

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2010 calendar year, or tax year beginning 7/01, **2010, and ending** 6/30, **2011**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

D Employer Identification Number
95-6006691

E Telephone number
657-278-2404

G Gross receipts \$ 13,491,367.

ASSOCIATED STUDENTS CALIFORNIA
STATE UNIVERSITY FULLERTON, INC.
800 N.STATE COLLEGE, PO BOX 6828
FULLERTON, CA 92834-6828

F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If 'No,' attach a list. (see instructions)

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

J Website: ▶ HTTP://WWW.ASI.FULLERTON.EDU

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 1975

M State of legal domicile: CA

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>THE ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, FULLERTON, INC. (ASI) IS THE RECOGNIZED STUDENT GOVERNMENT AT CALIFORNIA STATE UNIVERSITY, FULLERTON, ADVOCATING STUDENT INTEREST ON CAMPUS AND IN LOCAL, STATE AND NATIONAL FORUMS. THE ASI STRIVES TO DEVELOP RELEVANT AND</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 21 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 324 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 121,418. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -19,869. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 806,397. | 896,989. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,309,719. | 12,471,421. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 80,261. | 61,669. |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 69,573. | 61,288. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13,265,950. | 13,491,367. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,741,072. | 1,768,980. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 6,303,111. | 6,425,559. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 4,434,768. | 4,915,995. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 12,478,951. | 13,110,534. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 786,999. | 380,833. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 12,135,899. | 13,002,197. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,706,879. | 4,192,344. |
| | | 8,429,020. | 8,809,853. |

Part II Signature Block

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

Sign Here

Signature of officer: FRED SANCHEZ Date: _____
 Type or print name and title: EXEC. DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: PATRICK S. GUZMAN, CPA Preparer's signature: PATRICK S. GUZMAN, CPA Date: _____
 Check if self-employed PTIN: N/A

Firm's name: GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS
 Firm's address: 4510 E. PACIFIC COAST HIGHWAY, SUITE 270
LONG BEACH, CA 90804 Firm's EIN: N/A
 Phone no.: (562) 498-0997

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: []) (Expenses \$ 9,781,046. including grants of \$ 272,912.) (Revenue \$ 12,532,709.)

THE ORGANIZATION CONDUCTED PROGRAMS ON INTERCOLLEGIATE ATHLETICS, RECREATION AND INTRAMURALS, CONCERTS, LECTURES, STUDENT PUBLICATIONS AND GENERAL SUPPORT OF STUDENT ACTIVITIES THAT SERVE THOUSANDS OF STUDENTS. THE ORGANIZATION ALSO PROVIDED FACILITIES FOR STUDENTS SUCH AS FOOD SERVICE, RECREATION, MEETINGS, GENERAL STUDENT ACTIVITIES AND LOUNGE AREAS THAT ARE IN SUPPORT IN THE EDUCATIONAL MISSION OF CALIFORNIA STATE UNIVERSITY, FULLERTON.

4b (Code: []) (Expenses \$ 1,496,068. including grants of \$ 1,496,068.) (Revenue \$)

THE ORGANIZATION PROVIDED INTERCOLLEGIATE ATHLETIC SCHOLARSHIP GRANTS.

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,277,114.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> | | X |
| 4 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? <i>If 'Yes,' complete Schedule C, Part II.</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> | X | |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> | | X |
| 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> | X | |
| b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> | | X |
| c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> | | X |
| 20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i> | | X |
| b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|---|--|-------------|-----|
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1 a | 140 |
| 1 b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 b | 0 |
| 1 c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X |
| 2 a | 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. | 2 a | 324 |
| 2 b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | X |
| 3 b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. | 3 b | X |
| 4 a | 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)? | 4 a | X |
| 4 b | If 'Yes,' enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | X |
| 5 b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | X |
| 5 c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6 a | X |
| 6 b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| 7 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? | 7 a | X |
| 7 b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | |
| 7 c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | X |
| 7 d | If 'Yes,' indicate the number of Forms 8282 filed during the year. | 7 d | |
| 7 e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | X |
| 7 f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | X |
| 7 g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | |
| 7 h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| 9 a | Did the organization make any taxable distributions under section 4966? | 9 a | |
| 9 b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| 10 a | Initiation fees and capital contributions included on Part VIII, line 12. | 10 a | |
| 10 b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10 b | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| 11 a | Gross income from members or shareholders. | 11 a | |
| 11 b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11 b | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | |
| 12 b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12 b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 13 a | Is the organization licensed to issue qualified health plans in more than one state? | 13 a | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 13 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. | 13 b | |
| 13 c | Enter the amount of reserves on hand | 13 c | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | X |
| 14 b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | 14 b | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|------------|-----|----|
| 1 a Enter the number of voting members of the governing body at the end of the tax year. | 1 a | 23 | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1 b | 21 | |
| 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 | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 Does the organization have members or stockholders? | 6 | | X |
| 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7 a | | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7 b | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8 a | X | |
| b Each committee with authority to act on behalf of the governing body? | 8 b | X | |
| 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. | 9 | | X |

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

| | Yes | No |
|---|-------------|----|
| 10 a Does the organization have local chapters, branches, or affiliates? | 10 a | X |
| b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10 b | |
| 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 a | X |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | |
| 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13. | 12 a | X |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | X |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O | 12 c | X |
| 13 Does the organization have a written whistleblower policy? | 13 | X |
| 14 Does the organization have a written document retention and destruction policy? | 14 | X |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official. | 15 a | X |
| b Other officers of key employees of the organization. SEE SCHEDULE O. | 15 b | X |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | |
| b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16 b | X |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ STEVE UDELL 800 N. STATE COLLEGE, P.O. BOX 6828 FULLERTON CA 92834-6828 657-278-4212

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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANDREW LOPEZ EXEC VP | 10 | X | | X | | | | 0. | 0. | 0. |
| (2) JOSEPH LOPEZ PRESIDENT + CEO | 10 | X | | X | | | | 0. | 0. | 0. |
| (3) HENOC PRECIADO VP OF FINANCE | 10 | X | | X | | | | 0. | 0. | 0. |
| (4) MEGAN MARTINEZ CHIEF. ADM OFCR | 10 | X | | X | | | | 0. | 0. | 0. |
| (5) GREGORY WASHINGTON CHIEF GOVT OFCR | 10 | X | | X | | | | 0. | 0. | 0. |
| (6) THOMAS KOCINA CHIEF COM. OFCR | 10 | X | | X | | | | 0. | 0. | 0. |
| (7) CHRISTOPHER LABROT BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (8) VIVIAN OH BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (9) ERIC NIU BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (10) MATTHEW BADAL BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (11) KANDY MINK SALAS BOARD MEMBER | 2 | X | | | | | | 0. | 109,046. | 0. |
| (12) ROHULLAH LATIF BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (13) JOSE ARTEAGA BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (14) ERIC THAI BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (15) ANDY CISNEROS BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (16) LANI AKIMI ENDO BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |
| (17) JASMINE HOOPER BOARD MEMBER | 2 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Sch O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) LORENZO FRAUSTO BOARD MEMBER | 2 | X | | | | | 0. | 0. | 0. | |
| (19) AISSA CANCHOLA BOARD MEMBER | 2 | X | | | | | 0. | 0. | 0. | |
| (20) JUDITH VALONA SECRETARY | 2 | X | | X | | | 0. | 0. | 0. | |
| (21) ELIZABETH SHIPLEY BOARD MEMBER | 2 | X | | | | | 0. | 0. | 0. | |
| (22) DIANA GUERIN BOARD MEMBER | 2 | X | | | | | 0. | 0. | 0. | |
| (23) FRED SANCHEZ EXEC DIRECTOR | 40 | X | | | X | | 133,032. | 0. | 38,895. | |
| (24) KURT BORSTING TSU DIRECTOR | 40 | | | | | X | 113,076. | 0. | 48,099. | |
| (25) ----- | | | | | | | | | | |
| (26) ----- | | | | | | | | | | |
| (27) ----- | | | | | | | | | | |
| (28) ----- | | | | | | | | | | |
| (29) ----- | | | | | | | | | | |
| 1 b Sub-total | | | | | | | 246,108. | 109,046. | 86,994. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 246,108. | 109,046. | 86,994. | |

