

Associated Students Inc.



## Finance Committee

Thu Feb 20, 2025 1:15 PM - 2:30 PM PST

### 1. Call to Order

Samantha Ngo, Finance Committee Chair, called the meeting to order at 1:21 pm.

### 2. Roll Call

Members Present: Brown, Garibay, Her, Ngo, Quock

Members Absent: None

Liaisons Present: Hesgard, Syed, Walkley

Liaisons Absent: None

According to the ASI Policy Concerning Board of Directors Operations, attendance is defined as being present prior to the announcement of Unfinished Business and remaining until the scheduled end of the meeting.

\* Indicates that the member was in attendance prior to the start of Unfinished Business but left before the scheduled ending of the meeting.

\*\* Indicates that the member was in attendance for a portion of the meeting, but not in attendance prior to the announcement of Unfinished Business.


### 3. Approval of Agenda

 **The agenda was approved by unanimous consent**

### 4. Approval of Minutes

a. 1/23/2025 Finance Committee Meeting Minutes

b. 2/6/2025 Finance Committee Meeting Minutes

 **(Her-m/ Brown-s) Minutes were approved by unanimous consent.**

### 5. Public Speakers

Members of the public may address Finance Committee members on any item appearing on this posted agenda.

There were no public speakers.

## 6. Reports

### a. Chair

Samantha Ngo, Chair, shared that ASI scholarships were now available. She urged members to promote the scholarships within their colleges to ensure a high number of applicants for the semester.

### b. Director of Student Government

Rebecca Hesgard, Director of Student Government, welcomed everyone and hoped they were having a good Thursday as the semester progressed. They reminded everyone that ASI elections were underway and that the candidates had been announced both live and on the website, providing an opportunity to see who was running and learn more about them.

Hesgard also mentioned upcoming "Meet the Candidate" events, scheduled for March 5 from 3:00 to 4:00 PM at the SRC and on Thursday, March 6, from 10:30 AM to 12:00 PM at the Titan Bowl and Billiards. Additionally, she informed the audience that voting would take place on March 11 and 12, with voting block party events where candidates would be present to engage with students.

Hesgard emphasized the importance of the ASI scholarship program, encouraging everyone to share the information widely.

She highlighted the Panetta Congressional Internship opportunity, which is an all-expenses-paid internship in Washington, D.C., for a full semester. Interested students would need to go through an application process, including submitting a resume and completing other required steps. She urged students to check the CSUF Student Affairs social media pages for more details and to share the opportunity widely, as the selection committee was actively looking for strong candidates and had extended the deadline.

## 7. Unfinished Business

### a. None

## 8. New Business

### a. Action: 990 Form Filing

*The Board will consider approving the resolution to accept the 990 Tax Form FY 2024 for Associated Students, Inc.*

**FIN 010 24-25 (Her-m /Brown-s) A motion was made and seconded to approve the resolution accepting the Tax Form 990 for the Associated Students Inc., CSUF for FY 2024**

Ngo yielded to Kathleen Postal, CFO, to review the resolution and form 990. The 990 form is a tax document filed with the IRS. Nearly all non-profits are required to complete the form annually. The 990 provides an overview of the organization's activities, governance, and financial information and is required to outline the mission or other significant activities while also reporting financial details such as income, expenses, assets, and liabilities.

The form was completed by external auditors following the organization's financial audit. The form was subsequently reviewed and brought before the Finance Committee for approval. Afterward, it will be presented to the full Board, and once signed the Executive Director, it is submitted to the IRS.

Postal reviewed the details of the form noting that the document included a listing of all officers, directors, and trustees, as well as disclosures regarding certain compensations, the statement of functional expenses, which distinguishes between program and management expenses, and the balance sheet, which detail assets, liabilities, and retained earnings. The full document was provided to the Committee to review.

Ngo opened the floor to questions.

Ngo asked why the ASI student leadership financial award is not listed as reportable compensation on the 990. Kathleen responded that certain items were not reportable in the 990 because they were considered scholarships administered through Financial Aid, meaning they did not need to be included in this section of the form.

Ngo opened the floor to points of discussion. There were none.

**FIN 00X 24-25 (Her-m /Brown -s) Roll Call Vote: 5-0-0 The motion to approve the resolution accepting the 990 Tax Form for the Associated Students Inc., CSUF was adopted.**

**b. Action: Resolution Approving a Contingency Request from NSBE Student Association (NSBE)**

*The Committee will consider approving an ASI Resolution approving a contingency request for \$7,460.44 for the National Society of Black Engineers (NSBE).*

**FIN 00X 24-25 (Brown -m /Her -s) A motion was made and seconded to approve a resolution for a \$7,460.44 contingency request from the National Society of Black Engineers (NSBE)**

Ngo yielded to Hesgard to review the request and resolution. Hesgard provided an overview of the resolution and yielded to NSBE representatives to review their request.

National Society of Black Engineers (NSBE) representative provided the Committee with the contingency request and budget details to attend the national NSBE convention in Chicago from March 5 to 9. They explained that NSBE is dedicated to increasing the number of culturally responsible black engineers, providing students with opportunities to connect with others in their field.

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The speaker shared that the group raised \$1,451 through a popcorn fundraiser and received support from the ICC and the College of Engineering and Computer Science (ECS) for hotel rooms and funding for two students. They requested funding from ASI for conference registration, airfare, and travel costs for nine students. The total requested amount was \$7,290, with a breakdown of \$4,230 for registration, \$3,069 for travel and airfare, and ECS and ICC covering room and board.

Ngo opened the floor to questions.

Brown asked for clarification on the exact number of students the \$7,290 would cover, expressing concern that it seemed like a large amount of money for a potentially small number of students. NSBE responded that 11 students would participate and they are requesting funding for 9 students.

Quock asked how are the students that are going this year selected? The speaker explained that last year, about 10 students attended the national convention, with two fully funded by the College of ECS and eight funded by ICC. They noted that ICC had more funds last year. Student participants are selected based on the quality of their application responses, prioritizing students who expressed interest in career development, internships, or gaining experience in their field. They also mentioned that eligibility was not limited to engineering students, as students from other majors.

Her asked student participants, would they be actively participating in the convention, tabling at a booth or speaking at the event. Each student attending the convention will have a turn volunteering at the table by alternating shifts to ensure that the everyone has opportunity to participate in other activities at the convention and network with companies.

Walkley wanted to gage what the impact of the attending the conference last year. The speaker shared that the experience from the previous year's convention was highly positive for the students who attended. They received valuable feedback and gained useful skills, including improvements in their resume writing and interview techniques. Additionally, they learned strategies from other NSBE chapters on how to grow and attract more people to their organization.

Ngo asked what type of marketing was done to advertise the opportunity. The information was shared on the ICC Discord and on Instagram.

Her asked what the travel limit allowance is \$750 per participant. Nine students are participating. Therefore, the requested amount needed to be amended. Brown asked if the group contacted BSU for funding. The group responded that yes, they had contacted BSU.

Ngo opened the floor to points of discussion. There was none.

The Committee moved to a roll call vote to amend the approved amount.

**FIN 11.a (Ngo-m/Brown-s) Roll Call Vote: 5-0-0 A motion was made and seconded to amend the Contingency request from \$7460.44 to \$6750 to allocate the maximum travel funding for nine NSBE student participants.**

**FIN 011 24-25 (Her -m /Brown -s) Roll Call Vote: 5-0-0**

**The motion to approve the resolution approving a \$6,750 contingency request for NSBE was adopted (lost).**

c. Action: Line Item Transfer BICC

The Committee will consider a Line Item Transfer request for BICC Council in the amount of \$3,000 from travel to hospitality line item in account SG027-SG02 (Program Funding).

**FIN 012 24/25 (Her-m/Brown-s) A motion was made and seconded to approve the BICC Line-Item Transfer request in the amount of \$3,000 from travel to hospitality.**

Rebecca Hesgard explained the process of line item transfers and introduces the request from the Business Inter Club Council (BICC) to move \$3,000 from travel to hospitality. The rationale for the transfer is to support and host professional events and increase student engagement.

Ngo opened the floor to questions.

Her asked if requests are higher than the Line-Item, would requests be approved. Rebecca responded that councils are advised to work with the treasurer and develop budgeting skills.

Ngo opened the floor to discussion.

Brown highlighted that some ICCs have different budgetary needs.

Quock confirmed that Business clubs can benefit from additional hospitality funds that can be used to help attract students.

Ngo shared that hospitality funds are usually depleted in the BICC since the ICC includes approximately 20 clubs.

Her added that ICCs need more transparency with the request process. Rebecca Hesgard responded that line-item transfers over \$1000 are presented before the Committee. Requests under \$1000 are reviewed and approved by the Treasurer.

**FIN 012 24/25 (Her-m/Brown-s) Roll Call: 5-0-0 The motion to approve a BICC Line-Item transfer request in the amount of \$3,000 from travel to hospitality was approved.**

d. Action: Line Item Transfer ECSICC

The Committee will consider a Line Item Transfer request for ECSICC in the amount of \$3,000 from supplies to travel line item in account SG024-SG02 (Program Funding).

**FIN 013 24/25 (Brown-m/Her-s) A motion was made and seconded to approve the ECSICC Line-Item Transfer request in the amount of \$3,000 from supplies to travel.**

Rebecca introduces the request from the Engineering and Computer Science Inter Club Council (ECS ICC) to move \$3,000 from supplies to travel as many engineering clubs required additional travel funds for conferences. She noted that the council had exhausted its allocated travel funds and was looking to reallocate unused supply funds to accommodate future travel requests.

Ngo opened the floor to discussion.

Walkley asked for clarification on whether this transfer was due to previously exhausted travel funds, to which Rebecca confirmed that clubs such as NSBE had already allocated all available travel funds.

Her inquired whether budget limitations applied to other categories such as supplies and hospitality. Rebecca affirmed that if a category's funds were exhausted, additional requests could not be made until funds were reallocated.

**FIN 013 24/25 (Her-m/Brown-s) Roll Call: 5-0-0**

**The motion to approve the ECSICC Line-Item transfer request in the amount of \$3,000 from travel to hospitality was approved.**

**e. Discussion: ASI President's Budget Submission**

*The Committee will review the budget recommendations for the Executive Senate.*

Kathleen Postal, Chief Financial Officer, introduced the ASI President's budget submission and yielded to Joe Morales, ASI President. He explained that the review included an assessment rubric and consultations with finance committee members. He noted that while the total requested budget was \$693,000, the final proposed budget was set at \$596,000, an increase from the previously approved budget of \$588,000.

Morales emphasized that travel and hospitality were prioritized due to rising costs and their role in fostering student engagement. He also explained that contingency requests were considered, ensuring that additional funding could be allocated later if needed. Morales highlighted his commitment to maintaining a balanced budget and ensuring fair distribution of funds across organizations.

Postal added that an \$8,000 increase in club funding was a notable improvement. She also mentioned that SASU (South Asian Student Union) had been allocated specific funding due to the emergence of new organizations under its category.

Brown commended Morales for his work, stating that the budget effectively supported student engagement and community-building efforts.

Ngo opened the floor to discussion. There was none.

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Ngo opened the floor to discussion. There was none.

**9. Announcements/Member's Privilege**

There were no announcements

**10. Adjournment**

Chair Ngo, adjourned the meeting at 2:22 pm

*Sn*

ASI Board Treasurer-Secretary (Mar 13, 2025 11:30 PDT)

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Samantha Ngo, Finance Committee Chair

*Erika Perret-Martinez*

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Erika Perret-Martinez, Recording Secretary

## Roll Call 2024-2025

02/20/2025 Finance Committee Meeting

Attendance	Board Members			
			Present	Absent
HDD	BROWN	JARED	1	
COMM	GARIBAY	JOEL	1	
ART	HER	BENJAMIN	1	
CHAIR/TRES	NGO	SAMANTHA	1	
CBE	QUOCK	SHAY	1	
			Present	Absent
			5	0

Attendance	Liaisons			
			Present	Absent
DIR STU GOV.	HESGARD	REBECCA	1	
ASI PRES.	MORALES	JOE	1	
ASI CHAIR *	WALKLEY	BRIAN	1	
			Present	Absent
			3	0

\*Recording Secretary: Erika Perret-Martinez

Pres Designee: Haneefah Syed

Chair Designee: Brian Walkley

**QUORUM 4**

**Majority 3**

Roll Call Votes			10 ACTION: 990 FORM FILING		
			Yes	No	Abstain
HDD	BROWN	JARED	1		
COMM	GARIBAY	JOEL	1		
ART	HER	BENJAMIN	1		
CBE	QUOCK	SHAY	1		
CHAIR/TRES	NGO	SAMANTHA	1		
			Yes	No	Abstain
			5	0	0

Roll Call Votes			12 ACTION: LINE-ITEM TRANSFER REQUEST FROM BICC		
			Yes	No	Abstain
HDD	BROWN	JARED	1		
COMM	GARIBAY	JOEL	1		
ART	HER	BENJAMIN	1		
CBE	QUOCK	SHAY	1		
CHAIR/TRES	NGO	SAMANTHA	1		
			Yes	No	Abstain
			5	0	0

Roll Call Votes			11.a (AMMENDMENT) ACTION: RESOLUTION APPROVING A CONTINGENCY REQUEST FROM THE NATIONAL SOCIETY OF BLACK ENGINEERS (NSBE) CHANGE AMOUNT FROM \$7,460.44 TO \$6,750		
			Yes	No	Abstain
HDD	BROWN	JARED	1		
COMM	GARIBAY	JOEL	1		
ART	HER	BENJAMIN	1		
CBE	QUOCK	SHAY	1		
CHAIR/TRES	NGO	SAMANTHA	1		
			Yes	No	Abstain
			5	0	0

Roll Call Votes			13 ACTION: LINE-ITEM TRANSFER REQUEST FROM ECSICC		
			Yes	No	Abstain
HDD	BROWN	JARED	1		
COMM	GARIBAY	JOEL	1		
ART	HER	BENJAMIN	1		
CBE	QUOCK	SHAY	1		
CHAIR/TRES	NGO	SAMANTHA	1		
			Yes	No	Abstain
			5	0	0

Roll Call Votes			11 ACTION: RESOLUTION APPROVING A CONTINGENCY REQUEST FROM THE NATIONAL SOCIETY OF BLACK ENGINEERS (NSBE)		
			Yes	No	Abstain
HDD	BROWN	JARED	1		
COMM	GARIBAY	JOEL	1		
ART	HER	BENJAMIN	1		
CBE	QUOCK	SHAY	1		
CHAIR/TRES	NGO	SAMANTHA	1		
			Yes	No	Abstain
			5	0	0








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Final Audit Report

2025-03-27

Created:	2025-03-20
By:	Susan Collins (sucollins@fullerton.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAANBaMailLLNDMyFAaGHu31d-IU-bBu6uJ

## "fin\_2025\_02\_20\_min" History

-  Document created by Susan Collins (sucollins@fullerton.edu)  
2025-03-20 - 9:49:44 PM GMT- IP address: 137.151.176.51
-  Document emailed to Erika Perret-Martinez (eriperret-martinez@fullerton.edu) for signature  
2025-03-20 - 9:50:21 PM GMT
-  Erika Perret-Martinez (eriperret-martinez@fullerton.edu) has agreed to the terms of use and to do business electronically with California State University, Fullerton  
2025-03-27 - 11:53:39 PM GMT- IP address: 137.151.113.163
-  Document e-signed by Erika Perret-Martinez (eriperret-martinez@fullerton.edu)  
Signature Date: 2025-03-27 - 11:53:39 PM GMT - Time Source: server- IP address: 137.151.113.163
-  Agreement completed.  
2025-03-27 - 11:53:39 PM GMT

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

DRAFT



February 18, 2025

Associated Students Inc.,  
California State University Fullerton  
800 N. State College, PO Box 6828  
Fullerton, CA 92834-6828

Dear Dave,

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

**FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2025.

**FORM 990-T RETURN:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

No amount is due on Form 990-T.

**CALIFORNIA FORM 199 RETURN:**

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

No payment is required.

**CALIFORNIA FORM 109 RETURN:**

The California Form 109 return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

**CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed on or before May 15, 2025 to:

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

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

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

Sincerely,

Ryan M. Johnson, CPA

DRAFT

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON EIN or SSN 95-6006691

Name and title of officer or person subject to tax DAVE EDWARDS EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

Table with 3 columns: Line number (1a-10a), Description (Form type and check box), and Amount (1b-10b). Line 1a is checked with amount 23,249,293.

