAL ENGERM FOL	n			
QUAL	IFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), EXCEPT FOR	ĸ			
TNOC	ME MAYER DEDMAINING MO IMPELAMED DURINGROUNDER IMPED U.G. CA				
INCC	ME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. UNDER U.S. GAI	AP, THE			
ጥልሄ	EFFECTS FROM UNCERTAIN TAX POSITIONS ARE TO BE RECOGNIZED IN TH	F			
IAA	EFFECTS FROM SWEEKIAIN TAX TOSTITIONS ARE TO BE RECOGNIZED IN THE				
FTNZ	NCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO	O BE			
LINZ	THE PROPERTY OF THE PROPERTY O	J DE			
SUST	AINED IF THE POSITION WERE TO BE CHALLENGED BY A TAX AUTHORITY.				
	TIME IT THE TOUTION WERE TO BE CHIEFERINED BY IT THE MOTHERITY.				
THE	ORGANIZATION COMPLETED AN ANALYSIS OF ITS UNCERTAIN TAX POSITION	NS IN			
ACCO	RDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THERE	ARE NO			

Schedule D (Form 990) 2023 AZTEC SHOPS, LTD. Part XIII Supplemental Information (continued)		95-0516240	Page 5
AMOUNTS TO BE RECOGNIZED ON THE FINANCIAL STATEME			
2023.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD	32,670,015.		
RENTAL EXPENSES	2,650,880.		
CUSTOMIZED PRODUCTION REVENUE	-70,555.		
LOSS ON DISPOSITION OF ASSETS	35,638.		
GENERAL AND ADMINISTRATIVE EXPENSES	-101,734.		
	35,184,244.		
COST OF GOODS SOLD			
RENTAL EXPENSES			
	35,638.		
GENERAL AND ADMINISTRATIVE EXPENSES			
TOTAL TO SCHEDULE D, PART XII, LINE 2D	35,184,244.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
AZTEC SHOPS,							95-0516240
Part I General Information on Grants a							
1 Does the organization maintain records to							
criteria used to award the grants or assis							Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GAN DIEGO GEARE INTUEDIGIEN							
SAN DIEGO STATE UNIVERSITY 5500 CAMPANILE DRIVE							
SAN DIEGO, CA 92182	33-0373293	115	810,000.	0.			GENERAL SUPPORT
Sint Billed, on Shiel	33 03/3233		010,000.	•			BINDIAN BOLLONI
ASSOCIATED STUDENTS OF SDSU 5500 CAMPANILE DRIVE	05 6040600	E01/G)/2)	60.000				
SAN DIEGO, CA 92182	95-6042622	501(C)(3)	60,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	nd government or	anizations listed in the	e line 1 table			l	2.
3 Enter total number of other organizations							0.

AZTEC SHOPS, LTD. 95-0516240 Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. AT THE DISCRETION OF THE BOARD OF DIRECTORS. THE ORGANIZATION PROVIDES FOR ANNUAL ALLOCATIONS TO THE UNIVERSITY AND ITS AFFILIATED ORGANIZATIONS.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

AZTEC SHOPS, LTD.

Employer identification number 95-0516240

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			l
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	— —
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		i