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

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> | 3 | X |
| 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? <i>If 'Yes' complete Schedule J for such individual.</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|----------------------|--|---|---|---------|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1 a | | | | | |
| | b Membership dues | 1 b | | | | | |
| | c Fundraising events | 1 c | | | | | |
| | d Related organizations | 1 d | | | | | |
| | e Government grants (contributions) | 1 e | 845,489. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | 51,500. | | | | |
| | g Noncash contributions included in lns 1a-1f: \$ | | | | | | |
| h Total. Add lines 1a-1f | | | 896,989. | | | | |
| PROGRAM SERVICE REVENUE | 2 a STUDENT FEES | Business Code | 10,675,984. | 10,675,984. | | | |
| | b STUDENT RECREATIONAL CTR | | 1,117,584. | 1,056,632. | 60,952. | | |
| | c CHILDREN'S CENTER | | 319,757. | 318,000. | 1,757. | | |
| | d OTHER PROGRAM REVENUE | | 207,858. | 207,858. | | | |
| | e BOWLING & BILLIARDS | | 150,238. | 98,519. | 51,719. | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 12,471,421. | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | | 61,669. | | | 61,669. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross Rents | (i) Real | 54,298. | | | | |
| | | (ii) Personal | 6,990. | | | | |
| | | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | 54,298. | | | | |
| | d Net rental income or (loss) | | | 61,288. | | 6,990. | 54,298. |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11 a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 13,491,367. | 12,356,993. | 121,418. | 115,967. | |

Part IX Statement of Functional Expenses

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 1,768,980. | 1,768,980. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 133,032. | 0. | 133,032. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 4,703,210. | 3,765,902. | 937,308. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 602,802. | 453,822. | 148,980. | |
| 9 Other employee benefits | 986,515. | 747,142. | 239,373. | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 20,651. | | 20,651. | |
| c Accounting | 33,103. | 6,500. | 26,603. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | 146,279. | 136,371. | 9,908. | |
| 13 Office expenses | 428,583. | 366,179. | 62,404. | |
| 14 Information technology | 82,332. | 82,332. | | |
| 15 Royalties | | | | |
| 16 Occupancy | 855,602. | 855,602. | | |
| 17 Travel | 218,089. | 204,127. | 13,962. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 1,068. | 1,068. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 225,983. | 193,979. | 32,004. | |
| 23 Insurance | 198,723. | 52,383. | 146,340. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a CHILDREN'S CENTER | 994,841. | 994,841. | | |
| b STUDENT PROGRAMS | 500,427. | 500,427. | | |
| c CUSTODIAL SERVICES | 402,531. | 402,531. | | |
| d REPAIRS & MAINTENANCE | 235,144. | 230,037. | 5,107. | |
| e OTHER | 153,786. | 138,981. | 14,805. | |
| f All other expenses | 418,853. | 375,910. | 42,943. | |
| 25 Total functional expenses. Add lines 1 through 24f | 13,110,534. | 11,277,114. | 1,833,420. | 0. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|----------------|--------------------|-------------|
| ASSETS | 1 | Cash — non-interest-bearing | 231,727. | 1 | 138,303. |
| | 2 | Savings and temporary cash investments | 9,593,553. | 2 | 10,226,790. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 775,904. | 4 | 980,933. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 45,390. | 8 | 20,602. |
| | 9 | Prepaid expenses and deferred charges | 85,299. | 9 | 47,000. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,125,368. | | |
| | b | Less: accumulated depreciation | 10b 1,195,277. | | |
| | | | 830,462. | 10c | 930,091. |
| | 11 | Investments — publicly traded securities | | 11 | |
| | 12 | Investments — other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments — program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 573,564. | 15 | 658,478. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 12,135,899. | 16 | 13,002,197. | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 1,400,403. | 17 | 2,024,749. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 99,810. | 19 | 97,339. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 435,435. | 21 | 514,993. |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 1,771,231. | 25 | 1,555,263. |
| | 26 | Total liabilities. Add lines 17 through 25 | 3,706,879. | 26 | 4,192,344. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 8,290,891. | 27 | 8,666,368. |
| | 28 | Temporarily restricted net assets | 138,129. | 28 | 143,485. |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances. | 8,429,020. | 33 | 8,809,853. |
| | 34 | Total liabilities and net assets/fund balances. | 12,135,899. | 34 | 13,002,197. |

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

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

| | | | |
|---|--|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 13,491,367. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,110,534. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 380,833. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,429,020. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 8,809,853. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 2d | If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

| | | | |
|---------------------------------|--|---------------------------------------|------------|
| Name of the organization | ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY FULLERTON, INC. | Employer identification number | 95-6006691 |
|---------------------------------|--|---------------------------------------|------------|

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|------------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) CA STATE UNIVERSITY FULLERTON | | | | | | | | | |
| (B) | 33-0632102 | UNIVERSITY | X | | | X | X | | 0. |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | 0. |

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')... | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it 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). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4. | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10. | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions). | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14. | 15 | % |
| 16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in 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 IV.) | | | | | | |
| 13 Total support. (Add lns 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

ASSOCIATED STUDENTS CALIFORNIA
STATE UNIVERSITY FULLERTON, INC.

95-6006691

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f 0. |

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV. SEE PART XIV

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

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

2 Provide the estimated percentage of the year end balance held as:

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

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

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 2,125,368. | 1,195,277. | 930,091. |
| e Other | | | | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 930,091.