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ALDRICH CPAS AND ADVISORS LLP, (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize ALDRICH CPAS AND ADVISORS LLP to enter my PIN 56789. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93703198765

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 02/18/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2023)

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

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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

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

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	Taxpayer identification number (TIN) <b>95-6006691</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>800 N. STATE COLLEGE, PO BOX 6828</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FULLERTON, CA 92834-6828</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **KATHLEEN POSTAL**  
**800 N. STATE COLLEGE, P.O. BOX 6828 - FULLERTON, CA 92831**

Telephone No. **657-278-2402** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2023**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>800 N. STATE COLLEGE, PO BOX 6828</b> City or town, state or province, country, and ZIP or foreign postal code <b>FULLERTON, CA 92834-6828</b> <b>F</b> Name and address of principal officer: <b>DAVE EDWARDS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>95-6006691</b> <b>E</b> Telephone number <b>657-278-2401</b> <b>G</b> Gross receipts \$ <b>37,729,490.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>HTTP://WWW.ASI.FULLERTON.EDU</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1975</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROVIDES STUDENT GOVERNANCE AND ADVOCATES FOR STUDENT INTEREST IN LOCAL, STATE AND NATIONAL FORUMS.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>2</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>655</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>876</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>429,099.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,743,400.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>20,561,001.</b>	<b>20,225,178.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>422,426.</b>	<b>1,210,610.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>22,726,827.</b>	<b>23,249,293.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,289,527.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>11,900,258.</b>	<b>13,145,130.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,820,499.</b>	<b>8,100,966.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>21,010,284.</b>	<b>23,787,786.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,716,543.</b>	<b>-538,493.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>24,789,681.</b>	<b>End of Year</b> <b>25,946,278.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>16,117,397.</b>	<b>16,910,601.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>8,672,284.</b>	<b>9,035,677.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DAVE EDWARDS, EXECUTIVE DIRECTOR</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RYAN M. JOHNSON, CPA</b>	Preparer's signature <b>RYAN M. JOHNSON, CPA</b>
	Firm's name <b>ALDRICH CPAS AND ADVISORS LLP</b>	Date <b>02/18/25</b>
	Firm's address <b>680 HAWTHORNE AVE SE #140 SALEM, OR 97301</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01048788</b>
		Firm's EIN <b>93-0623286</b>
		Phone no. <b>(503) 585-7774</b>

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**ASI PROVIDES FOR STUDENT GOVERNANCE AND ADVOCATES FOR STUDENT INTERESTS IN LOCAL, STATE, AND NATIONAL FORUMS. ASI PROVIDES STUDENT ACTIVITIES, FUNDING FOR STUDENT ORGANIZATIONS, OPERATES A STUDENT UNION, STUDENT RECREATION CENTER AND CHILDCARE CENTER.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 7,694,832. including grants of \$ 2,541,690. ) (Revenue \$ 18,025,478. )  
**ASI ADVISES, SUPPORTS AND OVERSEES THE FUNCTIONS OF STUDENT GOVERNMENT, AS WELL AS A VARIETY OF STUDENT PROGRAMS. ADDITIONALLY, ASI PLANS AND IMPLEMENTS A VARIETY OF STUDENT LEADER DEVELOPMENT, TRAINING, AND RETREAT PROGRAMS HOSTED THROUGHOUT THE YEAR. THE STUDENT GOVERNMENT DEPARTMENT AIDS STUDENT LEADERS, INCLUDING THE BOARD OF DIRECTORS, EXECUTIVE OFFICERS, AND THE INTER-CLUB COUNCILS, IN NAVIGATING THEIR EXPERIENCES IN ASI AND SERVING THE STUDENTS OF THE UNIVERSITY. ASI PROVIDES EXPERTISE IN PLANNING AND COMPLETION OF EVENTS AND ACTIVITIES FOR STUDENTS. ADDITIONALLY, ASI ADVISES STUDENT LEADERS ON BUDGET AND FINANCE, AND MONITORS THE CAMPUS FUNDING/FUNDED COUNCILS, ORGANIZATIONS, AND CLUBS RECEIVING FUNDING FROM ASI.**

4b (Code: ) (Expenses \$ 2,211,598. including grants of \$ ) (Revenue \$ 1,250,972. )  
**THE STUDENT RECREATION CENTER (SRC) FEATURES A CARDIO FLOOR, WEIGHT ROOM, 35-FOOT-HIGH ROCK WALL, INDOOR JOGGING TRACK, OUTDOOR SWIMMING POOL, AND 22,000 SQUARE FEET OF GYMNASIUM SPACE. TITAN RECREATION, THE RECREATIONAL ARM OF ASI, OFFERS AQUATICS, PERSONAL TRAINING, INSTRUCTIONAL FITNESS, ROCK CLIMBING TRAINING, AND INTRAMURAL SPORTS. WITH THE ADDITION OF THE F45 FITNESS CLASSES AND OUTDOOR ADVENTURE PROGRAMS, THE SRC CONTINUES TO EXPAND TO MEET THE NEEDS OF A GROWING STUDENT POPULATION. UNIVERSITY STUDENTS WHO HAVE PAID THE STUDENT CENTER FEE RECEIVE ACCESS TO THE SRC AND ALL THE PROGRAMS OFFERED BY TITAN RECREATION. MEMBERSHIPS ARE ALSO AVAILABLE TO THE REST OF THE CAMPUS COMMUNITY AND ALUMNI.**

4c (Code: ) (Expenses \$ 2,952,128. including grants of \$ ) (Revenue \$ 519,629. )  
**THE CHILDREN'S CENTER (CENTER) PROVIDES TOP-QUALITY CARE AND AN EXCEPTIONAL EDUCATIONAL PROGRAM FOR THE CHILDREN OF UNIVERSITY STUDENTS, FACULTY, AND STAFF. IT SERVES THE FUNDAMENTAL PURPOSE OF MAKING HIGHER EDUCATION ACCESSIBLE TO STUDENT PARENTS BY OFFERING AFFORDABLE AND QUALITY CHILDCARE. THE CENTER ALSO PROVIDES SUBSIDIZED CHILDCARE FOR LOW-INCOME STUDENTS, WHICH ENABLES MANY TO ATTEND WHO OTHERWISE COULD NOT AFFORD OR ARRANGE FOR CHILDCARE. THE CENTER SERVES APPROXIMATELY 100 CHILDREN AND EMPLOYS 75 UNIVERSITY STUDENTS.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **12,858,558.**



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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 and XII</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 and XII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 107	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		655
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 2		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KATHLEEN POSTAL - 657-278-2402**  
**800 N. STATE COLLEGE, P.O. BOX 6828, FULLERTON, CA 92831**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVE EDWARDS EXECUTIVE DIRECTOR	40.00 0.00				X		207,510.	0.	54,598.	
(2) KEYA ALLEN ASSOCIATE EXECUTIVE DIRECTOR	40.00 0.00				X		172,802.	0.	33,340.	
(3) MATTHEW JARVIS, PH.D. DIRECTOR	1.00 40.00	X					0.	137,082.	66,668.	
(4) JEFF FEHRN CHIEF ORGANIZATIONAL OPERATIONS	40.00 0.00				X		132,129.	0.	40,045.	
(5) ALISA FLOWERS DIRECTOR	1.00 40.00	X					0.	100,512.	61,004.	
(6) KATHLEEN POSTAL CHIEF FINANCIAL OFFICER	40.00 0.00			X			63,688.	0.	6,896.	
(7) ANGELA NGUYEN VICE CHAIR	0.00 10.00	X					0.	0.	0.	
(8) RAMN AQUINO DIRECTOR	0.00 10.00	X					0.	0.	0.	
(9) MAYSEM AWADALLA ASI PRESIDENT	0.00 20.00	X	X				0.	0.	0.	
(10) SUZETTE MORALES DIRECTOR	0.00 10.00	X					0.	0.	0.	
(11) SHAWAN MANSOOR DIRECTOR	0.00 10.00	X					0.	0.	0.	
(12) MARK ZAVOLKOV VICE PRESIDENT	0.00 20.00	X	X				0.	0.	0.	
(13) CARMEN ORDIANO DIRECTOR	0.00 10.00	X					0.	0.	0.	
(14) GAVIN ONG SECRETARY	0.00 10.00	X	X				0.	0.	0.	
(15) SAHAR AMIRI CHIEF GOVERNMENTAL OFFICER	0.00 20.00	X	X				0.	0.	0.	
(16) ANTHONY SENG DIRECTOR	0.00 10.00	X					0.	0.	0.	
(17) JONATHAN AYALA DIRECTOR	0.00 10.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAMERON MACEDONIO CHIEF CAMPUS RELATIONS OFFICER	0.00 20.00	X		X				0.	0.	0.
(19) BRIAN WALKLEY DIRECTOR	0.00 10.00	X						0.	0.	0.
(20) ALAN RUELAS CHIEF COMMUNICATIONS OFFICER	0.00 10.00	X						0.	0.	0.
(21) AIDA ARYAN DIRECTOR	0.00 10.00	X						0.	0.	0.
(22) ANDREA RAMIREZ-RIVERA DIRECTOR	0.00 10.00	X						0.	0.	0.
(23) JARED BROWN CHIEF INCLUSION & DIVERSITY OFFICER	0.00 10.00	X						0.	0.	0.
(24) ASHLEY ZAZUETA RODRIGUEZ BOARD CHAIR	0.00 20.00	X		X				0.	0.	0.
(25) JOE MORALES DIRECTOR	0.00 10.00	X						0.	0.	0.
(26) NICHOLAS FURTADO DIRECTOR	0.00 10.00	X						0.	0.	0.
<b>1b Subtotal</b>								576,129.	237,594.	262,551.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								576,129.	237,594.	262,551.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	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>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	44,404.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,337,273.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	431,828.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 267,907.				
	<b>h Total.</b> Add lines 1a-1f .....		1,813,505.				
Program Service Revenue	<b>2 a</b> STUDENT FEES	Business Code					
		611710	16,963,959.	16963959.			
	<b>b</b> STUDENTS RECREATIONAL CENTER	611710	1,498,474.	1,250,972.	247,502.		
	<b>c</b> OTHER PROGRAM REVENUE	611710	1,061,519.	1,061,519.			
	<b>d</b> CHILDREN'S CENTER	611710	701,226.	519,629.	181,597.		
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		20,225,178.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		815,045.			815,045.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				14,875,762.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	14,480,197.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	395,565.				
	<b>d</b> Net gain or (loss) .....		395,565.			395,565.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		23,249,293.	19796079.	429,099.	1210610.		



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	2,541,690.	2,541,690.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	670,388.		670,388.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	8,150,933.	5,430,175.	2,720,758.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	814,899.	359,064.	455,835.	
9 Other employee benefits .....	3,024,530.	1,332,679.	1,691,851.	
10 Payroll taxes .....	484,380.	213,429.	270,951.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	125,682.		125,682.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	38,676.		38,676.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,817,900.	962,343.	1,855,557.	
12 Advertising and promotion .....				
13 Office expenses .....	1,099,806.	698,401.	401,405.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	688,928.	29,448.	659,480.	
17 Travel .....	257,921.	191,524.	66,397.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	343,225.	334.	342,891.	
23 Insurance .....	393,503.	65,963.	327,540.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>OTHER EXPENSES</b>	846,145.	444,260.	401,885.	
b <b>COST ALLOCATION</b>	498,012.	0.	498,012.	
c <b>DUES &amp; FEES</b>	381,717.	200,417.	181,300.	
d <b>CONTRACTS AND RENTALS</b>	308,107.	291,754.	16,353.	
e All other expenses .....	301,344.	97,077.	204,267.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>23,787,786.</b>	<b>12,858,558.</b>	<b>10,929,228.</b>	<b>0.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**ASSOCIATED STUDENTS INC.,  
CALIFORNIA STATE UNIVERSITY FULLERTON**

Form 990 (2023)

95-6006691 Page **11**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,674,428.	<b>1</b>	797,880.
	<b>2</b> Savings and temporary cash investments .....	302,516.	<b>2</b>	356,443.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,319,460.	<b>4</b>	1,123,547.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	14,097.	<b>8</b>	11,190.
	<b>9</b> Prepaid expenses and deferred charges .....	120,143.	<b>9</b>	368,416.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	3,622,195.		
	<b>b</b> Less: accumulated depreciation .....	2,294,040.		
		1,446,833.	<b>10c</b>	1,328,155.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,912,204.	<b>12</b>	21,667,896.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	292,751.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	24,789,681.	<b>16</b>	25,946,278.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,269,983.	<b>17</b>	1,238,028.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	524,142.	<b>19</b>	732,863.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	871,482.	<b>21</b>	799,650.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	13,451,790.	<b>25</b>	14,140,060.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	16,117,397.	<b>26</b>	16,910,601.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,487,845.	<b>27</b>	8,896,235.
	<b>28</b> Net assets with donor restrictions .....	184,439.	<b>28</b>	139,442.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	8,672,284.	<b>32</b>	9,035,677.
	<b>33</b> Total liabilities and net assets/fund balances .....	24,789,681.	<b>33</b>	25,946,278.

Form **990** (2023)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,249,293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,787,786.
3	Revenue less expenses. Subtract line 2 from line 1	3	-538,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,672,284.
5	Net unrealized gains (losses) on investments	5	211,513.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	690,373.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,035,677.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization **ASSOCIATED STUDENTS INC. , CALIFORNIA STATE UNIVERSITY FULLERTON** 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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ..... 1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
CSU, FULLERTON	33-0632102	2	X		0.	0.
<b>Total</b>					0.	0.

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described on line 11a above?		X
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	X	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	X	
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		X

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input checked="" type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

**PART I ADDITIONAL SUPPLEMENTAL INFORMATION**

THE ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY, FULLERTON

(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.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

**ASSOCIATED STUDENTS INC. ,  
CALIFORNIA STATE UNIVERSITY FULLERTON**

Employer identification number

**95-6006691**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization <b>ASSOCIATED STUDENTS INC.,                  CALIFORNIA STATE UNIVERSITY FULLERTON</b>	Employer identification number <b>95-6006691</b>
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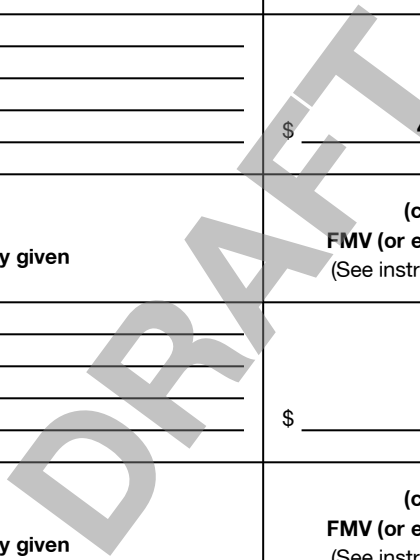
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA DEPARTMENT OF EDUCATION  1430 N STREET  SACRAMENTO, CA 95814	\$ 1,076,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF EDUCATION  400 MARYLAND AVENUE S.W.  WASHINGTON, DC 20202	\$ 172,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHILD NUTRITION FISCAL SERVICES  1430 N STREET  SACRAMENTO, CA 95814	\$ 87,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SECOND HARVEST  8014 MARINE WAY  IRVINE, CA 92618	\$ 131,731.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	CSU, FULLERTON  800 N. STATE COLLEGE BLVD.  FULLERTON, CA 92834	\$ 44,404.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ASSOCIATED STUDENTS INC.,                  CALIFORNIA STATE UNIVERSITY FULLERTON</b>	<b>Employer identification number</b>  95-6006691
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

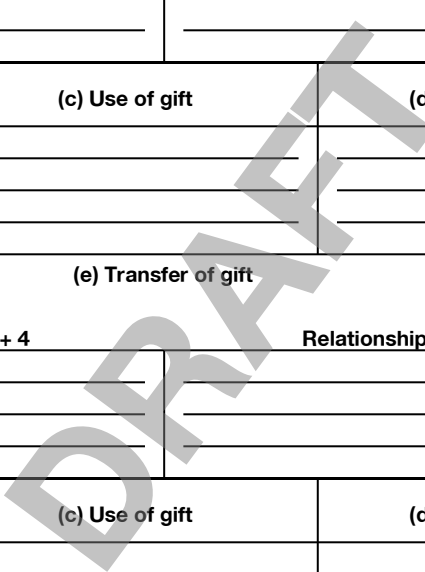
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 131,731.	
5	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 44,404.	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	



Name of organization <b>ASSOCIATED STUDENTS INC.,                  CALIFORNIA STATE UNIVERSITY FULLERTON</b>	Employer identification number <b>95-6006691</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023





**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) <b>MUTUAL FUNDS/EQUITIES</b>	4,438,273.	<b>END-OF-YEAR MARKET VALUE</b>
(B) <b>LOCAL AGENCY INVESTMENT</b>		
(C) <b>FUND (LAIF)</b>	17,229,623.	<b>END-OF-YEAR MARKET VALUE</b>
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>21,667,896.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>UNFUNDED PENSION OBLIGATION</b>	10,520,615.
(3) <b>UNFUNDED POST-RETIREMENT LIABILITY</b>	2,442,036.
(4) <b>RELATED PARTY PAYABLE</b>	882,809.
(5) <b>LEASE LIABILITY</b>	294,600.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>14,140,060.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	31,850,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	211,513.	
b	Donated services and use of facilities	2b	8,428,525.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	8,640,038.	
3	Subtract line 2e from line 1	3	23,210,617.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,676.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	38,676.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,249,293.	

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

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

1	Total expenses and losses per audited financial statements		1	32,868,008.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	8,428,525.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	690,373.	
e	Add lines 2a through 2d	2e	9,118,898.	
3	Subtract line 2e from line 1	3	23,749,110.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,676.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	38,676.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,787,786.	

**Part XIII Supplemental Information**

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

**PART IV, LINE 2B:**

FUNDS HELD FOR OTHERS CONSISTS OF AMOUNTS THAT ARE INCLUDED IN CASH AND INVESTMENTS OF ASI BUT BELONG TO OTHER RELATED ORGANIZATIONS. THE AMOUNTS ARE REPORTED AS AN ASSET AND A LIABILITY FOR THE SAME AMOUNT. NO REVENUE OR EXPENSES ARE RECOGNIZED FOR THESE ACTIVITIES.

**PART X, LINE 2:**

ASI FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. ASI RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF ACTIVITIES, WHEN APPLICABLE.

Part XIII Supplemental Information (continued)

MANAGEMENT HAS DETERMINED THAT ASI HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2024 AND 2023 AND THEREFORE, NO AMOUNTS HAVE BEEN ACCRUED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION AND POSTRETIREMENT RELATED CHANGES OTHER THAN

SERVICE COST 690,373.