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANGES WONG NICKERSON	(i)	0.	0.	0.	0.	0.	0.	0.
SEC/TREASURER (SDSU EMP)	(ii)	317,749.	0.	9,396.	101,303.	13,765.	442,213.	0.
(2) TODD SUMMER	(i)	218,081.	48,962.	3,090.	54,483.	18,251.	342,867.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTY SAMARKOS	(i)	0.	0.	0.	0.	0.	0.	0.
BRD MEMBER (SDSU EMP) - THRU 04/2024	(ii)	234,042.	0.	138.	75,519.	28,840.	338,539.	0.
(4) J LUKE WOOD	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER BOARD MEMBER (SDSU EMP)	(ii)	181,489.	0.	17,316.	58,494.	19,226.	276,525.	0.
(5) ROBERT WILLIAMS	(i)	171,355.	32,573.	3,165.	36,533.	29,009.	272,635.	0.
DIRECTOR BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRITTANY SANTOS-DERIEG	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER (SDSU EMP)	(ii)	195,567.	0.	60.	46,733.	28,840.	271,200.	0.
(7) JAHAN JAMSHIDI	(i)	182,448.	40,239.	1,032.	43,665.	2,180.	269,564.	0.
DIRECTOR IT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARL WINSTON	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIRPERSON (SDSU EMP)	(ii)	173,881.	0.	0.	56,951.	14,965.	245,797.	0.
(9) KATHY BROWN	(i)	143,754.	33,064.	1,032.	35,786.	13,295.	226,931.	0.
DIRECTOR CAMPUS STORES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HEATHER HAWKINS	(i)	156,926.	23,157.	360.	11,054.	20,160.	211,657.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER LAKIN	(i)	145,359.	33,050.	1,032.	11,054.	12,511.	203,006.	0.
DIRECTOR HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAUL MELCHIOR	(i)	112,557.	35,774.	853.	16,404.	11,982.	177,570.	0.
DIRECTOR DINING SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) THOMAS TAZBAZ	(i)	126,744.	0.	595.	10,225.	19,169.	156,733.	0.
DIRECTOR DINING SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE ORGANIZATION PROVIDES NON-FIXED BONUSES BASED ON THE FINANCIAL RESULTS
OF THE ORGANIZATION IN COMPARISON WITH ITS BUDGET. BONUS AMOUNTS ARE
PROPOSED TO THE BOARD, TO WHICH THE BOARD WILL REVIEW AND APPROVE AT THEIR
DISCRETION.

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Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

AZTEC SHOPS, LTD.	95-0516240
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
INCLUDING BOOKSTORE, DINING SERVICES AND STUDENT HOUSING OPERATIONS.	
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
TO PROVIDE HIGH-QUALITY COMMERCIAL SUPPORT SERVICES TO THE SAN DIEGO	
STATE UNIVERSITY COMMUNITY, INCLUDING THE VENDING AND SALE OF FOOD,	
SUPPLIES, AND RESALE MERCHANDISE ANYWHERE ON BEHALF OF THE UNIVERSITY;	
HOUSING, PROPERTY ACQUISITION AND DEVELOPMENT, AND ADMINISTRATION OF	
OTHER BUSINESS ACTIVITIES AS DETERMINED BY THE VICE PRESIDENT FOR	
BUSINESS AND FINANCIAL AFFAIRS OF SAN DIEGO STATE UNIVERSITY, WHEN IT	
IS DEEMED TO BE MORE EFFECTIVE TO ACCOMPLISH SUCH FUNCTIONS AND	
ACTIVITIES THROUGH AZTEC SHOPS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
UNIVERSITY TOWERS RESIDENCE HALL	
AZTEC SHOPS OWNS AND OPERATES, IN CONJUNCTION WITH SAN DIEGO STATE	
UNIVERSITY'S OFFICE OF HOUSING ADMINISTRATION, THE UNIVERSITY TOWERS	
RESIDENCE HALL ON THE CAMPUS OF SAN DIEGO STATE UNIVERSITY. UNIVERSITY	
TOWERS WAS THE "HOME AWAY FROM HOME" FOR MORE THAN 500 STUDENTS OF SAN	
DIEGO STATE DURING THE 2023-2024 ACADEMIC YEAR, PROVIDING A LIVING	_
ENVIRONMENT FOSTERING ACADEMIC EXCELLENCE AND PERSONAL GROWTH.	
EXPENSES \$ 3,584,096. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,336,217.	
CONFERENCE SERVICES	
SDSU CONFERENCE SERVICES SERVES GROUPS RANGING IN SIZE FROM 10 TO	
12 000 ATTENDING CONFERENCES AND WORKSHOPS ON CAMPUS PRIMARILY DURING	