BAA

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

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

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

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

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) ASSETS HELD FOR OTHERS | 514,993. |
| (3) FUNDS HELD FOR SCHOLARSHIP | 143,485. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column(B), line 15) | 658,478. |

Part X Other Liabilities. (See Form 990, Part X, line 25)

| (a) Description of liability | (b) Amount |
|--|------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASES | 152,389. |
| (3) UNFUNDED POST RETIREMENT | 1,402,874. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) | 1,555,263. |

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

| Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | |
|---|-------------|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) | 13,491,367. |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | 13,110,534. |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1 | 380,833. |
| 4 Net unrealized gains (losses) on investments | |
| 5 Donated services and use of facilities | |
| 6 Investment expenses | |
| 7 Prior period adjustments | |
| 8 Other (Describe in Part XIV) | |
| 9 Total adjustments (net). Add lines 4 through 8 | |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 380,833. |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | |
|--|---------------|
| 1 Total revenue, gains, and other support per audited financial statements | 1 14,253,878. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a Net unrealized gains on investments | 2a |
| b Donated services and use of facilities | 2b |
| c Recoveries of prior year grants | 2c |
| d Other (Describe in Part XIV) . . . SEE . PART . XIV | 2d 762,511. |
| e Add lines 2a through 2d | 2e 762,511. |
| 3 Subtract line 2e from line 1 | 3 13,491,367. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| a Investments expenses not included on Form 990, Part VIII, line 7b | 4a |
| b Other (Describe in Part XIV.) | 4b |
| c Add lines 4a and 4b | 4c |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 13,491,367. |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | |
|---|---------------|
| 1 Total expenses and losses per audited financial statements | 1 13,873,045. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a Donated services and use of facilities | 2a |
| b Prior year adjustments | 2b |
| c Other losses | 2c |
| d Other (Describe in Part XIV.) . . . SEE . PART . XIV | 2d 762,511. |
| e Add lines 2a through 2d | 2e 762,511. |
| 3 Subtract line 2e from line 1 | 3 13,110,534. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a Investments expenses not included on Form 990, Part VIII, line 7b | 4a |
| b Other (Describe in Part XIV.) | 4b |
| c Add lines 4a and 4b | 4c |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 13,110,534. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

--- **PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY** ---

--- THE ORGANIZATION ACTS AS A CUSTODIAN OF FUNDS FOR VARIOUS STUDENT CLUBS AND CAMPUS ---

--- ACTIVITIES. ---

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

ASSOCIATED STUDENTS CALIFORNIA
STATE UNIVERSITY FULLERTON, INC.

95-6006691

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

| | | |
|----------------------------------|----|-----------------|
| INTERCOMPANY RECHARGE FEES | \$ | 762,511. |
| TOTAL | \$ | <u>762,511.</u> |

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

| | | |
|----------------------------------|----|-----------------|
| INTERCOMPANY RECHARGE FEES | \$ | 762,511. |
| TOTAL | \$ | <u>762,511.</u> |

**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,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA

Employer identification number

95-6006691

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ----- ----- ----- | | | | | | | |
| (2) ----- ----- ----- | | | | | | | |
| (3) ----- ----- ----- | | | | | | | |
| (4) ----- ----- ----- | | | | | | | |
| (5) ----- ----- ----- | | | | | | | |
| (6) ----- ----- ----- | | | | | | | |
| (7) ----- ----- ----- | | | | | | | |
| (8) ----- ----- ----- | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations ▶ 0
- 3 Enter total number of other organizations ▶ 0

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA

Employer identification number

95-6006691

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|------------|-----|----|
| 1 b | | |
| 2 | | |
| 4 a | | X |
| 4 b | | X |
| 4 c | | X |
| 5 a | | X |
| 5 b | | X |
| 6 a | | X |
| 6 b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------|------|--|---------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus and incentive compensation | (iii) Other reportable compensation | | | | |
| 1 FRED SANCHEZ | (i) | 133,032. | 0. | 0. | 0. | 0. | 133,032. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 38,895. | 38,895. | 0. |
| 2 KURT BORSTING | (i) | 113,076. | 0. | 0. | 0. | 48,099. | 161,175. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA
STATE UNIVERSITY FULLERTON, INC.**

Employer identification number
95-6006691

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, FULLERTON, INC. (ASI) IS THE
RECOGNIZED STUDENT GOVERNMENT AT CALIFORNIA STATE UNIVERSITY, FULLERTON, ADVOCATING
STUDENT INTEREST ON CAMPUS AND IN LOCAL, STATE AND NATIONAL FORUMS. THE ASI STRIVES
TO DEVELOP RELEVANT AND QUALITY-MINDED SERVICES, FACILITIES, AND EXPERIENCES WHICH
ARE RESPONSIVE TO MEMBERS OF THE CAMPUS AND SURROUNDING COMMUNITIES.

THE ASI FOSTERS MEANINGFUL STUDENT DEVELOPMENT OPPORTUNITIES THROUGH LEADERSHIP,
VOLUNTEER, AND EMPLOYMENT EXPERIENCES. IN ADDITION TO OUT-OF-CLASSROOM LEARNING
OPPORTUNITIES, THE ASI PROVIDES CAMPUS COMMUNITY MEMBERS WITH IMPORTANT SOCIAL,
CULTURAL, AND RECREATIONAL OPPORTUNITIES AS WELL AS A WIDE RANGE OF PROGRAMS AND
SERVICES. IN RECOGNITION OF ITS RESPONSIBILITY TO ENHANCE STUDENT LIFE, THE ASI
ENCOURAGES AND SUPPORTS THE ACTIVITIES OF ALL CALIFORNIA STATE UNIVERSITY, FULLERTON
RECOGNIZED STUDENT ORGANIZATIONS WHOSE ACTIVITIES STIMULATE INDIVIDUAL AND GROUP
PARTICIPATION WITHIN THE COMMUNITY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXEMPT ORGANIZATION FORM 990 TAX RETURN IS PREPARED BY THE INDEPENDENT
ACCOUNTANT AND PRESENTED IN DRAFT FORM, WHERE IT IS REVIEWED BY THE EXECUTIVE
DIRECTOR AND THE GOVERNING BOARD. THE TAX RETURN IS NOT FINALIZED UNTIL THE
EXECUTIVE DIRECTOR AND THE GOVERNING BOARD HAVE APPROVED IT.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY MUST BE READ AND SIGNED ANNUALLY BY
EACH BOARD MEMBER.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

ASSOCIATED STUDENTS, INC. PARTICIPATES IN AN ANNUAL SALARY SURVEY THROUGH THE CSU
AUXILIARY ORGANIZATIONS ASSOCIATIONS (AOA) EMPLOYER'S GROUP AND REVIEWS CAMPUS

| | |
|--|--|
| Name of the organization ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY FULLERTON, INC. | Employer identification number 95-6006691 |
|--|--|

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

COMPARABLE POSITIONS. THE SALARY LEVELS FOR ASI'S EXECUTIVE DIRECTOR, TSU DIRECTOR, HUMAN RESOURCES DIRECTOR, AND FINANCIAL OPERATIONS DIRECTOR ARE MEASURED AGAINST THESE BENCHMARKS AND AN ANALYSIS IS PREPARED. IF AN INCREASE IS RECOMMEND, THE REVIEW IS PRESENTED TO THE ASI FINANCE COMMITTEE FOR REVIEW. ONCE THE ASI FIANNCE COMMITTEE APPROVES THE INCREASE, IT IS GIVEN TO THE ASI BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year **2010** or other tax year beginning 7/01, 2010,
and ending 6/30, 2011