DRAFT

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **ASSOCIATED STUDENTS INC.,  
CALIFORNIA STATE UNIVERSITY FULLERTON** 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

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



**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" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

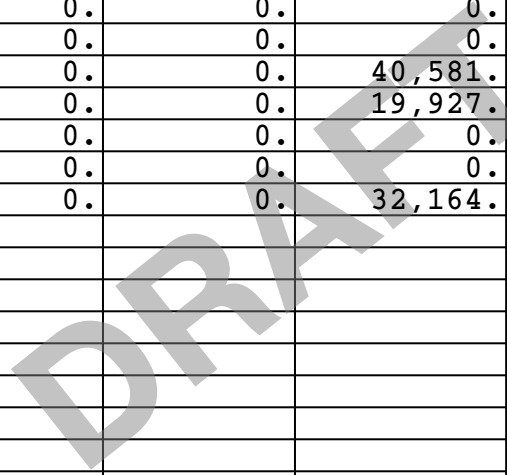
Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVE EDWARDS EXECUTIVE DIRECTOR	(i)	207,510.	0.	0.	27,411.	27,187.	262,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEYA ALLEN ASSOCIATE EXECUTIVE DIRECTOR	(i)	172,802.	0.	0.	22,827.	10,513.	206,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW JARVIS, PH.D. DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	137,082.	0.	0.	40,581.	26,087.	203,750.	0.
(4) JEFF FEHRN CHIEF ORGANIZATIONAL OPERATIONS	(i)	132,129.	0.	0.	19,927.	20,118.	172,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALISA FLOWERS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	100,512.	0.	0.	32,164.	28,840.	161,516.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



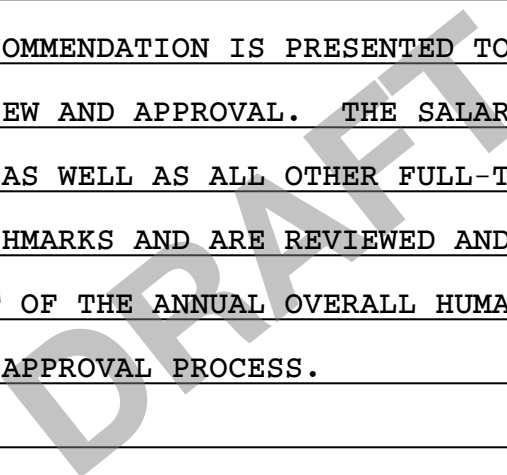


**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

ASI PARTICIPATES IN AN ANNUAL SALARY SURVEY OF ALL CSU AUXILIARY ORGANIZATIONS (CSU AOA) FACILITATED BY EMPLOYER'S GROUP. THE SALARY LEVEL FOR ASI'S EXECUTIVE DIRECTOR IS MEASURED AGAINST THESE BENCHMARKS, AN ANALYSIS IS PREPARED, AND ANY INCREASE RECOMMENDATION IS PRESENTED TO THE ASI BOARD OF DIRECTORS FOR INDIVIDUAL REVIEW AND APPROVAL. THE SALARY LEVELS FOR THE OTHER MANAGEMENT POSITIONS AS WELL AS ALL OTHER FULL-TIME STAFF ARE ALSO MEASURED AGAINST THESE BENCHMARKS AND ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL OVERALL HUMAN RESOURCES COMPENSATION AND CLASSIFICATION APPROVAL PROCESS.



**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

Total .....

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)	BOARD MEMBERS	186,768.	SCHOLARSHIPS	FINANCIAL ASS
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No). Rows 1-10.

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

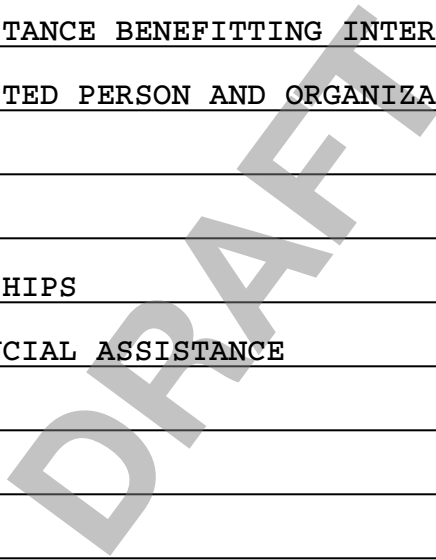
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBERS

(C) AMOUNT OF GRANT \$ 186,768.

(D) TYPE OF ASSISTANCE: SCHOLARSHIPS

(E) PURPOSE OF ASSISTANCE: FINANCIAL ASSISTANCE



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	267,907.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Horizontal lines for supplemental information input.

DRAFT

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON	Employer identification number	95-6006691
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ASI IS ALSO RESPONSIBLE FOR ADMINISTERING AND OVERSEEING STUDENT RESEARCH GRANTS AND PROVIDING OFFICE AND STORAGE SPACES FOR CLUBS AND ACTIVITIES

FORM 990, PART VI, SECTION B, LINE 11B:

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, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

ASI PARTICIPATES IN AN ANNUAL SALARY SURVEY OF ALL CSU AUXILIARY ORGANIZATIONS (CSU AOA) FACILITATED BY EMPLOYER'S GROUP. THE SALARY LEVEL FOR ASI'S EXECUTIVE DIRECTOR IS MEASURED AGAINST THESE BENCHMARKS, AN ANALYSIS IS PREPARED, AND ANY INCREASE RECOMMENDATION IS PRESENTED TO THE ASI BOARD OF DIRECTORS FOR INDIVIDUAL REVIEW AND APPROVAL. THE SALARY LEVELS FOR THE OTHER MANAGEMENT POSITIONS AS WELL AS ALL OTHER FULL-TIME STAFF ARE ALSO MEASURED AGAINST THESE BENCHMARKS AND ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL OVERALL HUMAN RESOURCES COMPENSATION AND CLASSIFICATION APPROVAL PROCESS.

Name of the organization	ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON	Employer identification number	95-6006691
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FORM 990, PART VI, SECTION C, LINE 19:

ASI'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ASI WEBSITE AND UPON REQUEST. ASI'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ASI WEBSITE AND UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	962,343.
MANAGEMENT AND GENERAL EXPENSES	1,855,557.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,817,900.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,817,900.

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

PENSION AND POSTRETIREMENT RELATED CHANGES OTHER THAN

SERVICE COST	690,373.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY, FULLERTON - 33-0632102, 800 N. STATE COLLEGE BLVD., FULLERTON, CA 92834-6828	EDUCATION	CALIFORNIA	115				X



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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY, FULLERTON	O	220,429.	COST
(2) CALIFORNIA STATE UNIVERSITY, FULLERTON	P	3,410,581.	COST
(3) CALIFORNIA STATE UNIVERSITY, FULLERTON	S	22,790,738.	COST
(4) CALIFORNIA STATE UNIVERSITY, FULLERTON	R	598,962.	COST
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2024**

Name ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON	Employer Identification Number 95-6006691
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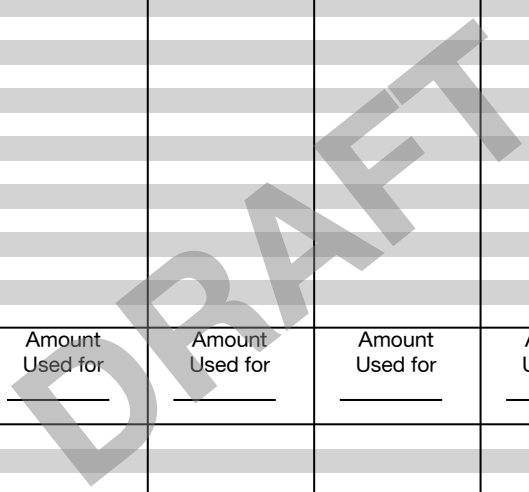
Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - STUDENT RECREATION CE	541,415.
FEDERAL POST-2017 NET OPERATING LOSS - CHILDREN'S CENTER - M	41,388.
FEDERAL PRE-2018 NET OPERATING LOSS	435,094.
CA NET OPERATING LOSS	978,750.

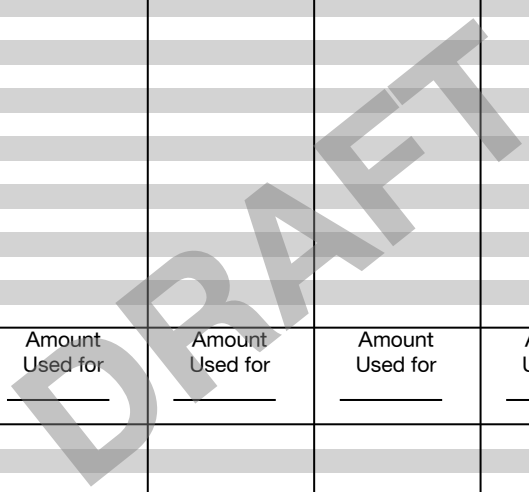
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Type and Entity: PRE-2018 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2003	53,983.	15,809.	598.	15,211.							
B	2004	79,374.										
C	2005	127,461.										
D	2006	44,789.										
E	2007	49,071.										
F	2008	22,644.										
G	2009	2,232.										
H	2010	19,689.										
I	2011	6,334.										
J	2014	29,605.										
K	2015	24,396.										
L	2017	29,499.										
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												



Type and Entity: NOL CA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/21	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2008	22,644.	17,564.	275.	17,289.							
B	2009	2,232.										
C	2010	19,869.										
D	2011	6,334.										
E	2012	20,109.										
F	2013	9,656.										
G	2014	29,605.										
H	2015	24,396.										
I	2017	29,499.										
J	2018	46,472.										
K	2019	13,069.										
L	2019	32,274.										
M	2022	189,438.										
N	2023	550,717.										
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
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IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON

EIN or SSN 95-6006691

Name and title of officer or person subject to tax DAVE EDWARDS EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ALDRICH CPAS AND ADVISORS LLP to enter my PIN 56789. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93703198765

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 02/18/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2023)

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

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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

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

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	Taxpayer identification number (TIN) <b>95-6006691</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>800 N. STATE COLLEGE, PO BOX 6828</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FULLERTON, CA 92834-6828</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **KATHLEEN POSTAL**  
**800 N. STATE COLLEGE, P.O. BOX 6828 - FULLERTON, CA 92831**

Telephone No. **657-278-2402** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

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

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Header section containing organization name (ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON), address (800 N. STATE COLLEGE, PO BOX 6828), and EIN (95-6006691).

Section A-K: Check organization type (501(c) corporation), filing status, and other organizational details.

Part I: Total Unrelated Business Taxable Income table with 11 rows and 2 columns (description, amount).

Part II: Tax Computation table with 7 rows and 2 columns (description, amount).

Part III: Tax and Payments table with 5 main rows and sub-rows (1a-1d, 3a-3e) for credits and taxes.

<b>Part III Tax and Payments</b> <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
c	Tax deposited with Form 8868 .....	<b>6c</b>	
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
e	Backup withholding (see instructions) .....	<b>6e</b>	
f	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
g	Elective payment election amount from Form 3800 .....	<b>6g</b>	
h	Payment from Form 2439 .....	<b>6h</b>	
i	Credit from Form 4136 .....	<b>6i</b>	
j	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <span style="float: right;"><b>Refunded</b></span>	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1	At any time during the 2023 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes No  <b>X</b>
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.		<b>X</b>
3	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>488,479.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
624410		\$ 16,875.	
		\$	
		\$	
		\$	
6 a	Reserved for future use .....		
b	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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	EXECUTIVE DIRECTOR		
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RYAN M. JOHNSON, CPA	RYAN M. JOHNSON, CPA	02/18/25		P01048788
	Firm's name	Firm's address		Firm's EIN	Phone no.
ALDRICH CPAS AND ADVISORS LLP	680 HAWTHORNE AVE SE #140 SALEM, OR 97301		93-0623286	(503) 585-7774	

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 488,479.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 15,211.

SCHEDULE A PORTION OF PRE-2018 NOL  
 SCHEDULE A ENTITY SCHEDULE A SHARE

2	0.
3	0.
4	0.
5	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 15,211.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.  
 EXPIRING NET OPERATING LOSSES 38,174.  
 CARRY FORWARD OF NET OPERATING LOSS 435,094.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/04	53,983.	598.	53,385.	53,385.
06/30/05	79,374.	0.	79,374.	79,374.
06/30/06	127,461.	0.	127,461.	127,461.
06/30/07	44,789.	0.	44,789.	44,789.
06/30/08	49,071.	0.	49,071.	49,071.
06/30/09	22,644.	0.	22,644.	22,644.
06/30/10	2,232.	0.	2,232.	2,232.
06/30/11	19,689.	0.	19,689.	19,689.
06/30/12	6,334.	0.	6,334.	6,334.
06/30/15	29,605.	0.	29,605.	29,605.
06/30/16	24,396.	0.	24,396.	24,396.
06/30/18	29,499.	0.	29,499.	29,499.
NOL CARRYOVER AVAILABLE THIS YEAR			488,479.	488,479.

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

1  
OMB No. 1545-0047  
**2023**  
Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> Name of the organization <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	<b>B</b> Employer identification number <b>95-6006691</b>
<b>C</b> Unrelated business activity code (see instructions) <b>713990</b>	<b>D</b> Sequence: <b>1</b> of <b>4</b>

**E** Describe the unrelated trade or business **STUDENT RECREATION CENTER**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>182,763.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>	182,763.		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	182,763.		182,763.
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	182,763.		182,763.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				<b>1</b>
<b>2</b> Salaries and wages .....				<b>2</b> 497,396.
<b>3</b> Repairs and maintenance .....				<b>3</b> 8,830.
<b>4</b> Bad debts .....				<b>4</b>
<b>5</b> Interest (attach statement). See instructions .....				<b>5</b>
<b>6</b> Taxes and licenses .....				<b>6</b>
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion .....				<b>9</b>
<b>10</b> Contributions to deferred compensation plans .....				<b>10</b>
<b>11</b> Employee benefit programs .....				<b>11</b> 124,851.
<b>12</b> Excess exempt expenses (Part VIII) .....				<b>12</b>
<b>13</b> Excess readership costs (Part IX) .....				<b>13</b>
<b>14</b> Other deductions (attach statement) .....		SEE STATEMENT 3		<b>14</b> 93,101.
<b>15 Total deductions.</b> Add lines 1 through 14 .....				<b>15</b> 724,178.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....				<b>16</b> -541,415.
<b>17</b> Deduction for net operating loss. See instructions .....				<b>17</b> 0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....				<b>18</b> -541,415.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
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) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.



**Part VI 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
(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)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OFFICE EXPENSES	36,236.
CONTRACTS/RENTALS	5,926.
OTHER	37,648.
INSURANCE	3,603.
PROFESSIONAL FEES	3,668.
STAFF DEVELOPMENT	3,634.
TRAVEL	2,277.
DEPRECIATION	109.
TOTAL TO SCHEDULE A, PART II, LINE 14	93,101.

DRAFT

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON
B Employer identification number 95-6006691
C Unrelated business activity code (see instructions) 713990
D Sequence: 2 of 4

E Describe the unrelated trade or business BOWLING & BILLIARDS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (62,215), Less returns and allowances, Cost of goods sold, Gross profit (62,215), and Total (62,215).

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Depreciation, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions (SEE STATEMENT 4), Total deductions (47,004), and Unrelated business taxable income (15,211).

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
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) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7



FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

BOWLING & BILLIARD OPERATIONS

47,004.

TOTAL TO SCHEDULE A, PART II, LINE 14

47,004.

DRAFT



SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

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

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

A Name of the organization ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON
B Employer identification number 95-6006691
C Unrelated business activity code (see instructions) 624410
D Sequence: 3 of 4

E Describe the unrelated trade or business CHILDREN'S CENTER - MEMBERS FROM COMMUNITY/AL

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (181,597), Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from a partnership, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents, Investment income, Exploited exempt activity income, Advertising income, Other income, and Total (181,597).

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees (122,881), Repairs and maintenance (58), Taxes and licenses, Depreciation (7), Less depreciation claimed (8a), Depletion (9), Contributions to deferred compensation plans (10), Employee benefit programs (57,837), Excess exempt expenses (12), Excess readership costs (13), Other deductions (25,334), Total deductions (206,110), Unrelated business income before net operating loss deduction (-24,513), Deduction for net operating loss (0), and Unrelated business taxable income (-24,513).

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....

- 5 Readership costs .....
- 6 Circulation income .....
- 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....
- 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....


a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

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

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	AMOUNT
OFFICE EXPENSE	5,319.
INSURANCE	2,057.
UTILITIES	2,056.
OTHER	1,683.
PROFESSIONAL FEES	13,937.
CONTRACTS & RENTALS	85.
TRAVEL	197.
<b>TOTAL TO SCHEDULE A, PART II, LINE 14</b>	<b>25,334.</b>

FORM 990-T SCHEDULE A DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY STATEMENT 6

CHILDREN'S CENTER - MEMBERS FROM COMMUNITY/ALUMNI

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 7

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	10,386.	0.	10,386.	10,386.
06/30/23	6,489.	0.	6,489.	6,489.
<b>NOL CARRYOVER AVAILABLE THIS YEAR</b>			<b>16,875.</b>	<b>16,875.</b>

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

4  
OMB No. 1545-0047

**2023**

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

<b>A</b> Name of the organization <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	<b>B</b> Employer identification number <b>95-6006691</b>
<b>C</b> Unrelated business activity code (see instructions) <b>531190</b>	<b>D</b> Sequence: <b>4</b> of <b>4</b>

**E** Describe the unrelated trade or business **ROOM RENTALS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>	2,524.	2,524.	
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	2,524.	2,524.	

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....					
<b>2</b> Salaries and wages .....					
<b>3</b> Repairs and maintenance .....					
<b>4</b> Bad debts .....					
<b>5</b> Interest (attach statement). See instructions .....					
<b>6</b> Taxes and licenses .....					
<b>7</b> Depreciation (attach Form 4562). See instructions .....		<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....		<b>8a</b>		<b>8b</b>	
<b>9</b> Depletion .....					
<b>10</b> Contributions to deferred compensation plans .....					
<b>11</b> Employee benefit programs .....					
<b>12</b> Excess exempt expenses (Part VIII) .....					
<b>13</b> Excess readership costs (Part IX) .....					
<b>14</b> Other deductions (attach statement) .....					
<b>15 Total deductions.</b> Add lines 1 through 14 .....					0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....					0.
<b>17</b> Deduction for net operating loss. See instructions .....					0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....					

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Line 1: Inventory at beginning of year. Line 2: Purchases. Line 3: Cost of labor. Line 4: Additional section 263A costs. Line 5: Other costs. Line 6: Total. Line 7: Inventory at end of year. Line 8: Cost of goods sold. Line 9: Do the rules of section 263A apply to the organization? Yes/No.

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

Table for Rent Income. Line 1: Description of property (ROOM RENTALS 800 N. COLLEGE, FULLERTON, CA 92834). Line 2: Rent received or accrued (a: From personal property 2,524; b: From real and personal property 0; c: Total rents 2,524). Line 3: Total rents received or accrued 2,524. Line 4: Deductions directly connected with the income (STMT 8) 2,524. Line 5: Total deductions 2,524.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 1: Description of debt-financed property. Line 2: Gross income from or allocable to debt-financed property. Line 3: Deductions directly connected with or allocable to debt-financed property (a: Straight line depreciation; b: Other deductions; c: Total deductions). Line 4: Amount of average acquisition debt on or allocable to debt-financed property. Line 5: Average adjusted basis of or allocable to debt-financed property. Line 6: Divide line 4 by line 5. Line 7: Gross income reportable. Line 8: Total gross income 0. Line 9: Allocable deductions. Line 10: Total allocable deductions 0. Line 11: Total dividends-received deductions included in line 10 0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling 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)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
<b>Totals</b>			0.	0.	