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization AZTEC SHOPS, LTD. 95-0516240 THE SUMMER MONTHS. TO HELP MAKE EACH GATHERING A SUCCESS. SDSU CONFERENCE SERVICES FOCUSES ON ADVANCE PREPARATION AND PLANNING ASSISTANCE. CONFERENCE PLANNING ENCOMPASSES VARIOUS ON-CAMPUS SERVICES INCLUDING FACILITIES, INSTRUCTIONAL MEDIA ASSISTANCE, DINING SERVICES, AND HOUSING ACCOMMODATIONS. EXPENSES \$ 2,069,591. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,361,893. MISCELLANEOUS INCOME RECEIPTS AND REIMBURSEMENTS FOR VARIOUS COMMERCIAL SERVICES PROVIDED BY AZTEC SHOPS TO THE SAN DIEGO STATE UNIVERSITY CAMPUS COMMUNITY. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 848,722. RENTAL OF FACILITIES SDSU'S WORLD CAMPUS OFFERS CERTIFICATE PROGRAMS FOR CAREER ADVANCEMENT MASTER'S DEGREE PROGRAMS AND ESL INSTRUCTION. AZTEC SHOPS PROVIDES FACILITIES FOR RENT TO SAN DIEGO STATE UNIVERSITY FOR THEIR WORLD CAMPUS. REVENUE \$ 430,568. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. GRANT ALLOCATIONS AZTEC SHOPS. AT THE DISCRETION OF ITS BOARD OF DIRECTORS. PROVIDES FOR ANNUAL ALLOCATIONS TO SAN DIEGO STATE UNIVERSITY AND ITS AFFILIATED ORGANIZATIONS. DURING THE CURRENT YEAR, ALLOCATIONS WERE MADE TO THE ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY AND SAN DIEGO STATE UNIVERSITY. EXPENSES \$ 870,000. INCLUDING GRANTS OF \$ 870,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A:

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization AZTEC SHOPS, LTD. 95-0516240 APPOINTMENT, NOMINATION, AND ELECTION PROCESS FOR BOARD MEMBERS: THE PRESIDENT OF SAN DIEGO STATE UNIVERSITY AND THE PRESIDENT OF ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY OR THEIR DESIGNEES, AS WELL AS THE SDSU VICE PRESIDENT OF STUDENT AFFAIRS AND SDSU VICE PRESIDENT OF BUSINESS AND FINANCIAL AFFAIRS, ARE APPOINTED EX OFFICIO BY VIRTUE OF THEIR POSITIONS IN THE UNIVERSITY. ALL OTHER DIRECTORS ARE NOMINATED BY THE PRESIDENTS AND ELECTED UPON A MAJORITY VOTE OF THE EXISTING BOARD MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS: UNDER TITLE 5 CALIFORNIA CODE OF REGS, SECTION 42402, THE CAMPUS PRESIDENT IS REQUIRED TO ASSURE THAT AZTEC SHOPS OPERATES IN CONFORMITY WITH THE POLICIES OF THE CALIFORNIA STATE UNIVERSITY SYSTEM AND SAN DIEGO STATE UNIVERSITY. THE PRESIDENT MAY DISCONTINUE ANY PROGRAM OR EXPENDITURE THAT HE OR SHE DETERMINES IS INCONSISTENT WITH THESE POLICIES. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS: DRAFT OF THE FORM 990 WAS DELIVERED TO THE AUDIT COMMITTEE OF AZTEC SHOPS IN ACCORDANCE WITH ITS CHARTER. THE CONTROLLER OF AZTEC SHOPS EXPLAINED THE SIGNIFICANT CHANGES IN THE FORM AND SOLICITED QUESTIONS FROM THE COMMITTEE. THE FINAL FORM 990 WAS ALSO DELIVERED TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS: AZTEC SHOPS REQUIRES EACH INTERESTED PARTY, WHICH INCLUDES ALL INDIVIDUALS REPORTED ON THE 990, TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO

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

Schedule O (Form 990) 2023	Page 2
Name of the organization AZTEC SHOPS, LTD.	Employer identification number 95-0516240
CONFLICTS. A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED ANNUALLY BY	
THE BOARD AND EMPLOYEES AND PROVIDED TO THE CEO AND HUMAN RESOURCES FOR	
REVIEW. AZTEC SHOPS ALSO MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST	
POLICY THROUGH ITS PURCHASING AND OPERATING DEPARTMENTS. AZTEC SHOPS STAFF	
REVIEWS CONTRACTS AND REQUISITIONS FOR POTENTIAL CONFLICTS. A SUMMARY OF	
CONFLICTS IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND RESOLUTION.	
THE BOARD IS AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY TO	
RESOLVE POTENTIAL OR ACTUAL CONFLICTS INCLUDING: PROHIBITING THE INTERESTED	
PARTY FROM DISCUSSIONS OR DECISIONS REGARDING THE CONFLICT OF INTEREST;	
MODIFYING OR REDEFINING THE DUTIES AND RESPONSIBILITIES OF THE INTERESTED	
PARTY; OR REQUIRING THE RESIGNATION OF THE INTERESTED PARTY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT:	
PURSUANT TO TITLE 5, CALIFORNIA CODE OF REGS., SECTION 42405, AZTEC SHOPS	
MAINTAINS SALARY SCHEDULES COMPARABLE TO SAN DIEGO STATE UNIVERSITY (A	
CALIFORNIA PUBLIC INSTITUTION). THE SALARY OF THE CHIEF EXECUTIVE OFFICER	
IS ALSO SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS OF AZTEC SHOPS.	
FORM 990, PART VI, SECTION C, LINE 19:	
OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE:	
THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF	
INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC ON ITS WEBSITE	
WWW.AZTECSHOPS.COM.	

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-0516240

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	I			1		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	e or more	related tax-exer	mpt	
(a)	4.3							
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	ent	rolled ity?
Name, address, and EIN of related organization	l .	Legal domicile (state or	Exempt Code	Public charity		ct controlling	contr	rolled
Name, address, and EIN of related organization SAN DIEGO STATE UNIVERSITY - 33-0373293	l .	Legal domicile (state or	Exempt Code	Public charity status (if section		ct controlling	contr	rolled ity?
Name, address, and EIN of related organization	l .	Legal domicile (state or foreign country)	Exempt Code	Public charity status (if section		ct controlling	contr	rolled ity?
Name, address, and EIN of related organization SAN DIEGO STATE UNIVERSITY - 33-0373293 5500 CAMPANILE DRIVE	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		ct controlling	contr	rolled ity? No
Name, address, and EIN of related organization SAN DIEGO STATE UNIVERSITY - 33-0373293 5500 CAMPANILE DRIVE	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		ct controlling	contr	rolled ity? No
Name, address, and EIN of related organization SAN DIEGO STATE UNIVERSITY - 33-0373293 5500 CAMPANILE DRIVE	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		ct controlling	contr	rolled ity? No
Name, address, and EIN of related organization SAN DIEGO STATE UNIVERSITY - 33-0373293 5500 CAMPANILE DRIVE	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		ct controlling	contr	rolled ity? No
Name, address, and EIN of related organization SAN DIEGO STATE UNIVERSITY - 33-0373293 5500 CAMPANILE DRIVE	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		ct controlling	contr	rolled ity? No

AZTEC SHOPS, LTD.

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

organizations treated as a partitioning the tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership	
		country)		sections 512-514)		4,000,00	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>	
											 	

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

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

Page 2

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAN DIEGO STATE UNIVERSITY	В	810,000.	ACTUAL
(2) SAN DIEGO STATE UNIVERSITY	Е	5,414,750.	ACTUAL
(3) SAN DIEGO STATE UNIVERSITY	J	14,188,159.	ACTUAL
(4) SAN DIEGO STATE UNIVERSITY	K	9,496,419.	ACTUAL
(5) SAN DIEGO STATE UNIVERSITY	L	54,882,708.	ACTUAL
(6) SAN DIEGO STATE UNIVERSITY	М	660,437.	ACTUAL CON CONTRACT

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SAN DIEGO STATE UNIVERSITY	P	2,824,831.	ACTUAL
(8) SAN DIEGO STATE UNIVERSITY	Q	885,069.	ACTUAL
(9) SAN DIEGO STATE UNIVERSITY	R	1,373,641.	ACTUAL
(10) SAN DIEGO STATE UNIVERSITY	S	200,062.	ACTUAL
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
_ (19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									