2010

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

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

| | | | |
|--|---|---|--|
| A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a) | Print or Type | (<input type="checkbox"/> Check box if name changed and see instructions.) ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY FULLERTON, INC. 800 N.STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828 | D Employer identification number (Employees' trust, see instructions.) 95-6006691 E Unrelated business activity codes (See instructions.) 531120 531120 |
| C Book value of all assets at end of year 13,002,197 | F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | |

H Describe the organization's primary unrelated business activity.
 ▶ **STDNT REC CTR, BOWLING, RENTAL & CHLD CARE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
 If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of. ▶ **STEVE UDELL** Telephone number. ▶ **657-278-4212**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|------------|--------------|----------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances c Balance. ▶ | 1 c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D) | 4 a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4 b | | |
| c Capital loss deduction for trusts | 4 c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6,990. | | 6,990. |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule.) SEE STATEMENT 1 | 114,428. | | 114,428. |
| 13 Total. Combine lines 3 through 12 | 121,418. | 0. | 121,418. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | | | |
|---|-------------|--|-------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | | |
| 15 Salaries and wages | | | |
| 16 Repairs and maintenance | | | |
| 17 Bad debts | | | |
| 18 Interest (attach schedule) | | | |
| 19 Taxes and licenses | | | |
| 20 Charitable contributions (See instructions for limitation rules.) | | | |
| 21 Depreciation (attach Form 4562) | 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22 a | | 22 b |
| 23 Depletion | | | |
| 24 Contributions to deferred compensation plans | | | |
| 25 Employee benefit programs | | | |
| 26 Excess exempt expenses (Schedule I) | | | |
| 27 Excess readership costs (Schedule J) | | | |
| 28 Other deductions (attach schedule) SEE STATEMENT 2 | | | 141,287. |
| 29 Total deductions. Add lines 14 through 28 | | | 141,287. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | | -19,869. |
| 31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3 | | | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | | -19,869. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | | | |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | | -19,869. |

Part III Tax Computation

| | |
|---|--|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 ▶ 35c 0. | |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ 36 | |
| 37 Proxy tax. See instructions ▶ 37 | |
| 38 Alternative minimum tax 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0. | |

Part IV Tax and Payments

| | |
|--|--|
| 40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a | |
| b Other credits (see instructions) 40 b | |
| c General business credit. Attach Form 3800 40 c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) 40 d | |
| e Total credits. Add lines 40a through 40d 40 e 0. | |
| 41 Subtract line 40e from line 39 41 0. | |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 .. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42 | |
| 43 Total tax. Add lines 41 and 42 43 0. | |
| 44 a Payments: A 2009 overpayment credited to 2010 44 a | |
| b 2010 estimated tax payments 44 b | |
| c Tax deposited with Form 8868 44 c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) 44 d | |
| e Backup withholding (see instructions) 44 e | |
| f Credit for small employer health insurance premiums (Attach Form 8941) 44 f | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... ▶ 44 g | |
| 45 Total payments. Add lines 44a through 44g 45 0. | |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/> 46 | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 | |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 | |
| 49 Enter the amount of line 48 you want: Credited to 2011 estimated tax ▶ _____ Refunded ▶ 49 | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|---|-----|----|
| 1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. ▶ _____ | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .. If YES, see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0. | | |

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

| | | | |
|---|--|---|-------------|
| 1 Inventory at beginning of year 1 | | 6 Inventory at end of year 6 | |
| 2 Purchases 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 | |
| 3 Cost of labor 3 | | | |
| 4a Additional section 263A costs (attach schedule) 4a | | | |
| b Other costs (attach sch) 4b | | | |
| 5 Total. Add lines 1 through 4b 5 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes No X |

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

Signature of officer: _____ Date: _____ Title: **EXEC. DIRECTOR**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **PATRICK S. GUZMAN, CPA** Preparer's signature: **PATRICK S. GUZMAN, CPA** Date: _____ Check if self-employed PTIN: **P00354029**

Firm's name ▶ **GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS** Firm's EIN **33-0302407**

Firm's address ▶ **4510 E. PACIFIC COAST HIGHWAY, SUITE 270**
LONG BEACH, CA 90804 Phone no. **(562) 498-0997**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

| 1 Description of property | | |
|---|---|---|
| (1) UNIVERSITY CONFERENCE CENTER | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2 Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | 6,990. | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total 6,990. | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |
| | | 6,990. |

Schedule E – Unrelated Debt-Financed Income (see instructions)

| 1 Description of debt-financed property | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | | |
|--|--|---|---|--|
| | | (a) Straight line depreciation (attach sch) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ▶ | | Enter here and on page 1, Part I, line 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8 ▶ | | | | |

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1 Name of Controlled Organization | 2 Employer Identification Number | Exempt Controlled Organizations | | | |
|------------------------------------|--|--|---|--|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). | |

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (column 3 plus column 4) |
|-------------------------|---|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | Enter here and on page 1, Part I, line 10, column (A). | Enter here and on page 1, Part I, line 10, column (B). | | | | Enter here and on page 1, Part II, line 26. |

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | | | | | | |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, column (A). | Enter here and on page 1, Part I, line 11, column (B). | | | | Enter here and on page 1, Part II, line 27. |

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--------|---------|---------------------------------------|---|
| | | 0% | |
| | | 0% | |
| | | 0% | |
| | | 0% | |

Total. Enter here and on page 1, Part II, line 14

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

| | | |
|------------------------------|----|-----------------|
| PROGRAM SERVICE REVENUE..... | \$ | 114,428. |
| TOTAL | \$ | <u>114,428.</u> |

STATEMENT 2
FORM 990-T, PART II, LINE 28
OTHER DEDUCTIONS

| | | |
|---|----|-----------------|
| DIRECT OPERATING EXPENSES - BWL & BLLRDS..... | \$ | 61,085. |
| DIRECT OPERATING EXPENSES - CHLDN CTR..... | | 15,732. |
| DIRECT OPERATING EXPENSES - STD REC CTR..... | | 58,183. |
| DIRECT OPERATING EXPENSES - UNIV CNF CTR..... | | 6,287. |
| TOTAL | \$ | <u>141,287.</u> |

STATEMENT 3
FORM 990-T, PART II, LINE 31
NET OPERATING LOSS DEDUCTION

| LOSS YEAR ENDING | ORIGINAL LOSS | LOSS PREVIOUSLY USED | LOSS AVAILABLE |
|---|------------------|----------------------------|-------------------|
| 6/30/03 | \$ 48,821. | \$ 0. | \$ 48,821. |
| 6/30/04 | 53,983. | 0. | 53,983. |
| 6/30/05 | 79,374. | 0. | 79,374. |
| 6/30/06 | 127,461. | 0. | 127,461. |
| 6/30/07 | 44,789. | 0. | 44,789. |
| 6/30/08 | 49,071. | 0. | 49,071. |
| 6/30/09 | 22,644. | 0. | 22,644. |
| 6/30/10 | 2,232. | 0. | 2,232. |
| NET OPERATING LOSS AVAILABLE | | | \$ 428,375. |
| TAXABLE INCOME..... | | | \$ -19,869. |
| NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME)..... | | | <u>\$ 0.</u> |