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7





## FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME

## STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL RELATED DEDUCTIONS		4,365.	
LACK OF PROFIT MOTIVE		-1,841.	
- SUBTOTAL -	5		2,524.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			2,524.

DRAFT

**Alternative Minimum Tax-Corporations**

**2023**

Attach to your tax return.  
 Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

Name **ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON**  
 Employer identification number **95-6006691**

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52?  Yes  No  
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)  
 If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

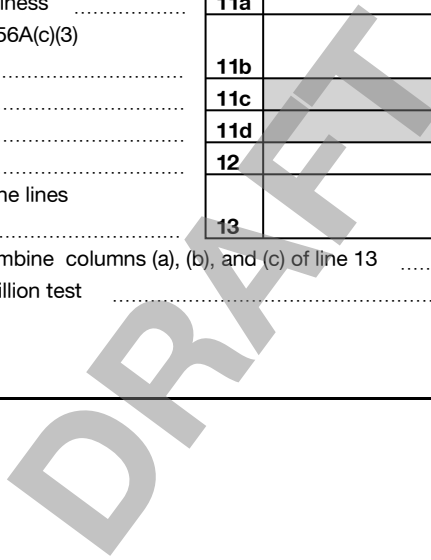
	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation	<b>1a</b>		
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1b</b>		
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	<b>1c</b>		
<b>d</b> Adjustment for certain consolidating entries (see instructions)	<b>1d</b>		
<b>e</b> Specified additional net income or loss item B. Reserved for future use	<b>1e</b>		
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	<b>1f</b>		
<b>2</b> Adjustments:			
<b>a</b> Financial statements covering different tax years	<b>2a</b>		
<b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions)	<b>2b</b>		
<b>c</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	<b>2c</b>		
<b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	<b>2d</b>		
<b>e</b> Certain taxes (see instructions)	<b>2e</b>		
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2f</b>		
<b>g</b> Alaska native corporations	<b>2g</b>		
<b>h</b> Certain credits (see instructions)	<b>2h</b>		
<b>i</b> Mortgage servicing income	<b>2i</b>		
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511)	<b>2j</b>		
<b>k</b> Depreciation	<b>2k</b>		
<b>l</b> Qualified wireless spectrum	<b>2l</b>		
<b>m</b> Covered transactions	<b>2m</b>		
<b>n</b> Adjustments related to bankruptcy and insolvency	<b>2n</b>		
<b>o</b> Certain insurance company adjustments	<b>2o</b>		
<b>p</b> Adjustment P - Reserved for future use	<b>2p</b>		
<b>q</b> Adjustment Q - Reserved for future use	<b>2q</b>		
<b>r</b> Adjustment R - Reserved for future use	<b>2r</b>		
<b>s</b> Adjustment S - Reserved for future use	<b>2s</b>		
<b>z</b> Other (see instructions)	<b>2z</b>		
<b>3</b> Specified adjustment. Reserved for future use	<b>3</b>		
<b>4</b> Total adjustments. Combine lines 2a through 2z	<b>4</b>		
<b>5</b> AFSI. Combine lines 1f and 4	<b>5</b>		
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			<b>6</b>
<b>7</b> 3-year average annual AFSI (see instructions)			<b>7</b>

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?  
 **Yes.** Continue to line 9.  
 **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
 **Yes.** Continue to line 10.  
 **No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
<b>10</b> AFSI for purposes of the \$100 million test before adjustments:				
<b>a</b> AFSI from line 5 .....	<b>10a</b>			
<b>b</b> Aggregation differences (see instructions) .....	<b>10b</b>			
<b>c</b> Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b .....	<b>10c</b>			
<b>11</b> Adjustments:				
<b>a</b> Income not effectively connected to a U.S. trade or business .....	<b>11a</b>			
<b>b</b> Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>11b</b>			
<b>c</b> Reserved for future use - Other adjustments 1 .....	<b>11c</b>			
<b>d</b> Reserved for future use - Other adjustments 2 .....	<b>11d</b>			
<b>12</b> Total adjustments. Combine lines 11a and 11b .....	<b>12</b>			
<b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....	<b>13</b>			
<b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....				<b>14</b>
<b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....				<b>15</b>

- 16** Is line 15 \$100 million or more?  
 **Yes.** Continue to Part II.  
 **No.** STOP here. Attach to your tax return.



**Part II Corporate Alternative Minimum Tax**

<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
<b>a</b>	Consolidated net income or loss per the AFS of the corporation	<b>1a</b> -551,717.
<b>b</b>	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1b</b>
<b>c</b>	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	<b>1c</b>
<b>d</b>	Adjustment for certain consolidating entries (see instructions)	<b>1d</b>
<b>e</b>	Specified additional net income or loss item D. Reserved for future use	<b>1e</b>
<b>f</b>	AFS net income or loss before adjustments. Combine lines 1a through 1d	<b>1f</b> -551,717.
<b>2</b> Adjustments:		
<b>a</b>	Financial statements covering different tax years	<b>2a</b>
<b>b</b>	Reserved for future use - Adjustment 2b	<b>2b</b>
<b>c</b>	Corporations that are not included on the taxpayers - consolidated return (see instructions)	<b>2c</b>
<b>d</b>	The corporation's distributive share of adjusted financial statement income of partnerships	<b>2d</b>
<b>e</b>	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	<b>2e</b>
<b>f</b>	Amounts that are not effectively connected to a U.S. trade or business	<b>2f</b>
<b>g</b>	Certain taxes. Enter the amount from Part III, line 7	<b>2g</b>
<b>h</b>	Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2h</b>
<b>i</b>	Alaska native corporations	<b>2i</b>
<b>j</b>	Certain credits (see instructions)	<b>2j</b>
<b>k</b>	Mortgage servicing income	<b>2k</b>
<b>l</b>	Covered benefit plans described in section 56A(c)(11)(B)	<b>2l</b>
<b>m</b>	Tax-exempt entities (organizations subject to tax under section 511)	<b>2m</b>
<b>n</b>	Depreciation	<b>2n</b>
<b>o</b>	Qualified wireless spectrum	<b>2o</b>
<b>p</b>	Covered transactions	<b>2p</b>
<b>q</b>	Adjustments related to bankruptcy and insolvency	<b>2q</b>
<b>r</b>	Certain insurance company adjustments	<b>2r</b>
<b>s</b>	AFSI adjustment S - Reserved for future use	<b>2s</b>
<b>t</b>	AFSI adjustment T - Reserved for future use	<b>2t</b>
<b>u</b>	AFSI adjustment U - Reserved for future use	<b>2u</b>
<b>z</b>	Other (see instructions)	<b>2z</b>
<b>3</b>	Total adjustments. Combine lines 2a through 2z	<b>3</b>
<b>4</b>	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	<b>4</b> -551,717.
<b>5</b>	Financial statement net operating loss (FSNOL) (see instructions)	<b>5</b>
<b>6</b>	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	<b>6</b>
<b>7</b>	Multiply line 6 by 15% (0.15)	<b>7</b>
<b>8</b>	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	<b>8</b>
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	<b>9</b>
<b>10</b>	Regular tax liability (see instructions)	<b>10</b>
<b>11</b>	Base erosion minimum tax (see instructions)	<b>11</b>
<b>12</b>	Combine lines 10 and 11	<b>12</b>
<b>13</b>	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>13</b>

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

<b>1</b>	Current income tax provision - Foreign	<b>1</b>
<b>2</b>	Current income tax provision - Federal	<b>2</b>
<b>3</b>	Deferred income tax provision - Foreign	<b>3</b>
<b>4</b>	Deferred income tax provision - Federal	<b>4</b>
<b>5</b>	Income taxes included in equity method investment income	<b>5</b>
<b>6a</b>	Adjustment A - Reserved for future use	<b>6a</b>
<b>b</b>	Adjustment B - Reserved for future use	<b>6b</b>
<b>c</b>	Adjustment C - Reserved for future use	<b>6c</b>
<b>d</b>	Adjustment D - Reserved for future use	<b>6d</b>
<b>e</b>	Adjustment E - Reserved for future use	<b>6e</b>
<b>f</b>	Adjustment F - Reserved for future use	<b>6f</b>
<b>g</b>	Adjustment G - Reserved for future use	<b>6g</b>
<b>h</b>	Adjustment H - Reserved for future use	<b>6h</b>
<b>z</b>	Income taxes in other places	<b>6z</b>
<b>7</b>	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	<b>7</b>

**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**

**Section I - AMT Foreign Tax Credit**

<b>1</b>	Domestic corporation AMT foreign income taxes:			
<b>a</b>	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....	<b>1a</b>		
<b>b</b>	Adjustment .....	<b>1b</b>		
<b>c</b>	Adjustment .....	<b>1c</b>		
<b>d</b>	Adjustment .....	<b>1d</b>		
<b>e</b>	Adjustment .....	<b>1e</b>		
<b>f</b>	Adjustment .....	<b>1f</b>		
<b>g</b>	Adjustment .....	<b>1g</b>		
<b>2</b>	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g .....			<b>2</b>
<b>3</b>	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
<b>a</b>	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) .....	<b>3a</b>		
<b>b</b>	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....	<b>3b</b>		
<b>c</b>	Total CFC AMT foreign income taxes. Add lines 3a and 3b .....			<b>3c</b>
<b>d</b>	Percentage specified in section 55(b)(2)(A)(i) .....	<b>3d</b>	15%	
<b>e</b>	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>3e</b>		
<b>f</b>	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) .....			<b>3f</b>
<b>g</b>	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) .....			<b>3g</b>
<b>4</b>	CAMT FTC Line 4 - Reserved for future use .....			<b>4</b>
<b>5</b>	CAMT FTC Line 5 - Reserved for future use .....			<b>5</b>
<b>6</b>	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 .....			<b>6</b>

DRAFT

TAXABLE YEAR **2023** **California Exempt Organization Annual Information Return**

329941 12-26-23 FORM **199**

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) **07/01/2023**, and ending (mm/dd/yyyy) **06/30/2024**

Corporation/Organization name **ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON** California corporation number **0753699**

Additional information. See instructions. **FEIN 95-6006691**

Street address (suite or room) **800 N. STATE COLLEGE, PO BOX 6828** PMB no.

City **FULLERTON** State **CA** ZIP code **92834-6828**

Foreign country name Foreign province/state/county Foreign postal code

**A** First return  Yes  No

**B** Amended return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final information return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized

Enter date: (mm/dd/yyyy)

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990r (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** Is the organization a limited liability company?  Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

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

**O** Is federal Form 1023/1024 pending?  Yes  No Date filed with IRS \_\_\_\_\_

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>Receipts and Revenues</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Gross sales or receipts from other sources. From Side 2, Part II, line 8	35,915,985	00														
Gross dues and assessments from members and affiliates	00															
Gross contributions, gifts, grants, and similar amounts received	1,813,505	00														
Total gross receipts for filing requirement test. Add line 1 through line 3.	37,729,490	00														
<b>This line must be completed.</b> If the result is less than \$50,000, see General Information B																
Cost of goods sold		00														
Cost or other basis, and sales expenses of assets sold																
Total costs. Add line 5 and line 6	14,480,197	00														
Total gross income. Subtract line 7 from line 4	23,249,293	00														
Total expenses and disbursements. From Side 2, Part II, line 18	23,787,786	00														
Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	-538,493	00														
Total payments	00															
Use tax. See General Information K	00															
Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	00															
Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	00															
Penalties and interest. See General Information J	00															
<b>16 Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	00															
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																
<b>Sign Here</b>	Signature of officer	Title	Date	Date	Telephone	PTIN	Check if self-employed	Telephone	Firm's FEIN							
	RYAN M. JOHNSON, CPA	EXECUTIVE DIRE	02/18/25		657-278-2401		<input type="checkbox"/>	93-0623286								
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address															
	ALDRICH CPAS AND ADVISORS LLP 680 HAWTHORNE AVE SE #140 SALEM, OR 97301						<input checked="" type="checkbox"/>	(503) 585-7774								

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

1	Gross sales or receipts from all business activities. See instructions	•	1	00
2	Interest	•	2	780,526 00
3	Dividends	•	3	34,519 00
4	Gross rents	•	4	00
5	Gross royalties	•	5	00
6	Gross amount received from sale of assets (See instructions)	•	6	14,875,762 00
7	Other income	•	7	20,225,178 00
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	35,915,985 00
9	Contributions, gifts, grants, and similar amounts paid	•	9	2,541,690 00
10	Disbursements to or for members	•	10	00
11	Compensation of officers, directors, and trustees	•	11	670,388 00
12	Other salaries and wages	•	12	8,150,933 00
13	Interest	•	13	00
14	Taxes	•	14	484,380 00
15	Rents	•	15	688,928 00
16	Depreciation and depletion (See instructions)	•	16	00
17	Other expenses and disbursements	•	17	11,251,467 00
18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	23,787,786 00

Schedule L Balance Sheet		Beginning of taxable year	End of taxable year		
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,976,944		1,154,323
2	Net accounts receivable		1,319,460		1,123,547
3	Net notes receivable				
4	Inventories		14,097		11,190
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments	STMT 8	19,912,204		21,667,896
10	a Depreciable assets		3,892,767	3,622,195	
	b Less accumulated depreciation		2,445,934	2,294,040	1,328,155
11	Land				
12	Other assets	STMT 9	120,143		661,167
13	Total assets		24,789,681		25,946,278
<b>Liabilities and net worth</b>					
14	Accounts payable			1,269,983	1,238,028
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable	STMT 10		871,482	799,650
17	Mortgages payable				
18	Other liabilities	STMT 11		13,975,932	14,872,923
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund			8,672,284	9,035,677
22	Total liabilities and net worth			24,789,681	25,946,278

**Schedule M-1 Reconciliation of income per books with income per return**  
 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	363,393	7	Income recorded on books this year not included in this return. Attach schedule	•	211,513
2	Federal income tax	•		8	Deductions in this return not charged against book income this year.		
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		211,513
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		-538,493
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	-690,373				
6	Total. Add line 1 through line 5	*	-326,980				

\* SEE STATEMENT



CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA DEPARTMENT OF EDUCATION	1430 N STREET SACRAMENTO, CA 95814		1,076,641.
U.S. DEPARTMENT OF EDUCATION	400 MARYLAND AVENUE S.W. WASHINGTON, DC 20202		172,635.
CHILD NUTRITION FISCAL SERVICES	1430 N STREET SACRAMENTO, CA 95814		87,998.
TOTAL INCLUDED ON LINE 3			1,337,274.

CA 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
SECOND HARVEST	8014 MARINE WAY IRVINE, CA 92618		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
FOOD INVENTORY		131,731.	131,731.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
CSU, FULLERTON	800 N. STATE COLLEGE BLVD. FULLERTON, CA 92834		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
FOOD INVENTORY		44,404.	44,404.
TOTAL INCLUDED ON LINE 3		176,135.	176,135.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
PUBLICLY TRADED SECURITIES			PURCHASED	
	14,480,197.	0.	0.	14,875,762.
TOTAL TO FORM 199, PAGE 2, LN 6	14,480,197.	0.	0.	14,875,762.

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
STUDENT FEES	16,963,959.
STUDENTS RECREATIONAL CENTER	1,498,474.
OTHER PROGRAM REVENUE	1,061,519.
CHILDREN'S CENTER	701,226.
TOTAL TO FORM 199, PART II, LINE 7	20,225,178.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 5

ACTIVITY CLASSIFICATION: AWARDS AND SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS INDIVIDUAL RECIPIENTS	800 N. STATE COLLEGE, PO BOX 6828 - FULLERTON, CA 92834-6828	NONE	2,541,690.
TOTAL FOR THIS ACTIVITY			2,541,690.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			2,541,690.

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CA 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT 6

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DAVE EDWARDS 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	EXECUTIVE DIRECTOR 40.00	282,061.
KEYA ALLEN 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	ASSOCIATE EXECUTIVE DIRECT 40.00	216,618.
MATTHEW JARVIS, PH.D. 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 1.00	0.
JEFF FEHRN 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	CHIEF ORGANIZATIONAL OPERA 40.00	0.
ALISA FLOWERS 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 1.00	0.
KATHLEEN POSTAL 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	CHIEF FINANCIAL OFFICER 40.00	171,709.
ANGELA NGUYEN 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	VICE CHAIR 0.00	0.
RAMN AQUINO 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.
MAYSEM AWADALLA 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	ASI PRESIDENT 0.00	0.
SUZETTE MORALES 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.
SHAWAN MANSOOR 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.

MARK ZAVOLKOV 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	VICE PRESIDENT 0.00	0.
CARMEN ORDIANO 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.
GAVIN ONG 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	SECRETARY 0.00	0.
SAHAR AMIRI 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	CHIEF GOVERNMENTAL OFFICER 0.00	0.
ANTHONY SENG 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.
JONATHAN AYALA 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.
CAMERON MACEDONIO 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	CHIEF CAMPUS RELATIONS OFF 0.00	0.
BRIAN WALKLEY 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.
ALAN RUELAS 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	CHIEF COMMUNICATIONS OFFIC 0.00	0.
AIDA ARYAN 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.
ANDREA RAMIREZ-RIVERA 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	DIRECTOR 0.00	0.
JARED BROWN 800 N. STATE COLLEGE, PO BOX 6828 FULLERTON, CA 92834-6828	CHIEF INCLUSION & DIVERSIT 0.00	0.

ASSOCIATED STUDENTS INC., CALIFORNIA STA

95-6006691

ASHLEY ZAZUETA RODRIGUEZ	BOARD CHAIR	0.
800 N. STATE COLLEGE, PO BOX 6828	0.00	
FULLERTON, CA 92834-6828		

JOE MORALES	DIRECTOR	0.
800 N. STATE COLLEGE, PO BOX 6828	0.00	
FULLERTON, CA 92834-6828		

NICHOLAS FURTADO	DIRECTOR	0.
800 N. STATE COLLEGE, PO BOX 6828	0.00	
FULLERTON, CA 92834-6828		

BRIAN RUBIO	DIRECTOR	0.
800 N. STATE COLLEGE, PO BOX 6828	0.00	
FULLERTON, CA 92834-6828		

TOTAL TO FORM 199, PART II, LINE 11		670,388.
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CA 199	OTHER EXPENSES	STATEMENT 7
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DESCRIPTION	AMOUNT
DEPRECIATION	343,225.
OTHER EXPENSES	846,145.
COST ALLOCATION	498,012.
DUES & FEES	381,717.
CONTRACTS AND RENTALS	308,107.
PENSION PLAN CONTRIBUTIONS	814,899.
OTHER EMPLOYEE BENEFITS	3,024,530.
ACCOUNTING FEES	125,682.
INVESTMENT MANAGEMENT FEES	38,676.
OTHER PROFESSIONAL FEES	2,817,900.
OFFICE EXPENSES	1,099,806.
TRAVEL	257,921.
INSURANCE	393,503.
ALL OTHER EXPENSES	301,344.
TOTAL TO FORM 199, PART II, LINE 17	11,251,467.

CA 199	OTHER INVESTMENTS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS/EQUITIES	3,840,965.	4,438,273.
LOCAL AGENCY INVESTMENT FUND (LAIF)	16,071,239.	17,229,623.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	19,912,204.	21,667,896.

CA 199	OTHER ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	120,143.	368,416.
LEASE- RIGHT OF USE	0.	292,751.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	120,143.	661,167.

CA 199	BONDS AND NOTES PAYABLE	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ESCROW ACCOUNT LIABILITIES	871,482.	799,650.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	871,482.	799,650.

CA 199	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNFUNDED PENSION OBLIGATION	9,971,143.	10,520,615.
UNFUNDED POST-RETIREMENT LIABILITY	2,672,470.	2,442,036.
RELATED PARTY PAYABLE	808,177.	882,809.
LEASE LIABILITY	0.	294,600.
DEFERRED REVENUE	524,142.	732,863.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	13,975,932.	14,872,923.

CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR STATEMENT 12  
 NOT DEDUCTED IN THIS RETURN

DESCRIPTION	AMOUNT
PENSION AND POSTRETIREMENT RELATED CHANGES OTHER THAN SERVICE COST	-690,373.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	-690,373.

CA 199 INCOME RECORDED ON BOOKS THIS YEAR STATEMENT 13  
 NOT INCLUDED IN THIS RETURN

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	211,513.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	211,513.

DRAFT

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	Identifying number <b>95-6006691</b>
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**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>37,729,490</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>23,249,293</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>23,787,786</b>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6  Direct Deposit of refund (Form 109 only.)

7  Electronic funds withdrawal      **7a** Amount      **7b** Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

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

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

10 Routing number \_\_\_\_\_

11 Account number \_\_\_\_\_      12 Type of account:  Checking     Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here**      Signature of officer      Date      Title      **EXECUTIVE DIRECTOR**

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO**      ERO's signature      Date      Check if also paid preparer       Check if self-employed       ERO's PTIN **P01048788**

**Must Sign**      Firm's name (or yours if self-employed) and address      **ALDRICH CPAS AND ADVISORS LLP**  
**680 HAWTHORNE AVE SE #140**  
**SALEM, OR**      Firm's FEIN **93-0623286**  
ZIP code **97301**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer**      Paid preparer's signature      Date      Check if self-employed       Paid preparer's PTIN

**Must Sign**      Firm's name (or yours if self-employed) and address      Firm's FEIN  
ZIP code



TAXABLE YEAR  
**2023** California Exempt Organization  
 Business Income Tax Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) **07/01/2023**, and ending (mm/dd/yyyy) **06/30/2024**  
 Corporation/Organization name **ASSOCIATED STUDENTS INC. ,** California corporation number **0753699**  
**CALIFORNIA STATE UNIVERSITY FULLERTON**  
 Additional information. See instructions. FEIN **95-6006691**

Street address (suite/room no.) **800 N. STATE COLLEGE, PO BOX 6828** PMB no.  
 City (if the corporation has a foreign address, see instructions.) **FULLERTON** State **CA** ZIP code **92834-6828**  
 Foreign country name Foreign province/state/country Foreign postal code

**A** First return filed?  Yes  No

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

**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  
 Enter date (mm/dd/yyyy)  Yes  No

**E** Amended return?  Yes  No

**F** Accounting method used:  Cash  Accrual  Other

**G** Nature of trade or business **SEE STATEMENT 14**

**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 former Enterprise Zone (EZ), 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 **624410**

**L** Is this a hospital?  Yes  No  
 If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	Unrelated business taxable income from Side 2, Part II, line 30																								
2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formule Wkst, Part A, In 2 or Part B, In 5. See instr.																								
3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not completed, enter the amt from In 1																								
4	Unrelated business taxable income from Side 2, Part II, line 30																								
5	Unrelated business taxable income from line 3 or line 4																								
6	EZ, LAMBRA, or TTA NOL carryover deduction																								
7	Net Operating Loss deduction. See General Information N																								
8	Add line 6 and line 7																								
9	Net unrelated business taxable income. Subtract line 8 from line 5																								
10	Tax <b>8.84</b> % x line 9. See General Information J																								
11	Tax credits from Schedule B. See instructions																								
12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-																								
13	Alternative minimum tax. See General Information O																								
14	Total tax. Add line 12 and line 13																								
15	Overpayment from a prior year allowed as a credit																								
16	2023 estimated tax payments. See instructions																								
17	Withholding (Form 592-B and/or 593). See instructions																								
18	Amount paid with extension (form FTB 3539)																								
19	Total payments and credits. Add line 15 through line 18																								
20	Use tax. See instructions																								
21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19																								
22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20																								
23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions																								
24	Overpayment. Subtract line 14 from line 21. See instructions																								
25	Enter amount of line 24 to be applied to 2024 estimated tax																								

26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24	•	26	00
	<b>a</b> Fill in the account information to have the refund directly deposited. Routing number	•	26a	
	<b>b</b> Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <b>c</b> Account Number	•	26c	
27	Penalties and interest. See General Information M	•	27	00
28	<input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806	•		
29	Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	•	29	00

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

	1 a Gross receipts or gross sales	426,575	b Less returns and allowances	c Balance	1c	426,575	00
2	Cost of goods sold and/or operations (Schedule A, line 7)				2	00	00
3	Gross profit. Subtract line 2 from line 1c				3	426,575	00
4	<b>a</b> Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)				4a	00	00
	<b>b</b> Net gain (loss) from Schedule D-1, Part II				4b	00	00
	<b>c</b> Capital loss deduction for trusts				4c	00	00
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	00	00
6	Rental income (Schedule C)				6	00	00
7	Unrelated debt-financed income (Schedule D)				7	00	00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)				8	00	00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)				9	00	00
10	Exploited exempt activity income (Schedule G)				10	00	00
11	Advertising income (Schedule H, Part III, Column A)				11	00	00
12	Other income. Attach schedule				12	00	00
13	Total unrelated trade or business income. Add line 3 through line 12				13	426,575	00

**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	00
15	Salaries and wages	•	15	620,277
16	Repairs	•	16	8,888
17	Bad debts	•	17	00
18	Interest. Attach schedule	•	18	00
19	Taxes. Attach schedule	•	19	00
20	Contributions. See instructions and attach schedule	•	20	00
21	<b>a</b> Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	•	21a	00
	<b>b</b> Less: depreciation claimed on Schedule A. See instructions	•	21b	00
22	Depletion. Attach schedule	•	22	00
23	<b>a</b> Contributions to deferred compensation plans	•	23a	00
	<b>b</b> Employee benefit programs. See instructions	•	23b	182,688
24	Other deductions. Attach schedule	•	24	165,439
25	Total deductions. Add line 14 through line 24	•	25	977,292
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	•	26	-550,717
27	Excess advertising costs (Schedule H, Part III, Column B)	•	27	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	•	28	-550,717
29	Specific deduction. See instructions	•	29	00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	•	30	-550,717

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 11311 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 900.338.0505 and enter form code 948 when instructed.

**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.

Preparer's signature	<b>RYAN M. JOHNSON, CPA</b>	Date	02/18/25	Check if self-employed	<input type="checkbox"/>	• Telephone 657-278-2401
Firm's name (or yours, if self-employed) and address	<b>ALDRICH CPAS AND ADVISORS LLP 680 HAWTHORNE AVE SE #140 SALEM, OR 97301</b>	Title	<b>EXECUTIVE DIRECTOR</b>			• PTIN P01048788
						• Firm's FEIN 93-0623286
						• Telephone (503) 585-7774

May the FTB discuss this return with the preparer shown above? See instructions

Yes  No

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) \_\_\_\_\_

N/A

1	Inventory at beginning of year	.....	1	00
2	Purchases	.....	2	00
3	Cost of labor	.....	3	00
4	Additional IRC Section 263A costs. Attach schedule	.....	4a	00
	<b>b</b> Other costs. Attach schedule	.....	4b	00
5	Total. Add line 1 through line 4b	.....	5	00
6	Inventory at end of year	.....	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part 1, line 2	.....	7	00

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.**

1	Enter credit name	code ●	1	00
2	Enter credit name	code ●	2	00
3	Enter credit name	code ●	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11	.....	4	00

**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	00
2	Interest on tax attributable to installment: <b>a</b> Sales of certain timeshares or residential lots	.....	2a	00
	<b>b</b> Method for non-dealer installment obligations	.....	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	.....	3	00
4	Credit recapture. Credit name	.....	4	00
5	Total. Combine the amounts on line 1 through line 4. See instructions	.....	5	00

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a) x 100
1 Total sales	.....	.....	.....
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.	.....	.....	.....

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a) x 100
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 Total percentage: Add the percentages in column (c)	.....	.....	.....
5 Average apportionment percentage: Divide the factor on line 4 by 3 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.

(a) Description of property	(b) Rent received or accrued	(c) Percentage of rent attributable to personal property
<b>ROOM RENTALS</b>	18,090	13.9520%
		%
		%

(d) Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income	(ii) Income includible, column (b) less column (q)(i)	(e) Complete if any item in column (c) is more than 10%, but not more than 50%	(iii) Net income includible, column (e)(i) less column (e)(ii)
(i) Deductions directly connected		(i) Gross income reportable, column (b) x column (c)	
	2,524	(ii) Deductions directly connected with personal property (attach schedule) *	2,524

Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part 1, line 6 **\* STMT 16** 4

**Schedule D Unrelated Debt-Financed Income**

(a) Description of debt-financed property	(b) Gross income from or allocable to debt-financed property	(c) Deductions directly connected with or allocable to debt-financed property (i) Straight-line depreciation (attach schedule)	(ii) Other deductions (attach schedule)		
1 ●	●	●	●		
2 ●	●	●	●		
3 ●	●	●	●		
(d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adjusted basis of or allocable to debt-financed property (attach schedule)	(f) Debt basis percentage, column (d) ÷ column (e)	(g) Gross income reportable, column (b) x column (f)	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)	(i) Net income (or loss) includable, column (g) less column (h)
1 ●	●	%	●	●	●
2 ●	●	%	●	●	●
3 ●	●	%	●	●	●
4 Total. Enter here and on Side 2, Part I, line 7			4	●	

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

(a) Description	(b) Amount	(c) Deductions directly connected	(d) Net investment income, column (b) less column (c)	(e) Set-asides	(f) Balance of investment income, column (d) less column (e)
1					
2					
3 Total. Enter here and on Side 2, Part I, line 8					3
4 Enter gross income from members (dues, fees, charges, or similar amounts)					4

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

Exempt Controlled Organizations		Nonexempt Controlled Organizations			
(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	(f) Deductions directly connected with income in column (e)
1					
2					
3					
(g) Taxable income		(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)

4 Add the amounts in columns (e) and (j)	4
5 Add the amounts in columns (f) and (k)	5
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9	6

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

(a) Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	(b) Gross unrelated business income from trade or business	(c) Expenses directly connected with production of unrelated business income	(d) Net income from unrelated trade or business, col. (b) less col. (c)	(e) Gross income from activity that is not unrelated business income	(f) Expenses attributable to column (e)	(g) Excess exempt expense, column (f) less column (e) but not more than column (d)	(h) Net income includable, column (d) less column (g) but not less than zero
1							
2							
3							
4							
5 Total. Enter here and on Side 2, line 10							5

**Schedule H Advertising Income and Excess Advertising Costs**

<b>Part I Income from Periodicals Reported on a Consolidated Basis</b>								
(a) Name of periodical	(b) Gross advertising income	(c) Direct advertising costs	(d) Advertising income or excess advertising costs. If column (b) is greater than column (c), complete columns (e), (f), and (g). If column (c) is greater than column (b), enter the excess in Part III, column B(b). Do not complete columns (e), (f), and (g).	(e) Circulation income	(f) Reader'ship costs	(g) If column (e) is greater than column (f), enter the income shown in column (d) in Part III, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-		
1 •	•	•		•	•			
2 •	•	•		•	•			
3 •	•	•		•	•			
4 Totals	4 •	•	•	•	•			•
<b>Part II Income from Periodicals Reported on a Separate Basis</b>								
1 •	•	•		•	•			•
2 •	•	•		•	•			•
3 •	•	•		•	•			•

<b>Part III Column A - Net Advertising Income</b>			<b>Part III Column B - Excess Advertising Costs</b>		
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns (d) or (g), and amount listed in Part II, columns (d) or (g)	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)		
1 •	•	•	•		
2 •	•	•	•		
3 •	•	•	•		
4 Enter total here and on Side 2, Part I, line 11	•	5 Enter total here and on Side 2, Part II, line 27	•		

<b>Schedule I Compensation of Officers, Directors, and Trustees</b>					
(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business		
1		%			
2		%			
3		%			
4		%			
5		%			
6 Total. Enter here and on Side 2, Part II, line 14					6

<b>Schedule J Depreciation (Corporations and Associations only. Trusts use Form FTB 3865F.)</b>						
(a) Group and guideline class or description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Depreciation:						
2a Buildings	2a					
2b Furniture and fixtures	2b					
2c Transportation equipment	2c					
2d Machinery and other equipment	2d					
2e Other (specify)	2e					
3 Other depreciation	3					
4 Total	4					5
5 Amount of depreciation claimed elsewhere on return						6
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

CA 109 NATURE OF TRADE OR BUSINESS STATEMENT 14

CHILDREN'S CENTER - MEMBERS FROM COMMUNITY AND ALUMNI

TO FORM 109, PAGE 1

CA 109 OTHER DEDUCTIONS STATEMENT 15

DESCRIPTION	AMOUNT
OFFICE EXPENSE	5,319.
INSURANCE	2,057.
UTILITIES	2,056.
OTHER	1,683.
PROFESSIONAL FEES	13,937.
CONTRACTS & RENTALS	85.
TRAVEL	197.
OFFICE EXPENSES	36,236.
CONTRACTS/RENTALS	5,926.
OTHER	37,648.
INSURANCE	3,603.
PROFESSIONAL FEES	3,668.
STAFF DEVELOPMENT	3,634.
TRAVEL	2,277.
BOWLING & BILLIARD OPERATIONS	47,004.
DEPRECIATION	109.
TOTAL TO FORM 109, PAGE 2, LINE 24	165,439.

DRAFT

CA 109 DEDUCTIONS DIRECTLY CONNECTED WITH PERSONAL PROPERTY STATEMENT 16

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL RELATED DEDUCTIONS		4,365.	
LACK OF PROFIT MOTIVE		-1,841.	
- SUBTOTAL -	5		2,524.
TOTAL TO FORM 109, SCHEDULE C, LINE E(II)			2,524.

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

Corporation name  
**CALIFORNIA STATE UNIVERSITY FULLERTON  
ASSOCIATED STUDENTS INC.,**

California corporation number

**0753699**

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)

F EIN

**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 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.  
Enter as a positive number ..... **1** 550,717 **00**
- 2 2023 disaster loss included in line 1. Enter as a positive number ..... **2** 00 **00**
- 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions ..... **3** 550,717 **00**
- 4 a Enter the amount of the loss incurred by a new business included in line 3 ..... **4a** 00 **00**  
b Enter the amount of the loss incurred by an eligible small business included in line 3 **4b** 00 **00**
- c Add line 4a and line 4b ..... **4c** 00 **00**
- 5 General NOL. Subtract line 4c from line 3 ..... **5** 550,717 **00**
- 6 Current year NOL. Add line 2, line 4c, and line 5. See instructions ..... **6** 550,717 **00**

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

- 1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). ..... **(g) Available balance** 0

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2022	(f) Amount used in 2023	(g) Available balance		(h) Carryover to 2024 col. (e) minus col. (f)
						1	2	
<b>Prior Year NOLs</b>								
2				<b>SEE STATEMENT 17</b>				
<b>Current Year NOLs</b>								
3		DIS						col. (g) minus col. (f) See instructions.
4		GEN	550,717					550,717
2023								
2023								
2023								

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

**Part III 2023 NOL deduction**

- 1 Total the amounts in Part II, line 2, column (f) ..... **1** 00 **00**
- 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- ..... **2** 00 **00**
- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 ..... **3** 0 **00**

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	Identifying number <b>95-6006691</b>
--	---

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

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>-550,717</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	
3 Total expenses and disbursements (Form 199, line 9)	3	
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)	
7 <input type="checkbox"/> Electronic funds withdrawal	<b>7a Amount</b> _____ <b>7b Withdrawal date (mm/dd/yyyy)</b> _____

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

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

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

10 Routing number _____	
11 Account number _____	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part V Declaration of Officer**



I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**



<b>Sign Here</b> 	_____ Signature of officer	_____ Date	 <b>EXECUTIVE DIRECTOR</b> Title
--	-------------------------------	---------------	--

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> ERO's signature 	_____ Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01048788</b>
<b>Must Sign</b> Firm's name (or yours if self-employed) and address 	<b>ALDRICH CPAS AND ADVISORS LLP</b> <b>680 HAWTHORNE AVE SE #140</b> <b>SALEM, OR</b>			Firm's FEIN <b>93-0623286</b> ZIP code <b>97301</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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



CA 3805Q

PRIOR YEAR NOLS

STATEMENT 17

(A) YEAR	(B) CODE (D) LOSS	(C) TYPE OF NOL (E) C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G) AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2008		GEN			
	22,644.		5,080.	0.	5,080.
2009		GEN			
	2,232.		2,232.	0.	2,232.
2010		GEN			
	19,869.		19,869.	0.	19,869.
2011		GEN			
	6,334.		6,334.	0.	6,334.
2012		GEN			
	20,109.		20,109.	0.	20,109.
2013		GEN			
	9,656.		9,656.	0.	9,656.
2014		GEN			
	29,605.		29,605.	0.	29,605.
2015		GEN			
	24,396.		24,396.	0.	24,396.
2017		GEN			
	29,499.		29,499.	0.	29,499.
2018		GEN			
	46,472.		46,472.	0.	46,472.
2019		GEN			
	13,069.		13,069.	0.	13,069.
2019		GEN			
	32,274.		32,274.	0.	32,274.
2022		GEN			
	189,438.		189,438.	0.	189,438.
TOTALS			428,033.	0.	428,033.