2010

California Exempt Organization Annual Information Return

199

Calendar year 2010 or fiscal year beginning month **07** day **01** year **2010**, and ending month **06** day **30** year **2011**

| | | |
|---|--|---------------------------|
| A First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | B Type of organization Exempt under Section 23701... D (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust... <input type="checkbox"/> | CORP # D0753699 |
| Corporation/Organization Name ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY FULLERTON, INC. | | FEIN 95-6006691 |

Address
800 N.STATE COLLEGE, PO BOX 6828
City **FULLERTON, CA 92834-6828** State ZIP Code

| | |
|--|---|
| <p>C Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Are you a subordinate/affiliate in a group exemption?.. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>a Is this a group filing for affiliates? See General Instruction L. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b If 'Yes,' enter the number of affiliates.</p> <p>c Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'No,' attach a list. See instructions.)</p> <p>d Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e Federal Group Exemption Number.</p> <p>f Is a roster of subordinates attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date.</p> <p>F Check the box if the organization filed the following federal forms or schedule: 1 <input checked="" type="checkbox"/> 990T 2 <input type="checkbox"/> 990PF 3 <input type="checkbox"/> (Schedule H) 990</p> <p>G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public</p> | <p>contributions, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/></p> <p>H Accounting method used .. 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter amount of gross receipts from nonmember sources. \$</p> <p>L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

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

| | | | |
|---|--|--|---|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. | 1 | 12,594,378. |
| | 2 Gross dues and assessments from members and affiliates. | 2 | |
| | 3 Gross contributions, gifts, grants, and similar amounts received. | 3 | 896,989. |
| | 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B. | 4 | 13,491,367. |
| | 5 Cost of goods sold. | 5 | |
| | 6 Cost or other basis, and sales expenses of assets sold. | 6 | |
| | 7 Total costs. Add line 5 and line 6. | 7 | |
| | 8 Total gross income. Subtract line 7 from line 4. | 8 | 13,491,367. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 13,110,534. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | 380,833. |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F. | 11 | 10. |
| | 12 Total payments. | 12 | |
| | 13 Penalties and Interest. See General Instruction J. | 13 | |
| | 14 Use tax. See General Instruction K. | 14 | |
| | 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. | 15 | 10. |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| Paid Preparer's Use Only | Signature of officer PATRICK S. GUZMAN, CPA Title EXEC. DIRECTOR Date Preparer's signature PATRICK S. GUZMAN, CPA Date Firm's name (or yours, if self-employed) and address GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS 4510 E. PACIFIC COAST HIGHWAY, SUITE 270 LONG BEACH, CA 90804 | Telephone 657-278-2404 Preparer's PTIN/SSN P00354029 FEIN 33-0302407 Telephone (562) 498-0997 | Check if self-employed <input type="checkbox"/> |
| May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | | |
|------------------------------------|----|--|---|----|-------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | ● | 1 | |
| | 2 | Interest | ● | 2 | 61,669. |
| | 3 | Dividends | ● | 3 | |
| | 4 | Gross rents | ● | 4 | 61,288. |
| | 5 | Gross royalties | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See Instructions) | ● | 6 | |
| | 7 | Other income. Attach schedule. | ● | 7 | 12,471,421. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | | 8 | 12,594,378. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | ● | 9 | 1,768,980. |
| | 10 | Disbursements to or for members. | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2 | ● | 11 | 133,032. |
| | 12 | Other salaries and wages | ● | 12 | 4,703,210. |
| | 13 | Interest | ● | 13 | 1,068. |
| | 14 | Taxes | ● | 14 | |
| | 15 | Rents | ● | 15 | 855,602. |
| | 16 | Depreciation and depletion (See Instructions) | ● | 16 | 225,983. |
| | 17 | Other. Attach schedule. SEE STATEMENT 3 | ● | 17 | 5,422,659. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 13,110,534. |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|-------------|----------------------------|-------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 9,825,280. | ● | 10,365,093. |
| 2 | Net accounts receivable | | 775,904. | ● | 980,933. |
| 3 | Net notes receivable. Attach schedule | | | ● | |
| 4 | Inventories | | 45,390. | ● | 20,602. |
| 5 | Federal and state government obligations | | | ● | |
| 6 | Investments in other bonds. Attach sch. | | | ● | |
| 7 | Investments in stock. Attach schedule | | | ● | |
| 8 | Mortgage loans (number of loans _____) | | | ● | |
| 9 | Other investments. Attach schedule | | | ● | |
| 10 a | Depreciable assets | 2,171,756. | | 2,125,368. | |
| b | Less accumulated depreciation | 1,341,294. | 830,462. | 1,195,277. | 930,091. |
| 11 | Land | | | ● | |
| 12 | Other assets. Attach schedule. STM. 4 | | 658,863. | ● | 705,478. |
| 13 | Total assets | | 12,135,899. | | 13,002,197. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 1,400,403. | ● | 2,024,749. |
| 15 | Contributions, gifts, or grants payable | | | ● | |
| 16 | Bonds and notes payable. Attach schedule | | | ● | |
| 17 | Mortgages payable | | | ● | |
| 18 | Other liabilities. Attach schedule. STM. 5 | | 2,306,476. | | 2,167,595. |
| 19 | Capital stock or principle fund | | 8,429,020. | ● | 8,809,853. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | ● | |
| 21 | Retained earnings or income fund | | | ● | |
| 22 | Total liabilities and net worth | | 12,135,899. | | 13,002,197. |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|---|--|---|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 | | | |
| 1 | Net income per books | ● | 380,833. |
| 2 | Federal income tax | ● | |
| 3 | Excess of capital losses over capital gains | ● | |
| 4 | Income not recorded on books this year. Attach schedule | ● | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | |
| 6 | Total. Add line 1 through line 5 | | 380,833. |
| 7 | Income recorded on books this year not included in this return. Attach schedule | ● | |
| 8 | Deductions in this return not charged against book income this year. Attach schedule | ● | |
| 9 | Total. Add line 7 and line 8 | | |
| 10 | Net income per return. Subtract line 9 from line 6 | | 380,833. |

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

PROGRAM SERVICE REVENUE..... \$ 12,471,421.
TOTAL \$ 12,471,421.

**STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

CURRENT OFFICERS:

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u> | <u>COMPEN- SATION</u> | <u>CONTRI- BUTION TO EBP & DC</u> | <u>EXPENSE ACCOUNT/ OTHER</u> |
|---|---|---------------------------|---|---------------------------------------|
| ANDREW LOPEZ 800 N. STATE COLLEGE FULLERTON, CA 92834 | EXEC VP 10.00 | \$ 0. | \$ 0. | \$ 0. |
| JOSEPH LOPEZ 800 N. STATE COLLEGE FULLERTON, CA 92834 | PRESIDENT + CEO 10.00 | 0. | 0. | 0. |
| HENOC PRECIADO 800 N. STATE COLLEGE FULLERTON, CA 92834 | VP OF FINANCE 10.00 | 0. | 0. | 0. |
| MEGAN MARTINEZ 800 N. STATE COLLEGE FULLERTON, CA 92834 | CHIEF. ADM OFCR 10.00 | 0. | 0. | 0. |
| GREGORY WASHINGTON 800 N. STATE COLLEGE FULLERTON, CA 92834 | CHIEF GOVT OFCR 10.00 | 0. | 0. | 0. |
| THOMAS KOCINA 800 N. STATE COLLEGE FULLERTON, CA 92834 | CHIEF COM. OFCR 10.00 | 0. | 0. | 0. |
| CHRISTOPHER LABROT 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| VIVIAN OH 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| ERIC NIU 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| MATTHEW BADAL 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |

STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| KANDY MINK SALAS 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | \$ 0. | \$ 0. | \$ 0. |
| ROHULLAH LATIF 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| JOSE ARTEAGA 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| ERIC THAI 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| ANDY CISNEROS 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| LANI AKIMI ENDO 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| JASMINE HOOPER 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| LORENZO FRAUSTO 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| AISSA CANCHOLA 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| JUDITH VALONA 800 N. STATE COLLEGE FULLERTON, CA 92834 | SECRETARY 2.00 | 0. | 0. | 0. |
| ELIZABETH SHIPLEY 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| DIANA GUERIN 800 N. STATE COLLEGE FULLERTON, CA 92834 | BOARD MEMBER 2.00 | 0. | 0. | 0. |

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|--------------------|----------------------------------|------------------------------|
| FRED SANCHEZ 800 N STATE COLLEGE FULLERTON, CA 92834 | EXEC DIRECTOR 40.00 | \$ 133,032. | \$ 0. | \$ 0. |
| TOTAL | | <u>\$ 133,032.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

| | |
|-----------------------------------|----------------------|
| ACCOUNTING FEES..... | \$ 33,103. |
| ADVERTISING AND PROMOTION..... | 146,279. |
| BANK & CREDIT CARD FEES..... | 34,217. |
| BUILDING AND GROUNDS EXPENSE..... | 115,311. |
| CHILDREN'S CENTER..... | 994,841. |
| COMMUNICATIONS..... | 59,649. |
| CONTRACTS, FEES, RENTALS..... | 50,534. |
| CUSTODIAL SERVICES..... | 402,531. |
| DUES & SUBSCRIPTIONS..... | 37,093. |
| INFORMATION TECHNOLOGY..... | 82,332. |
| INSURANCE..... | 198,723. |
| LEGAL FEES..... | 20,651. |
| MINOR EQUIPMENT..... | 79,789. |
| OFFICE EXPENSES..... | 428,583. |
| OTHER..... | 153,786. |
| OTHER EMPLOYEE BENEFIT..... | 986,515. |
| PENSION PLAN CONTRIBUTIONS..... | 602,802. |
| PUBLIC SERVICES..... | 23,405. |
| REPAIRS & MAINTENANCE..... | 235,144. |
| STUDENT PROGRAMS..... | 500,427. |
| STUDENT RESEARCH EXPENSE..... | 18,855. |
| TRAVEL..... | 218,089. |
| TOTAL | <u>\$ 5,422,659.</u> |

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

| | |
|--|--------------------|
| ASSETS HELD FOR OTHERS..... | 514,993. |
| FUNDS HELD FOR SCHOLARSHIP..... | 143,485. |
| PREPAID EXPENSES AND DEFERRED CHARGES..... | 47,000. |
| TOTAL | <u>\$ 705,478.</u> |

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | |
|-------------------------------|----------------------|
| CAPITAL LEASES..... | 152,389. |
| DEFERRED REVENUE..... | 97,339. |
| ESCROW ACCOUNT LIABILITY..... | 514,993. |
| UNFUNDED POST RETIREMENT..... | <u>1,402,874.</u> |
| TOTAL | <u>\$ 2,167,595.</u> |

2010

California Exempt Organization Business Income Tax Return

109

For calendar year 2010 or fiscal year beginning month 07 day 01 year 2010, & ending month 06 day 30 year 2011

A First Return Filed? Yes No

B Is this an education IRA within the meaning of R&TC Section 23712? Yes No

CORP # D0753699

Corporation/Organization Name ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY FULLERTON, INC.

FEIN 95-6006691

Address 800 N.STATE COLLEGE, PO BOX 6828

City FULLERTON, CA 92834-6828 State ZIP Code

C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

D Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation)

E Amended Return Yes No

F Accounting Method Used: (1) Cash (2) Accrual (3) Other

G Nature of trade or business STDNT REC CTR, BOWLING,

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No

I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No

K Unrelated Business Activity (UBA) Code. 531120

Table with 27 rows and 4 columns. Rows include Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, Refund (Direct Deposit of Refund) or Amount Due. Columns contain line numbers, descriptions, and amounts.

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | | | | | | |
|-----|---|---|-----------------------------|-----------------|---|----|----------|
| 1 a | Gross receipts or gross sales | b | Less returns and allowances | Balance | ● | 1c | |
| 2 | Cost of goods sold and/or operations (Schedule A, line 7) | | | | ● | 2 | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | | ● | 3 | |
| 4a | Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) | | | | ● | 4a | |
| b | Net gain (loss) from Part II, Schedule D-1 | | | | ● | 4b | |
| c | Capital loss deduction for trusts | | | | ● | 4c | |
| 5 | Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule | | | | ● | 5 | |
| 6 | Rental income (Schedule C) | | | | ● | 6 | 6,990. |
| 7 | Unrelated debt-financed income (Schedule D) | | | | ● | 7 | |
| 8 | Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) | | | | ● | 8 | |
| 9 | Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) | | | | ● | 9 | |
| 10 | Exploited exempt activity income (Schedule G) | | | | ● | 10 | |
| 11 | Advertising income (Schedule H, Part III, Column A) | | | | ● | 11 | |
| 12 | Other income. Attach schedule | | | SEE STATEMENT 1 | ● | 12 | 114,428. |
| 13 | Total unrelated trade or business income. Add line 3 through line 12 | | | | ● | 13 | 121,418. |

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | |
|------|--|---|-----|----------|
| 14 | Compensation of officers, directors, and trustees from Schedule I | ● | 14 | |
| 15 | Salaries and wages | ● | 15 | |
| 16 | Repairs | ● | 16 | |
| 17 | Bad debts | ● | 17 | |
| 18 | Interest. Attach schedule | ● | 18 | |
| 19 | Taxes. Attach schedule | ● | 19 | |
| 20 | Contributions. See instructions and attach schedule | ● | 20 | |
| 21 a | Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) | ● | 21a | |
| b | Less: depreciation claimed on Schedule A. See instructions | | 21b | |
| 22 | Depletion. Attach schedule | ● | 22 | |
| 23 a | Contributions to deferred compensation plans | | 23a | |
| b | Employee benefit programs. See instructions | | 23b | |
| 24 | Other deductions. Attach schedule | ● | 24 | 141,287. |
| 25 | Total deductions. Add line 14 through line 24 | | 25 | 141,287. |
| 26 | Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | ● | 26 | -19,869. |
| 27 | Excess advertising costs (Schedule H, Part III, Column B) | ● | 27 | |
| 28 | Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 | ● | 28 | -19,869. |
| 29 | Specific deduction. See instructions | ● | 29 | |
| 30 | Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | ● | 30 | -19,869. |