DRAFT

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

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

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

ASSOCIATED STUDENTS INC.,  
CALIFORNIA STATE UNIVERSITY FULLERTON  
Name of Organization

List all DBAs and names the organization uses or has used

800 N. STATE COLLEGE, PO BOX 6828  
Address (Number and Street)

FULLERTON, CA 92834-6828  
City or Town, State, and ZIP Code

657-278-2401  
Telephone Number

E-mail Address

Check if:

- Change of address  
 Amended report  
 Organization requests email notifications

State Charity Registration Number 010083

Corporation or Organization No. 0753699

Federal Employer ID No. 95-6006691

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

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2023 ending 06/30/2024) list:

Total Revenue (including noncash contributions) \$ 23,249,293 Noncash Contributions \$ 267,907 Total Assets \$ 25,946,278  
Program Expenses \$ 12,858,558 Total Expenses \$ 23,787,786

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? <p style="text-align: right;"><b>SEE STATEMENT 18</b></p>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <p style="text-align: right;"><b>SEE STATEMENT 19</b></p>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

**DAVE EDWARDS**

**EXECUTIVE DIRECTOR**

Signature of Authorized Agent

Printed Name

Title

Date

SCHOLARSHIPS ARE PROVIDED TO BOARD MEMBER STUDENT LEADERS. TOTAL SCHOLARSHIPS -  
\$186,768 ARE AWARDED TO 21 RECIPIENTS

DRAFT

CALIFORNIA DEPARTMENT OF EDUCATION  
1430 N STREET  
SACRAMENTO, CA 95814-5901  
ELLYSSA RODRIGUEZ  
916-322-5090

U.S. DEPARTMENT OF EDUCATION  
400 MARYLAND AVENUE S.W.  
WASHINGTON, DC 20202

CHILD NUTRITION FISCAL SERVICES  
1430 N STREET  
SACRAMENTO, CA 95814-5901  
916-319-0800

DRAFT



# Finance Committee

ASI 990

*Kathleen Postal, ASI Chief Financial Officer*

*February 20, 2025*



CALIFORNIA STATE UNIVERSITY  
**FULLERTON™**

# 990 Form

- What is a 990 Form?
  - The 990 is an informational tax form filled annually to the IRS of the activity of a 501c(3) organization. Almost all non-profits are required to file this report.
  - The form provides an overview of the organization's activities, governance and detailed financial information.
  - Form 990 requires the organization to describe its mission or other significant activities.
  - Financial information includes income, expenses, assets and liabilities.

# 990 Form

- Who prepares the 990 Form?
  - The 990 is completed once the financial audit is completed.
  - Accounting staff provides information to the auditors.
  - The form is completed by the auditors
  - The form is reviewed and filed.

The 990 is public record. It can be obtained on the internet.

As a member of the board your name is listed as a director.

<https://projects.propublica.org/nonprofits/organizations/956006691>

# 990 Schedules

- Part I -Summary – Basic Income Statement
- Part II – Signature Block – The Executive Director is the signer
- Part III – Statement of Program Service Accomplishments
- Part IV – Checklist of required schedules – Y/N questions
- Part V – Statements Regarding Other IRS Filings & Tax Compliance.
- Part VI – Governance Management and Disclosure
- Part VII – Compensation of Officers, Directors, Trustees, Employees
- Part VIII – Statement of Revenue – Key Schedule
- Part IX – Statement of Function Expenses – Program & Mgmt. Exp
- Part X – Balance Sheet – Assets, Liabilities, Retained Earnings



**DRAFT 900 PAGES**

**Part I Summary**

Corporation  Trust  Association  Other

L Year of formation: 1975 M State of legal domicile: CA

	1	Briefly describe the organization's mission or most significant activities: <u>PROVIDES STUDENT GOVERNANCE AND ADVOCATES FOR STUDENT INTEREST IN LOCAL, STATE AND NATIONAL FORUMS.</u>		
Activities & Governance	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	18
	4	Number of independent voting members of the governing body (Part VI, line 1b) -----	4	2
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) -----	5	655
	6	Total number of volunteers (estimate if necessary) -----	6	876
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 -----	7a	429,099.
		b	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <input checked="" type="checkbox"/>	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) -----	1,743,400.	1,813,505.
	9	Program service revenue (Part VIII, line 2g) -----	20,561,001.	20,225,178.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -----	422,426.	1,210,610.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -----	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...	22,726,827.	23,249,293.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) -----	2,289,527.	2,541,690.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) -----	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ---	11,900,258.	13,145,130.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) -----	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) -----	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) -----	6,820,499.	8,100,966.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -----	21,010,284.	23,787,786.
	19	Revenue less expenses. Subtract line 18 from line 12 .....	1,716,543.	-538,493.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16) -----	24,789,681.	25,946,278.
	21	Total liabilities (Part X, line 26) -----	16,117,397.	16,910,601.
	22	Net assets or fund balances. Subtract line 21 from line 20 .....	8,672,284.	9,035,677.

**Part II Signature Block**

4a (Code: \_\_\_\_\_ ) (Expenses \$ 7,694,832. including grants of \$ 2,541,690. ) (Revenue \$ 18,025,478. )

ASI ADVISES, SUPPORTS AND OVERSEES THE FUNCTIONS OF STUDENT GOVERNMENT,  
AS WELL AS A VARIETY OF STUDENT PROGRAMS. ADDITIONALLY, ASI PLANS AND  
IMPLEMENTS A VARIETY OF STUDENT LEADER DEVELOPMENT, TRAINING, AND  
RETREAT PROGRAMS HOSTED THROUGHOUT THE YEAR. THE STUDENT GOVERNMENT  
DEPARTMENT AIDS STUDENT LEADERS, INCLUDING THE BOARD OF DIRECTORS,  
EXECUTIVE OFFICERS, AND THE INTER-CLUB COUNCILS, IN NAVIGATING THEIR  
EXPERIENCES IN ASI AND SERVING THE STUDENTS OF THE UNIVERSITY. ASI  
PROVIDES EXPERTISE IN PLANNING AND COMPLETION OF EVENTS AND ACTIVITIES  
FOR STUDENTS. ADDITIONALLY, ASI ADVISES STUDENT LEADERS ON BUDGET AND  
FINANCE, AND MONITORS THE CAMPUS FUNDING/FUNDED COUNCILS,  
ORGANIZATIONS, AND CLUBS RECEIVING FUNDING FROM ASI.

4b (Code: \_\_\_\_\_ ) (Expenses \$ 2,211,598. including grants of \$     ) (Revenue \$ 1,250

4b (Code: \_\_\_\_\_ ) (Expenses \$ 2,211,598. including grants of \$ \_\_\_\_\_ ) (Revenue \$ 1,250,972. )

THE STUDENT RECREATION CENTER (SRC) FEATURES A CARDIO FLOOR, WEIGHT ROOM, 35-FOOT-HIGH ROCK WALL, INDOOR JOGGING TRACK, OUTDOOR SWIMMING POOL, AND 22,000 SQUARE FEET OF GYMNASIUM SPACE. TITAN RECREATION, THE RECREATIONAL ARM OF ASI, OFFERS AQUATICS, PERSONAL TRAINING, INSTRUCTIONAL FITNESS, ROCK CLIMBING TRAINING, AND INTRAMURAL SPORTS. WITH THE ADDITION OF THE F45 FITNESS CLASSES AND OUTDOOR ADVENTURE PROGRAMS, THE SRC CONTINUES TO EXPAND TO MEET THE NEEDS OF A GROWING STUDENT POPULATION. UNIVERSITY STUDENTS WHO HAVE PAID THE STUDENT CENTER FEE RECEIVE ACCESS TO THE SRC AND ALL THE PROGRAMS OFFERED BY TITAN RECREATION. MEMBERSHIPS ARE ALSO AVAILABLE TO THE REST OF THE CAMPUS COMMUNITY AND ALUMNI.

4c (Code: \_\_\_\_\_ ) (Expenses \$ 2,952,128. including grants of \$ \_\_\_\_\_ ) (Revenue \$ 519,629. )

THE CHILDREN'S CENTER (CENTER) PROVIDES TOP-QUALITY CARE AND AN EXCEPTIONAL EDUCATIONAL PROGRAM FOR THE CHILDREN OF UNIVERSITY STUDENTS, FACULTY, AND STAFF. IT SERVES THE FUNDAMENTAL PURPOSE OF MAKING HIGHER EDUCATION ACCESSIBLE TO STUDENT PARENTS BY OFFERING AFFORDABLE AND QUALITY CHILDCARE. THE CENTER ALSO PROVIDES SUBSIDIZED CHILDCARE FOR LOW-INCOME STUDENTS, WHICH ENABLES MANY TO ATTEND WHO OTHERWISE COULD NOT AFFORD OR ARRANGE FOR CHILDCARE. THE CENTER SERVES APPROXIMATELY 100 CHILDREN AND EMPLOYS 75 UNIVERSITY STUDENTS.

QUESTIONS?



CALIFORNIA STATE UNIVERSITY, FULLERTON™

**Resolution to Accept Internal Revenue Service Form 990**

**Sponsor:** Samantha Ngo

**WHEREAS**, the Associated Students Inc. (ASI) is a 501(c)(3) nonprofit organization that operates as an auxiliary organization of California State University, Fullerton; and

**WHEREAS**, ASI is governed by ASI Board of Directors, who set policy for the organization, approve all funding allocations to programs and services, and advocate on behalf of student interests on committees and boards; and

**WHEREAS**, ASI's mission is to provide students and campus community members with important social, cultural, and recreational opportunities as well as a wide range of programs and services; and

**WHEREAS**, the United States Internal Revenue Service requires nonprofit organizations that are recognized as tax-exempt to file an annual information return with the IRS; and

**WHEREAS**, IRS Form 990 outlines the organization's tax obligations, is a public document, and must be reviewed by the organization's Board of Directors before it is filed; and

**WHEREAS**, ASI's Form 990 is prepared by the organization's independent auditing firm and reviewed by the Chief Financial Officer and Executive Director; therefore let it be

**RESOLVED**, the ASI Board of Directors accepts the 2024 IRS Form 990; and let it be finally

**RESOLVED**, that this resolution be distributed to the ASI Associate Executive Director and ASI Chief Financial Officer and applicable ASI departments for appropriate action.

Adopted by the Board of Directors of the Associated Students Inc., California State University, Fullerton on the fourth day of March in the year two thousand twenty-five.

---

Gavin Ong  
Chair, Board of Directors

Noah Alvarez  
Secretary, Board of Directors



# Finance Committee

## ASI President's Budget Submission

*Joe Morales, ASI President*

*Kathleen Postal, ASI Chief Financial Officer*

*February 20, 2025*



CALIFORNIA STATE UNIVERSITY  
**FULLERTON™**

# Timeline

- 10/24/2024 – Finance Committee reviews rubric
- 11/13/2024 – Executive Senate receives orientation on budget submission timelines, process, and information
- 12/1/2024 – Executive Senate budget request form opens
- 1/24/2025 – Executive Senate budget requests are due
- 2/7/2025 – ASI President completes request evaluations
- 2/20/2025 – Presenting recommendations to Finance Committee



# Evaluations Recap

Funded and Funding Groups	AICC	BICC	BSU	CICC	CSICC	ECSICC	EICC	HHD	HSSICC	IFC	MGC	MESA	NPHC	NSM	PHC	RSA	SCICC	SWANA	SASU
Anticipated Impact - 35%	Good	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent
Program Description and Direction - 25%	Good	Excellent	Excellent	Good	Excellent	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Good	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Good
Historical Spending - 15%	Good	Excellent	Good	Good	Good	Excellent	Excellent	Excellent	Excellent	Basic	Excellent	Basic	Good	Excellent	Excellent	Good	Good	Excellent	Good
Membership Information - 10%	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent
External Funding - 5%	Basic	Basic	Excellent	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Excellent	Excellent	Basic	Basic	Basic	Basic	Good	Basic	Basic
Budget Request - 5%	Excellent	Excellent	Good	Good	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent
Timeliness - 5%	Excellent	Excellent	Basic	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent

Funding Groups and Interclub Councils	AICC	BICC	BSU	CICC	CSICC	EICC	ECSICC	HHDICC	HSSICC	MESA	NSMICC	SASU	SCICC
General Operations													
Hospitality	\$ 5,500.00	\$ 3,000.00	\$ 4,000.00	\$ 1,100.00	\$ 2,000.00	\$ 3,000.00	\$ 700.00	\$ 3,000.00	\$ 5,250.00	\$ 6,000.00	\$ 3,000.00	\$ 2,000.00	\$ 500.00
Supplies	\$ 3,500.00	\$ 2,000.00	\$ 2,500.00	\$ 800.00	\$ 1,500.00	\$ 1,500.00	\$ 2,500.00	\$ 2,000.00	\$ 800.00	\$ 4,000.00	\$ 2,000.00	\$ -	\$ 250.00
Printing & Advertising	\$ -	\$ 400.00	\$ 500.00	\$ -	\$ -	\$ 50.00	\$ -	\$ 300.00	\$ 500.00	\$ 300.00	\$ 350.00	\$ 250.00	\$ 100.00
Professional Services (Dancers, Singers and Artists)	\$ 3,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 650.00	\$ 1,250.00	\$ -	\$ -	\$ 6,500.00
Rentals for Special Events	\$ -	\$ 1,200.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00	\$ 6,500.00	\$ 2,000.00	\$ -	\$ 2,000.00
Travel	\$ -	\$ -	\$ 20,000.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -
Dues and Subscriptions	\$ -	\$ -	\$ 650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150.00	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,500.00
Gift Cards/Gift Expense	\$ 200.00	\$ 500.00	\$ -	\$ 200.00	\$ -	\$ 100.00	\$ 500.00	\$ 500.00	\$ 1,500.00	\$ 300.00	\$ 300.00	\$ -	\$ -
Promotional Items	\$ 2,000.00	\$ 1,000.00	\$ 1,000.00	\$ 600.00	\$ 500.00	\$ 800.00	\$ -	\$ 2,500.00	\$ 2,000.00	\$ 1,500.00	\$ 750.00	\$ 500.00	\$ 400.00
Speakers (Events, Retreats, Conferences)	\$ 1,000.00	\$ 10,000.00	\$ 800.00	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,000.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -
General Operations Subtotal	\$ 15,200.00	\$ 18,100.00	\$ 31,450.00	\$ 2,700.00	\$ 4,000.00	\$ 6,950.00	\$ 3,700.00	\$ 12,300.00	\$ 11,700.00	\$ 23,000.00	\$ 8,400.00	\$ 2,750.00	\$ 33,250.00
Program Funding													
Hospitality	\$ 4,000.00	\$ 10,000.00	\$ 2,500.00	\$ 8,000.00	\$ 5,000.00	\$ 1,500.00	\$ 3,000.00	\$ 2,250.00	\$ 14,500.00	\$ 5,000.00	\$ 4,000.00	\$ 4,000.00	\$ -
Supplies	\$ 4,000.00	\$ 4,100.00	\$ 1,200.00	\$ 800.00	\$ 2,000.00	\$ 750.00	\$ 3,000.00	\$ 1,500.00	\$ 4,750.00	\$ 2,500.00	\$ 2,750.00	\$ 1,000.00	\$ 2,000.00
Printing & Advertising	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250.00	\$ -	\$ -	\$ -
Professional Services (Dancers, Singers and Artists)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 600.00	\$ 500.00	\$ -	\$ 500.00	\$ -
Rentals for Special Events	\$ -	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 500.00	\$ -	\$ 1,000.00	\$ 11,000.00
Travel	\$ 1,500.00	\$ 12,000.00	\$ 1,000.00	\$ 4,000.00	\$ -	\$ 12,000.00	\$ 51,500.00	\$ 5,000.00	\$ 12,000.00	\$ 2,000.00	\$ 22,000.00	\$ 1,500.00	\$ 22,000.00
Dues and Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 11,500.00
Gift Cards/Gift Expense	\$ 500.00	\$ 1,000.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 2,750.00	\$ 100.00	\$ 250.00	\$ -	\$ -
Promotional Items	\$ -	\$ 700.00	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ 1,000.00	\$ -	\$ 1,500.00
Speakers (Events, Retreats, Conferences)	\$ 5,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ 500.00	\$ 8,500.00	\$ 500.00	\$ 200.00	\$ -	\$ -
Program Funding Subtotal	\$ 15,000.00	\$ 27,800.00	\$ 6,200.00	\$ 13,300.00	\$ 8,000.00	\$ 14,450.00	\$ 58,000.00	\$ 10,750.00	\$ 43,600.00	\$ 11,950.00	\$ 30,200.00	\$ 8,000.00	\$ 48,000.00
<b>Totals</b>	<b>\$ 30,200.00</b>	<b>\$ 45,900.00</b>	<b>\$ 37,650.00</b>	<b>\$ 16,000.00</b>	<b>\$ 12,000.00</b>	<b>\$ 21,400.00</b>	<b>\$ 61,700.00</b>	<b>\$ 23,050.00</b>	<b>\$ 55,300.00</b>	<b>\$ 34,950.00</b>	<b>\$ 38,600.00</b>	<b>#####</b>	<b>\$ 81,250.00</b>

Funded Groups	IFC	MGC	NPHC	PHC	RSA
General Operations					
Hospitality	\$ 1,700.00	\$ 7,500.00	\$ 2,500.00	\$ 7,000.00	\$ 6,000.00
Supplies	\$ 600.00	\$ 2,500.00	\$ 1,000.00	\$ 4,000.00	\$ 6,500.00
Printing & Advertising	\$ 250.00	\$ 300.00	\$ 200.00	\$ 600.00	\$ -
Professional Services (Dancers, Singers and Artists)	\$ 500.00	\$ 4,500.00	\$ -	\$ -	\$ 5,000.00
Rentals for Special Events	\$ 3,000.00	\$ 2,500.00	\$ 2,000.00	\$ 1,500.00	\$ -
Travel	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 4,500.00	\$ 2,500.00
Dues and Subscriptions	\$ 1,550.00	\$ 240.00	\$ 1,800.00	\$ 930.00	\$ 200.00
Gift Cards/Gift Expense	\$ 150.00	\$ 100.00	\$ -	\$ -	\$ 350.00
Promotional Items	\$ 2,000.00	\$ 1,750.00	\$ 2,000.00	\$ 700.00	\$ 4,000.00
Speakers (Events, Retreats, Conferences)	\$ 1,500.00	\$ 800.00	\$ 750.00	\$ -	\$ -
<b>Total</b>	<b>\$ 13,750.00</b>	<b>\$ 22,690.00</b>	<b>\$ 12,750.00</b>	<b>\$ 19,230.00</b>	<b>\$ 24,550.00</b>

# Recommendations

# Summary

<b>Totals for All Funded and Funding Groups</b>			
General Operations and Program Funding	Current	Request	ASI President
Hospitality	\$ 129,433.00	\$ 169,183.00	\$ 138,500.00
Supplies	\$ 65,955.00	\$ 82,505.00	\$ 70,600.00
Printing & Advertising	\$ 5,798.00	\$ 4,600.00	\$ 4,650.00
Professional Services (Dancers, Singers and Artists)	\$ 35,450.00	\$ 41,550.00	\$ 35,000.00
Rentals for Special Events	\$ 37,280.00	\$ 49,300.00	\$ 39,400.00
Travel	\$ 191,910.00	\$ 205,410.00	\$ 185,500.00
Dues and Subscriptions	\$ 15,450.00	\$ 17,620.00	\$ 17,320.00
Insurance	\$ 23,500.00	\$ 23,550.00	\$ 23,500.00
Gift Cards/Gift Expense	\$ 6,857.00	\$ 11,407.00	\$ 10,550.00
Promotional Items	\$ 28,470.00	\$ 41,150.00	\$ 30,700.00
Speakers (Events, Retreats, Conferences)	\$ 48,300.00	\$ 46,800.00	\$ 40,550.00
<b>Total</b>	<b>\$ 588,403.00</b>	<b>\$ 693,075.00</b>	<b>\$ 596,270.00</b>

# Rationale

- Intentionality of supporting student engagement on campus
- Seeing an increase in contingency funding request for adequate support
- Extend support for SASU as a new council
- Remaining focused on a balanced budget

# Examples of Note

BICC		
Current	Request	President
\$ 2,500.00	\$ 3,000.00	\$ 3,000.00
\$ 1,500.00	\$ 2,000.00	\$ 2,000.00
\$ 400.00	\$ 400.00	\$ 400.00
\$ -	\$ -	\$ -
\$ 1,200.00	\$ 1,200.00	\$ 1,200.00
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ 900.00	\$ 500.00	\$ 500.00
\$ 1,100.00	\$ 1,000.00	\$ 1,000.00
\$ 15,000.00	\$ 10,000.00	\$ 10,000.00
\$ 22,600.00	\$ 18,100.00	\$ 18,100.00
\$ 8,000.00	\$ 10,000.00	\$ 10,000.00
\$ 2,100.00	\$ 4,100.00	\$ 4,100.00
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ 15,000.00	\$ 12,000.00	\$ 12,000.00
\$ -	\$ -	\$ -
\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
\$ 700.00	\$ 700.00	\$ 700.00
\$ -	\$ -	\$ -
\$ 26,800.00	\$ 27,800.00	\$ 27,800.00
\$ 49,400.00	\$ 45,900.00	\$ 45,900.00

SASU		
Current	Request	President
\$ 750.00	\$ 3,500.00	\$ 2,000.00
\$ -	\$ -	\$ -
\$ 250.00	\$ -	\$ 250.00
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ 500.00	\$ -	\$ 500.00
\$ -	\$ -	\$ -
\$ 1,500.00	\$ 3,500.00	\$ 2,750.00
\$ 2,000.00	\$ 17,000.00	\$ 4,000.00
\$ 1,000.00	\$ -	\$ 1,000.00
\$ -	\$ -	\$ -
\$ 500.00	\$ -	\$ 500.00
\$ -	\$ -	\$ 1,000.00
\$ 1,500.00	\$ -	\$ 1,500.00
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ 5,000.00	\$ 17,000.00	\$ 8,000.00
\$ 6,500.00	\$ 20,500.00	\$ 10,750.00

QUESTIONS?

# ASI Contingency Funding Request 2024-2025

COMPLETE

Please review the provided guidelines for contingency request before completing this form: <https://docs.google.com/document/d/18vf24KL70wblbS3kLF7mzp-sEvyYw9a0/edit?usp=sharing&oid=108266217542967963174&rtpof=true&sd=true> Guidelines for Requesting Contingency Funding

## CREATED

## IP ADDRESS



PUBLIC



### \* Name

[REDACTED]

### \* Group/Organization you represent:

National Society of Black Engineers

### \* Email

[REDACTED]

### \* Phone Number

[REDACTED]

### \* Total Amount of Contingency Request

\$ 7,290.00

### \* What is your contingency request for?

For a specific program or event

### \* Describe your program/event.

The National Society of Black Engineers (NSBE) is an organization dedicated to increasing the number of culturally responsible black engineers who excel academically, succeed professionally, and positively impact the community. Our National Conference is an annual event that gathers thousands of Black engineering students, professionals, and leaders from across the United States and even internationally. It's one of the largest conferences of its kind, offering a platform for networking, professional development, and empowerment.

Attendees can expect a range of activities, including career fairs with top employers in engineering and tech, workshops, technical sessions, and panels. The conference also hosts leadership development programs, where members can enhance their skills and engage in discussions about the future of engineering and diversity in STEM. Additionally, there are events for socializing, celebrating achievements, and building community, such as the NSBE Awards Banquet and social mixers.

The atmosphere is one of inspiration, as students and professionals alike come together to share experiences, seek mentorship, and learn about the latest advancements in the field. It's a space where members of the Black engineering community can connect, empower one another, and work towards closing the diversity gap in STEM fields.

**\* Specify the purpose/objective of your program/event.**

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Provide Networking Opportunities: Create a space for students, professionals, and employers to connect, build relationships, and discuss career paths, internships, job opportunities, and collaborations within engineering and technology fields.

Foster Professional Growth: Offer workshops, panel discussions, and technical sessions designed to help attendees develop essential skills.

Empower Leadership: Equip current and future leaders within the NSBE community with the tools and knowledge to advocate for diversity, equity, and inclusion within the engineering industry.

Celebrate Achievements and Promote Role Models: Acknowledge the accomplishments of Black engineers through awards and recognition, while inspiring younger members by showcasing role models who are leading in the field.

Build Community and Unity: We also want to increase the number of participants of Black and Brown STEM students at CSUF.

**\* Include an itemized list of what the requested funds will be spent on (including venue, food, security, insurance, marketing costs, etc.) and the total event budget.**

---

Itemized list

Conference Registration  
\$470 per person; \$4,230 total

Travel and Airfare (March 6 -9)  
American Airlines - ~ 340 (direct, roundtrip) per person  
\$3,069 total

Room and Board  
2 other rooms are paid for by the College of Engineering and Computer Science  
1 room funded by ECS ICC

Event total  
~7,290

**\* If applicable, list other organizations' contributions to this event, including your own.**

---

College of Engineering and Computer Science -  
2 students were eligible to be funded by the college to attend the national convention. This includes travel, and room and board.

College of Engineering and Computer Science ICC -  
1 room at the Hyatt Chicago / River North (\$630.44)

Double Good Popcorn Fundraiser -  
Raised close to \$1500; 50% of the event total went back to the chapter to help pay for registration costs.

**\* Estimate the expected attendance and identify your target audience for the event. - If reoccurring, state the attendance and success of recent events.**

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We expect around 10 - 12 students to attend the national convention. This group comprises active NSBE participants at CSUF. We had 8 students attend the 2024 convention in Atlanta, Georgia. Since then our chapter has grown and we are continuing to get more Black and Brown engineering students at CSUF interested in attending conferences such as these.

**\* For ASI Executive Senate groups, ASI Programs or ASI Departments, specify the name of your group/area, the budget line-item, and amount(s) where this funding will go, if approved. Example: Arts Inter-Club Council Hospitality & Rentals Line-Items \$1,500 total (\$500 for catering, \$1,000 for rented tables/chairs)**

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N/A

**\* Attach your PowerPoint presentation.**

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CONVENTION.NSBE.ORG

#NSBE50

Georgia International Plaza  
Parking P and MARTA

Commons Cafe &  
Foodworks



# NSBE National Convention Proposal

## What is NSBE?



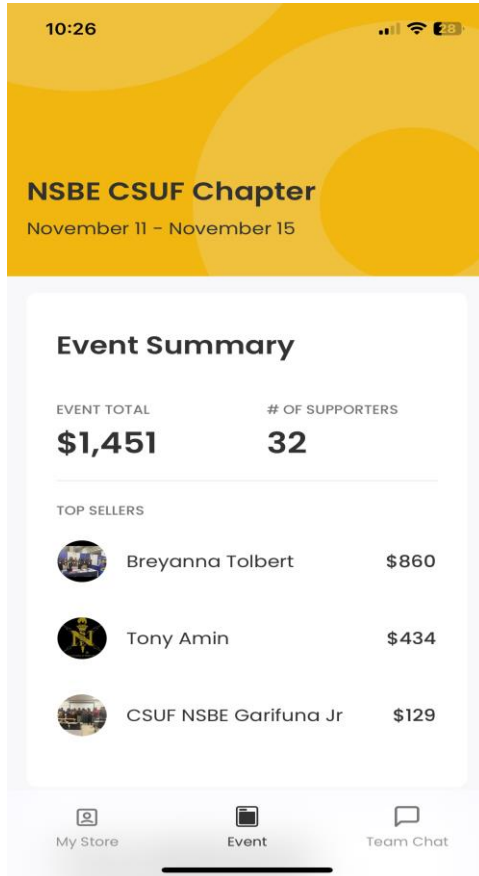
The National Society of Black Engineers is an organization dedicated to increasing the number of culturally responsible Black Engineers who excel academically, succeed professionally, and positively impact the community

# 2025 Annual Convention



- March 5-9, 2025
- Chicago, Illinois
- Career Fair
- Networking and Professional Development workshops
- Exposure to innovation
- Support Diversity in STEM
- Leadership and Growth
- College Recruitment and Exposure

# Other Fundraising



- Double Good Popcorn partnership
  - 50% of proceeds will go to conference registration
- College of ECS
  - 2 students were fully funded (Travel, registration, room and board)
- College of ECS ICC
  - \$630.44 towards 1 room at the Hyatt Palace Chicago/River North

## Funding Request for ASI

<b>Item</b>	<b>Cost Per Person</b>	<b>Total Cost</b>
Conference Registration	\$470	\$4,230
Travel and Airfare (March 6-9)	~\$340 (direct, roundtrip)	\$3,069
Room and Board	Covered by College of Engineering and ECS ICC	N/A
<b>Event Total</b>		<b>~\$7,290</b>



CALIFORNIA STATE UNIVERSITY, FULLERTON™

**A RESOLUTION APPROVING A CONTINGENCY REQUEST FROM  
NATIONAL SOCIETY OF BLACK ENGINEERS**

**Sponsors:** Samantha Ngo

**WHEREAS**, The Associated Students, Incorporated (ASI) is a 501 (c)(3) nonprofit organization that operates as an auxiliary organization of California State University, Fullerton; and

**WHEREAS**, ASI is governed by ASI Board of Directors, sets policy for the organization, approves all funding allocations to programs and services, and advocates on behalf of student interests on committees and boards; and

**WHEREAS**, ASI's mission is to provide students and campus community members with important social, cultural, and recreational opportunities as well as a wide range of programs and services; and

**WHEREAS**, per policy<sup>1</sup>, Contingency funding is available to all students and student organizations and is intended to be available for unexpected or supplemental needs, as well as new or innovative programs; and

**WHEREAS**, National Society of Black Engineers (NSBE) is a registered student organization with the Student Life & Leadership for the 2024-2025 academic year; and

**WHEREAS**, National Society of Black Engineers has requested \$7,290 to accommodate for travel to the NSBE National Conference; and therefore let it be

**RESOLVED**, ASI approves the contingency request for \$7,290 for the National Society of Black Engineers.

Adopted by the Board of Directors of the Associated Students Inc., California State University, Fullerton on the fourth day of March in the year two thousand and twenty-five.

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Gavin Ong  
Chair, Board of Directors

Noah Alvarez  
Secretary, Board of Directors

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<sup>1</sup> <https://asi.fullerton.edu/wp-content/uploads/2023/09/ASI-Policy-Concerning-Funding-Provided-to-Students-and-Student-Orgs.pdf>



CALIFORNIA STATE UNIVERSITY, FULLERTON™

**A RESOLUTION APPROVING A LINE-ITEM TRANSFER –  
BUSINESS INTER-CLUB COUNCIL (BICC)**

**Sponsors:** Samantha Ngo

**WHEREAS**, The Associated Students, Incorporated (ASI) is a 501 (c)(3) nonprofit organization that operates as an auxiliary organization of California State University, Fullerton; and

**WHEREAS**, ASI is governed by ASI Board of Directors, sets policy for the organization, approves all funding allocations to programs and services, and advocates on behalf of student interests on committees and boards; and

**WHEREAS**, ASI's mission is to provide students and campus community members with important social, cultural, and recreational opportunities as well as a wide range of programs and services; and

**WHEREAS**, per policy, any line-item transfer to or from a funded or funding organization's travel line-item in excess of \$1,000 must be approved by the Finance Committee; and

**WHEREAS**, Business Inter-club Council has requested a line-item transfer of \$3,000 from SG027 Travel to Hospitality (\$3,000); and

**WHEREAS**, there is currently an excess of travel funds due to not all member organizations and clubs in the Business Inter-club Council planning to travel this semester; and

**WHEREAS**, the excess travel funds will be more useful under the Hospitality line-item as Business Inter-club Council member organizations and clubs host engaging and professional events expressed the need for more funding in this area; therefore let it be

**RESOLVED**, ASI approves the line-item transfer request for Business Inter-club Council of \$3,000 from SG027 Travel to Hospitality (\$3,000); and let it be finally

**RESOLVED**, that this Resolution be distributed to applicable ASI departments and staff.

Adopted by the Board of Directors of the Associated Students Inc., California State University, Fullerton on the twentieth day of February in the year two thousand and twenty-five.

---

Gavin Ong  
Chair, Board of Directors

Noah Alvarez  
Secretary, Board of Directors



CALIFORNIA STATE UNIVERSITY, FULLERTON™

**A RESOLUTION APPROVING A LINE-ITEM TRANSFER –  
ENGINEERING AND COMPUTER SCIENCE INTER-CLUB COUNCIL (ECS ICC)**

**Sponsors:** Samantha Ngo

**WHEREAS**, The Associated Students, Incorporated (ASI) is a 501 (c)(3) nonprofit organization that operates as an auxiliary organization of California State University, Fullerton; and

**WHEREAS**, ASI is governed by ASI Board of Directors, sets policy for the organization, approves all funding allocations to programs and services, and advocates on behalf of student interests on committees and boards; and

**WHEREAS**, ASI's mission is to provide students and campus community members with important social, cultural, and recreational opportunities as well as a wide range of programs and services; and

**WHEREAS**, per policy, any line-item transfer to or from a funded or funding organization's travel line-item in excess of \$1,000 must be approved by the Finance Committee; and

**WHEREAS**, Engineering and Computer Science Inter-club Council (ECS ICC) has requested a line-item transfer of \$3,000 from SG024 Supplies to Travel (\$3,000); and

**WHEREAS**, ECS ICC has allocated much of their travel funding during the fall term and aims to provide member organizations and clubs additional travel funding support during the new term; therefore let it be

**RESOLVED**, ASI approves the line-item transfer request for Engineering and Computer Science Inter-club Council of \$3,000 from SG024 Supplies to Travel (\$3,000); and let it be finally

**RESOLVED**, that this Resolution be distributed to applicable ASI departments and staff.

Adopted by the Board of Directors of the Associated Students Inc., California State University, Fullerton on the twentieth day of February in the year two thousand and twenty-five.