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

| | | | | |
|---|--|-----------------------|---|---|
| Sign Here | Signature of officer | Title | Date | ● Telephone |
| | | EXEC. DIRECTOR | | 657-278-2404 |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | ● Preparer's PTIN/SSN |
| | PATRICK S. GUZMAN, CPA | | | P00354029 |
| | Firm's name (or yours, if self-employed) and address | | | ● FEIN |
| | GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS 4510 E. PACIFIC COAST HIGHWAY, SUITE 270 LONG BEACH, CA 90804 | | | 33-0302407 ● Telephone (562) 498-0997 |
| May the FTB discuss this return with the preparer shown above? See instructions | | | | ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Schedule A Cost of Goods Sold and/or Operations. Method of inventory valuation (specify)

| | | | |
|----|---|----|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4a | Additional IRC Section 263A costs. Attach schedule | 4a | |
| b | Other costs. Attach schedule | 4b | |
| 5 | Total. Add line 1 through line 4b | 5 | |
| 6 | Inventory at end of year | 6 | |
| 7 | Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2 ... | 7 | |

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits. Do not complete if you must file Schedule P (100 or 541). Do not claim the New Jobs Credit on Schedule B.

| | | | |
|---|--|---|--|
| 1 | Enter credit name _____ code no. _____ .. ● | 1 | |
| 2 | Enter credit name _____ code no. _____ .. ● | 2 | |
| 3 | Enter credit name _____ code no. _____ .. ● | 3 | |
| 4 | Total. Add line 1 through line 3. Enter here and on Side 1, line 11c | 4 | |

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

| | | | |
|---|---|----|--|
| 1 | Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 | 1 | |
| 2 | Interest on tax attributable to installment: a Sales of certain timeshares or residential lots | 2a | |
| | b Method for non-dealer installment obligations | 2b | |
| 3 | IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles | 3 | |
| 4 | Credit recapture. Credit name | 4 | |
| 5 | Total. Combine the amounts on line 1 through line 4. See instructions | 5 | |

Schedule R Apportionment Formula Worksheet

| Use only for unrelated trade or business amounts | (a) Total within and outside California | (b) Total within California | (c) Percent within California (b) ÷ (a) |
|---|---|-----------------------------|---|
| 1 Property factor: See instructions | ● | ● | ● |
| 2 Payroll factor: Wages and other compensation of employees | ● | ● | ● |
| 3 Sales factor: Gross sales and/or receipts less returns and allowances | ● | ● | ● |
| 4 Multiply the factor on line 3, column (c) by 2 | | | |
| 5 Total percentage: Add the percentages in column (c) line 1, line 2, and line 4 | | | |
| 6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions | | | |

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

| | | | | | |
|-----|---|-----|--|-----|--|
| 1 | Description of property | 2 | Rent received or accrued | 3 | Percentage of rent attributable to personal property |
| | UNIVERSITY CONFERENCE CENTER | | 6,990. | | 100.00 % |
| | | | | | % |
| | | | | | % |
| 4 | Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income | 5 | Complete if any item in column 3 is more than 10%, but not more than 50% | | |
| (a) | Deductions directly connected (attach schedule) | (a) | Gross income reportable, column 2 x column 3 | (b) | Deductions directly connected with personal property (att sch) |
| | | | 6,990. | | |
| | | | | | |
| | | | | | |
| | | | | | 6,990. |

Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6

| 1 Description of debt-financed property | | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
|--|--|--|--|---|---|
| | | | | (a) Straight-line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Debt basis percentage, column 4 ÷ column 5 | 7 Gross income reportable, column 2 x column 6 | 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6 | 9 Net income (or loss) includible, column 7 less column 8 |
| | | % | | | |
| | | % | | | |
| | | % | | | |
| Total. Enter here and on Side 2, Part I, line 7. | | | | | |

Schedule E Investment Income of an R&TC Section 23701g, 23701i, or 23701n Organization

| 1 Description | 2 Amount | 3 Deductions directly connected (attach schedule) | 4 Net investment income, column 2 less column 3 | 5 Set-asides (attach schedule) | 6 Balance of investment income, column 4 less column 5 |
|---|----------|---|---|--------------------------------|--|
| | | | | | |
| | | | | | |
| Total. Enter here and on Side 2, Part I, line 8. | | | | | |
| Enter gross income from members (dues, fees, charges, or similar amounts) | | | | | |

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

| Exempt Controlled Organizations | | | | | |
|--|----------------------------------|------------------------------------|---|--|---|
| 1 Name of controlled organizations | 2 Employer Identification Number | 3 Net unrelated income (loss) | 4 Total of specified payments made | 5 Part of column (4) that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7 Taxable Income | 8 Net unrelated income (loss) | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10) | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 Add columns 5 and 10 | | | | | |
| 5 Add columns 6 and 11 | | | | | |
| 6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9. | | | | | |

Schedule G Exploited Exempt Activity Income, other than Advertising Income

| 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income from unrelated trade or business, column 2 less column 3 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expense, column 6 less column 5 but not more than column 4 | 8 Net income includible, column 4 less column 7 but not less than zero |
|--|--|--|---|--|-------------------------------------|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total. Enter here and on Side 2, Part I, line 10. | | | | | | | |

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6...

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income.

Part III Column A - Net Advertising Income

Table for Part III Column A: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals.

Part III Column B - Excess Advertising Costs

Table for Part III Column B: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals; (b) Enter total amount from Part I, column 4, and amounts listed in Part II, columns 4 and 7.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

TAXABLE YEAR
2010

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations – Corporations

CALIFORNIA FORM
3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

| | |
|--|--|
| Corporation name ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY FULLERTON, INC. | California corporation number D0753699 |
| During the taxable year the corporation incurred the NOL, the corporation was a(n): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Exempt Organization <input type="checkbox"/> Limited Liability Company (electing to be taxed as a corporation) | FEIN 95-6006691 |

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

| | | |
|---|-----------|----------------|
| 1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number..... | 1 | <u>19,869.</u> |
| 2 2010 disaster loss included in line 1. Enter as a positive number..... | 2 | |
| 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions..... | 3 | <u>19,869.</u> |
| 4a Enter the amount of the loss incurred by a new business included in line 3..... | 4a | |
| b Enter the amount of the loss incurred by an eligible small business included in line 3..... | 4b | <u>19,869.</u> |
| c Add line 4a and line 4b..... | 4c | <u>19,869.</u> |
| 5 General NOL. Subtract line 4c from line 3..... | 5 | |
| 6 2010 NOL carryover. Add line 2, line 4c, and line 5. See instructions..... | 6 | <u>19,869.</u> |

Part II NOL carryover and disaster loss carryover limitations. See instructions.

| | | |
|--|---------------------------------|--|
| 1 Net income (loss) – Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2. If the corporation net income after state adjustments (pre-apportioned income) is \$300,000 or more, see instructions. | (g) Available balance | |
|--|---------------------------------|--|

Prior Year NOLs

| (a) Year of loss | (b) Code – See instructions | (c) Type of NOL – See below* | (d) Initial Loss | (e) Carryover from 2009 | (f) Amount used in 2010 | | (h) Carryover to 2011 col (e) – col (f) |
|---------------------|--------------------------------|---------------------------------|---------------------|----------------------------|----------------------------|----|---|
| 2003 | | ESB | 53,983. | 53,983. | 0. | 0. | 53,983. |
| 2004 | | ESB | 79,374. | 79,374. | 0. | 0. | 79,374. |
| 2005 | | ESB | 127,461. | 127,461. | 0. | 0. | 127,461. |
| 2006 | | ESB | 44,789. | 44,789. | 0. | 0. | 44,789. |

Current Year NOLs

| (a) Year of loss | (b) Code – See instructions | (c) Type of NOL – See below* | (d) Initial Loss | (e) Carryover from 2009 | (f) Amount used in 2010 | | (h) Carryover to 2011 col (d) – col (f) |
|---------------------|--------------------------------|---------------------------------|---------------------|----------------------------|----------------------------|--|---|
| 2010 | | DIS | | | | | col (d) – col (f) |
| 2010 | | ESB | 19,869. | | | | 19,869. |
| 2010 | | | | | | | |
| 2010 | | | | | | | |

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2010 NOL deduction

| | | |
|---|----------|-----------|
| 1 Total the amounts in Part II, line 2, column (f)..... | 1 | |
| 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0-..... | 2 | <u>0</u> |
| 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7..... | 3 | <u>0.</u> |

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations – Corporations

Attach to Form 100, Form 100W, Form 100S, or Form 109.

CONTINUATION SHEET PAGE 2

Corporation name **ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY FULLERTON, INC.** California corporation number **D0753699**

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation S Corporation Exempt Organization Limited Liability Company (electing to be taxed as a corporation) FEIN **95-6006691**

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

- 1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number. **1**
- 2 2010 disaster loss included in line 1. Enter as a positive number. **2**
- 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. **3**
- 4a Enter the amount of the loss incurred by a new business included in line 3. **4 a**
- 4b Enter the amount of the loss incurred by an eligible small business included in line 3. **4 b**
- 4c Add line 4a and line 4b. **4 c**
- 5 General NOL. Subtract line 4c from line 3. **5**
- 6 2010 NOL carryover. Add line 2, line 4c, and line 5. See instructions. **6**

Part II NOL carryover and disaster loss carryover limitations. See instructions.

| | | |
|--|--------------------------|--|
| 1 Net income (loss) – Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2. If the corporation net income after state adjustments (pre-apportioned income) is \$300,000 or more, see instructions. | (g) Available balance | |
| | | |

Prior Year NOLs

| (a) Year of loss | (b) Code – See instructions | (c) Type of NOL – See below* | (d) Initial Loss | (e) Carryover from 2009 | (f) Amount used in 2010 | (g) Available balance | (h) Carryover to 2011 col (e) – col (f) |
|---------------------|--------------------------------|---------------------------------|---------------------|----------------------------|----------------------------|--------------------------|--|
| 2 2007 | | ESB | 49,071. | 49,071. | 0. | 0. | 49,071. |
| 2008 | | ESB | 22,644. | 22,644. | 0. | 0. | 22,644. |
| 2009 | | ESB | 2,232. | 2,232. | 0. | 0. | 2,232. |

Current Year NOLs

| (a) Year of loss | (b) Code – See instructions | (c) Type of NOL – See below* | (d) Initial Loss | (e) Carryover from 2009 | (f) Amount used in 2010 | (g) Available balance | (h) Carryover to 2011 col (d) – col (f) |
|---------------------|--------------------------------|---------------------------------|---------------------|----------------------------|----------------------------|--------------------------|--|
| 3 2010 | | DIS | | | | | col (d) – col (f) |
| 4 2010 | | | | | | | |
| 2010 | | | | | | | |
| 2010 | | | | | | | |
| 2010 | | | | | | | |

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2010 NOL deduction

- 1 Total the amounts in Part II, line 2, column (f). **1**
- 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0-. **2**
- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7. **3**

**STATEMENT 1
FORM 109, PART I, LINE 12
OTHER INCOME**

| | |
|------------------------------|--------------------|
| PROGRAM SERVICE REVENUE..... | \$ 114,428. |
| TOTAL | <u>\$ 114,428.</u> |

**STATEMENT 2
FORM 109, PART II, LINE 24
OTHER EXPENSES**

| | |
|---|--------------------|
| DIRECT OPERATING EXPENSES - BWL & BLLRDS..... | \$ 61,085. |
| DIRECT OPERATING EXPENSES - CHLDN CTR..... | 15,732. |
| DIRECT OPERATING EXPENSES - STD REC CTR..... | 58,183. |
| DIRECT OPERATING EXPENSES - UNIV CNF CTR..... | 6,287. |
| TOTAL | <u>\$ 141,287.</u> |

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

| | |
|--|---|
| State Charity Registration Number _____ ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY FULLERTON, INC. <small>Name of Organization</small> 800 N. STATE COLLEGE, PO BOX 6828 <small>Address (Number and Street)</small> FULLERTON, CA 92834-6828 <small>City or Town State ZIP Code</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>D0753699</u> Federal Employer ID No. <u>95-6006691</u> |
|--|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/10 ending 6/30/11) list:
 Gross annual revenue \$ 13,491,367. Total assets \$ 13,002,197.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, did non-program expenditures exceed 50% of gross revenues? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Organization's area code and telephone number 657-278-2404

Organization's e-mail address _____

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

| | | | |
|--|-----------------------------|----------------------|---------------------|
| FRED SANCHEZ | EXEC. DIRECTOR | | |
| <small>Signature of authorized officer</small> | <small>Printed Name</small> | <small>Title</small> | <small>Date</small> |

**STATEMENT 1
FORM RRF-1, PART B, LINE 1
FINANCIAL TRANSACTIONS**

ONE MEMBER OF THE BOARD IS PAID A SALARY FOR SERVICES RENDERED THAT ARE APPROVED BY THE BOARD AFTER REVIEW OF A SALARY SURVEY.

**STATEMENT 2
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

CALIFORNIA DEPARTMENT OF EDUCATION
721 CAPITAL MALL, P.O. BOX 944272
SACRAMENTO, CA 94244-2720

CALIFORNIA DEPARTMENT OF EDUCATION
NUTRITION SERVICES DIVISION
560 J STREET, STE. 270
SACRAMENTO, CA 95814-2342