---

Gavin Ong  
Chair, Board of Directors

Noah Alvarez  
Secretary, Board of Directors



Funding Groups and Interclub Councils	AICC		
	Current	Request	President
General Operations			
Hospitality	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00
Supplies	\$ 3,500.00	\$ 4,000.00	\$ 3,500.00
Printing & Advertising	\$ -	\$ -	\$ -
Professional Services (Dancers, Singers and Artists)	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Rentals for Special Events	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -
Dues and Subscriptions	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -
Gift Cards/Gift Expense	\$ -	\$ 200.00	\$ 200.00
Promotional Items	\$ 1,500.00	\$ 4,000.00	\$ 2,000.00
Speakers (Events, Retreats, Conferences)	\$ 1,500.00	\$ 1,000.00	\$ 1,000.00
General Operations Subtotal	\$ 15,000.00	\$ 17,700.00	\$ 15,200.00
Program Funding			
Hospitality	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Supplies	\$ 3,000.00	\$ 5,000.00	\$ 4,000.00
Printing & Advertising	\$ -	\$ -	\$ -
Professional Services (Dancers, Singers and Artists)	\$ -	\$ -	\$ -
Rentals for Special Events	\$ -	\$ -	\$ -
Travel	\$ 3,000.00	\$ 1,500.00	\$ 1,500.00
Dues and Subscriptions	\$ -	\$ -	\$ -
Gift Cards/Gift Expense	\$ -	\$ 500.00	\$ 500.00
Promotional Items	\$ -	\$ -	\$ -
Speakers (Events, Retreats, Conferences)	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Program Funding Subtotal	\$ 15,000.00	\$ 16,000.00	\$ 15,000.00
<b>Total</b>	<b>\$ 30,000.00</b>	<b>\$ 33,700.00</b>	<b>\$ 30,200.00</b>

Funded Groups and Interclub Councils	IFC		
	Current	Request	President
General Operations			
Hospitality	\$ 1,700.00	\$ 2,000.00	\$ 1,700.00
Supplies	\$ 600.00	\$ 600.00	\$ 600.00
Printing & Advertising	\$ 250.00	\$ 300.00	\$ 250.00
Professional Services (Dancers, Singers and Artists)	\$ 500.00	\$ 800.00	\$ 500.00
Rentals for Special Events	\$ 2,000.00	\$ 5,000.00	\$ 3,000.00
Travel	\$ 2,500.00	\$ 3,000.00	\$ 2,500.00
Dues and Subscriptions	\$ 1,950.00	\$ 1,550.00	\$ 1,550.00
Gift Cards/Gift Expense	\$ 200.00	\$ 150.00	\$ 150.00
Promotional Items	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Speakers (Events, Retreats, Conferences)	\$ 2,000.00	\$ 1,500.00	\$ 1,500.00
<b>Total</b>	<b>\$ 13,700.00</b>	<b>\$ 16,900.00</b>	<b>\$ 13,750.00</b>

<b>Current Year Total</b>	<b>\$ 588,403.00</b>
<b>Requested Total</b>	<b>\$ 693,075.00</b>
<b>President Recommendation Total</b>	<b>\$ 596,270.00</b>

<b>Totals for All Funded and Funding Groups</b>			
<b>General Operations and Program Funding</b>	<b>Current</b>	<b>Request</b>	<b>President</b>
Hospitality	\$ 129,433.00	\$ 169,183.00	\$ 138,500.00
Supplies	\$ 65,955.00	\$ 82,505.00	\$ 70,600.00
Printing & Advertising	\$ 5,798.00	\$ 4,600.00	\$ 4,650.00
Professional Services (Dancers, Singers and Artists)	\$ 35,450.00	\$ 41,550.00	\$ 35,000.00
Rentals for Special Events	\$ 37,280.00	\$ 49,300.00	\$ 39,400.00
Travel	\$ 191,910.00	\$ 205,410.00	\$ 185,500.00
Dues and Subscriptions	\$ 15,450.00	\$ 17,620.00	\$ 17,320.00
Insurance	\$ 23,500.00	\$ 23,550.00	\$ 23,500.00
Gift Cards/Gift Expense	\$ 6,857.00	\$ 11,407.00	\$ 10,550.00
Promotional Items	\$ 28,470.00	\$ 41,150.00	\$ 30,700.00
Speakers (Events, Retreats, Conferences)	\$ 48,300.00	\$ 46,800.00	\$ 40,550.00
<b>Total</b>	<b>\$ 588,403.00</b>	<b>\$ 693,075.00</b>	<b>\$ 596,270.00</b>

**BUDGET GOAL \$ 600,171.00**

BICC			BSU		
Current	Request	President	Current	Request	President
\$ 2,500.00	\$ 3,000.00	\$ 3,000.00	\$ 3,500.00	\$ 4,000.00	\$ 4,000.00
\$ 1,500.00	\$ 2,000.00	\$ 2,000.00	\$ 2,700.00	\$ 2,500.00	\$ 2,500.00
\$ 400.00	\$ 400.00	\$ 400.00	\$ 800.00	\$ 500.00	\$ 500.00
\$ -	\$ -	\$ -	\$ 1,000.00	\$ 1,500.00	\$ 1,000.00
\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
\$ -	\$ -	\$ -	\$ 20,000.00	\$ 25,000.00	\$ 20,000.00
\$ -	\$ -	\$ -	\$ 500.00	\$ 650.00	\$ 650.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 900.00	\$ 500.00	\$ 500.00	\$ -	\$ -	\$ -
\$ 1,100.00	\$ 1,000.00	\$ 1,000.00	\$ 1,300.00	\$ 1,300.00	\$ 1,000.00
\$ 15,000.00	\$ 10,000.00	\$ 10,000.00	\$ 700.00	\$ 800.00	\$ 800.00
\$ 22,600.00	\$ 18,100.00	\$ 18,100.00	\$ 31,500.00	\$ 37,250.00	\$ 31,450.00
\$ 8,000.00	\$ 10,000.00	\$ 10,000.00	\$ 2,200.00	\$ 2,800.00	\$ 2,500.00
\$ 2,100.00	\$ 4,100.00	\$ 4,100.00	\$ 1,200.00	\$ 1,300.00	\$ 1,200.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 500.00
\$ 15,000.00	\$ 12,000.00	\$ 12,000.00	\$ 500.00	\$ 1,000.00	\$ 1,000.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ -	\$ -	\$ -
\$ 700.00	\$ 700.00	\$ 700.00	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
\$ 26,800.00	\$ 27,800.00	\$ 27,800.00	\$ 4,900.00	\$ 7,100.00	\$ 6,200.00
\$ 49,400.00	\$ 45,900.00	\$ 45,900.00	\$ 36,400.00	\$ 44,350.00	\$ 37,650.00

MGC			NPHC		
Current	Request	President	Current	Request	President
\$ 7,500.00	\$ 7,800.00	\$ 7,500.00	\$ 2,000.00	\$ 4,000.00	\$ 2,500.00
\$ 2,500.00	\$ 2,850.00	\$ 2,500.00	\$ 700.00	\$ 2,000.00	\$ 1,000.00
\$ 600.00	\$ 300.00	\$ 300.00	\$ 200.00	\$ 200.00	\$ 200.00
\$ 4,000.00	\$ 4,500.00	\$ 4,500.00	\$ -	\$ -	\$ -
\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,000.00	\$ 4,000.00	\$ 2,000.00
\$ 2,500.00	\$ 2,850.00	\$ 2,500.00	\$ 2,000.00	\$ 8,000.00	\$ 2,500.00
\$ -	\$ 240.00	\$ 240.00	\$ 1,500.00	\$ 1,800.00	\$ 1,800.00
\$ -	\$ 100.00	\$ 100.00	\$ -	\$ -	\$ -
\$ 1,750.00	\$ 1,900.00	\$ 1,750.00	\$ 2,000.00	\$ 3,000.00	\$ 2,000.00
\$ 1,100.00	\$ 800.00	\$ 800.00	\$ 1,000.00	\$ 1,000.00	\$ 750.00
\$ 22,450.00	\$ 23,840.00	\$ 22,690.00	\$ 11,400.00	\$ 24,000.00	\$ 12,750.00



CICC			CSICC		
Current	Request	President	Current	Request	President
\$ 1,050.00	\$ 1,500.00	\$ 1,100.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
\$ 900.00	\$ 900.00	\$ 800.00	\$ 1,000.00	\$ 2,000.00	\$ 1,500.00
\$ 100.00	\$ -	\$ -	\$ 150.00	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ 200.00	\$ 200.00	\$ -	\$ -	\$ -
\$ 550.00	\$ 800.00	\$ 600.00	\$ 500.00	\$ 500.00	\$ 500.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 2,600.00	\$ 3,400.00	\$ 2,700.00	\$ 3,650.00	\$ 4,500.00	\$ 4,000.00
\$ 7,000.00	\$ 10,000.00	\$ 8,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
\$ 500.00	\$ 1,000.00	\$ 800.00	\$ 2,000.00	\$ 2,500.00	\$ 2,000.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 5,000.00	\$ 4,000.00	\$ 4,000.00	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ 700.00	\$ 500.00	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ 500.00	\$ 1,000.00	\$ 1,000.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 12,500.00	\$ 15,700.00	\$ 13,300.00	\$ 7,500.00	\$ 8,500.00	\$ 8,000.00
\$ 15,100.00	\$ 19,100.00	\$ 16,000.00	\$ 11,150.00	\$ 13,000.00	\$ 12,000.00

PANHELLENIC			RSA		
Current	Request	President	Current	Request	President
\$ 10,000.00	\$ 7,000.00	\$ 7,000.00	\$ 7,500.00	\$ 7,500.00	\$ 6,000.00
\$ 2,000.00	\$ 5,500.00	\$ 4,000.00	\$ 7,500.00	\$ 7,500.00	\$ 6,500.00
\$ 750.00	\$ 600.00	\$ 600.00	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ 6,000.00	\$ 6,000.00	\$ 5,000.00
\$ 1,180.00	\$ 2,000.00	\$ 1,500.00	\$ -	\$ -	\$ -
\$ 4,000.00	\$ 5,000.00	\$ 4,500.00	\$ 3,000.00	\$ 3,000.00	\$ 2,500.00
\$ 800.00	\$ 930.00	\$ 930.00	\$ 200.00	\$ 200.00	\$ 200.00
\$ -	\$ -	\$ -	\$ -	\$ 500.00	\$ 350.00
\$ 970.00	\$ 700.00	\$ 700.00	\$ 5,500.00	\$ 5,500.00	\$ 4,000.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 19,700.00	\$ 21,730.00	\$ 19,230.00	\$ 29,700.00	\$ 30,200.00	\$ 24,550.00



EICC			ECSICC		
Current	Request	President	Current	Request	President
\$ 2,000.00	\$ 5,000.00	\$ 3,000.00	\$ 700.00	\$ 700.00	\$ 700.00
\$ 800.00	\$ 3,000.00	\$ 1,500.00	\$ 3,000.00	\$ 2,500.00	\$ 2,500.00
\$ 150.00	\$ 50.00	\$ 50.00	\$ -	\$ -	\$ -
\$ 350.00	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ 200.00	\$ 100.00	\$ -	\$ 500.00	\$ 500.00
\$ 600.00	\$ 1,200.00	\$ 800.00	\$ -	\$ -	\$ -
\$ 1,500.00	\$ 3,000.00	\$ 1,500.00	\$ -	\$ -	\$ -
\$ 5,400.00	\$ 12,450.00	\$ 6,950.00	\$ 3,700.00	\$ 3,700.00	\$ 3,700.00
\$ 1,000.00	\$ 3,000.00	\$ 1,500.00	\$ 2,200.00	\$ 3,850.00	\$ 3,000.00
\$ 500.00	\$ 1,000.00	\$ 750.00	\$ 5,500.00	\$ 3,000.00	\$ 3,000.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 10,000.00	\$ 16,000.00	\$ 12,000.00	\$ 51,000.00	\$ 52,300.00	\$ 51,500.00
\$ -	\$ 500.00	\$ 200.00	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ 850.00	\$ 500.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 11,500.00	\$ 20,500.00	\$ 14,450.00	\$ 58,700.00	\$ 60,000.00	\$ 58,000.00
\$ 16,900.00	\$ 32,950.00	\$ 21,400.00	\$ 62,400.00	\$ 63,700.00	\$ 61,700.00







HHDICC			HSSICC			
Current	Request	President	Current	Request	President	Current
\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 4,710.00	\$ 5,260.00	\$ 5,250.00	\$ 6,000.00
\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 882.00	\$ 882.00	\$ 800.00	\$ 4,000.00
\$ 300.00	\$ 300.00	\$ 300.00	\$ 798.00	\$ 500.00	\$ 500.00	\$ 300.00
\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 400.00	\$ 650.00	\$ 650.00	\$ 1,000.00
\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,500.00	\$ 1,000.00	\$ 1,000.00	\$ 7,000.00
\$ 1,500.00	\$ 1,000.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ 500.00	\$ 500.00	\$ 1,413.00	\$ 1,413.00	\$ 1,500.00	\$ 300.00
\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 1,500.00
\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
\$ 12,300.00	\$ 12,300.00	\$ 12,300.00	\$ 11,703.00	\$ 11,705.00	\$ 11,700.00	\$ 24,100.00
\$ 1,700.00	\$ 3,500.00	\$ 2,250.00	\$ 13,953.00	\$ 14,853.00	\$ 14,500.00	\$ 5,000.00
\$ 1,200.00	\$ 2,200.00	\$ 1,500.00	\$ 4,753.00	\$ 4,753.00	\$ 4,750.00	\$ 2,500.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 700.00	\$ -	\$ -	\$ 1,500.00	\$ 600.00	\$ 600.00	\$ -
\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -
\$ 5,800.00	\$ 5,800.00	\$ 5,000.00	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	\$ 3,000.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ 700.00	\$ 500.00	\$ 2,794.00	\$ 2,794.00	\$ 2,750.00	\$ -
\$ -	\$ -	\$ -	\$ -	\$ 1,900.00	\$ 500.00	\$ -
\$ -	\$ 500.00	\$ 500.00	\$ 9,500.00	\$ 8,900.00	\$ 8,500.00	\$ -
\$ 10,400.00	\$ 13,700.00	\$ 10,750.00	\$ 44,500.00	\$ 45,800.00	\$ 43,600.00	\$ 10,500.00
<b>\$ 22,700.00</b>	<b>\$ 26,000.00</b>	<b>\$ 23,050.00</b>	<b>\$ 56,203.00</b>	<b>\$ 57,505.00</b>	<b>\$ 55,300.00</b>	<b>\$ 34,600.00</b>





Mesa Coope.		NSMICC			
Request	President	Current	Request	President	Current
\$ 7,000.00	\$ 6,000.00	\$ 2,650.00	\$ 3,400.00	\$ 3,000.00	\$ 750.00
\$ 5,000.00	\$ 4,000.00	\$ 2,100.00	\$ 2,100.00	\$ 2,000.00	\$ -
\$ 400.00	\$ 300.00	\$ 350.00	\$ 350.00	\$ 350.00	\$ 250.00
\$ 2,000.00	\$ 1,250.00	\$ -	\$ -	\$ -	\$ -
\$ 7,500.00	\$ 6,500.00	\$ 1,900.00	\$ 2,100.00	\$ 2,000.00	\$ -
\$ 2,500.00	\$ 1,500.00	\$ -	\$ -	\$ -	\$ -
\$ 150.00	\$ 150.00	\$ -	\$ -	\$ -	\$ -
\$ 50.00	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 400.00	\$ 300.00	\$ -	\$ 300.00	\$ 300.00	\$ -
\$ 1,800.00	\$ 1,500.00	\$ -	\$ 2,000.00	\$ 750.00	\$ 500.00
\$ 2,100.00	\$ 1,500.00	\$ -	\$ -	\$ -	\$ -
\$ 28,900.00	\$ 23,000.00	\$ 7,000.00	\$ 10,250.00	\$ 8,400.00	\$ 1,500.00
\$ 6,500.00	\$ 5,000.00	\$ 3,820.00	\$ 3,820.00	\$ 4,000.00	\$ 2,000.00
\$ 3,500.00	\$ 2,500.00	\$ 2,570.00	\$ 2,770.00	\$ 2,750.00	\$ 1,000.00
\$ 300.00	\$ 250.00	\$ -	\$ -	\$ -	\$ -
\$ 2,000.00	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00
\$ 5,000.00	\$ 500.00	\$ -	\$ -	\$ -	\$ -
\$ 3,000.00	\$ 2,000.00	\$ 24,410.00	\$ 21,960.00	\$ 22,000.00	\$ 1,500.00
\$ 100.00	\$ 100.00	\$ -	\$ -	\$ -	\$ -
\$ 150.00	\$ 100.00	\$ -	\$ 250.00	\$ 250.00	\$ -
\$ 1,500.00	\$ 500.00	\$ -	\$ 2,000.00	\$ 1,000.00	\$ -
\$ 2,000.00	\$ 500.00	\$ -	\$ 200.00	\$ 200.00	\$ -
\$ 24,050.00	\$ 11,950.00	\$ 30,800.00	\$ 31,000.00	\$ 30,200.00	\$ 5,000.00
<b>\$ 52,950.00</b>	<b>\$ 34,950.00</b>	<b>\$ 37,800.00</b>	<b>\$ 41,250.00</b>	<b>\$ 38,600.00</b>	<b>\$ 6,500.00</b>





SASU		SCICC			
Request	President	Current	Request	President	Current
\$ 3,500.00	\$ 2,000.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 3,000.00
\$ -	\$ -	\$ 250.00	\$ 250.00	\$ 250.00	\$ 700.00
\$ -	\$ 250.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 300.00
\$ -	\$ -	\$ 6,500.00	\$ 6,500.00	\$ 6,500.00	\$ 4,000.00
\$ -	\$ -	\$ 2,300.00	\$ 2,300.00	\$ 2,000.00	\$ 700.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ 23,500.00	\$ 23,500.00	\$ 23,500.00	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150.00
\$ -	\$ 500.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 600.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000.00
\$ 3,500.00	\$ 2,750.00	\$ 33,550.00	\$ 33,550.00	\$ 33,250.00	\$ 13,450.00
\$ 17,000.00	\$ 4,000.00	\$ -	\$ -	\$ -	\$ 7,000.00
\$ -	\$ 1,000.00	\$ 1,500.00	\$ 3,000.00	\$ 2,000.00	\$ 1,000.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 5,000.00
\$ -	\$ 1,000.00	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00	\$ 1,000.00
\$ -	\$ 1,500.00	\$ 21,000.00	\$ 23,000.00	\$ 22,000.00	\$ 2,200.00
\$ -	\$ -	\$ 10,500.00	\$ 11,500.00	\$ 11,500.00	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100.00
\$ -	\$ -	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 500.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000.00
\$ 17,000.00	\$ 8,000.00	\$ 45,500.00	\$ 50,000.00	\$ 48,000.00	\$ 19,800.00
\$ 20,500.00	\$ 10,750.00	\$ 79,050.00	\$ 83,550.00	\$ 81,250.00	\$ 33,250.00





SWANA ICC	
Request	President
\$ 4,200.00	\$ 3,500.00
\$ 1,500.00	\$ 1,000.00
\$ 300.00	\$ 300.00
\$ 8,000.00	\$ 5,000.00
\$ 700.00	\$ 700.00
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ 150.00	\$ 150.00
\$ 600.00	\$ 500.00
\$ 5,000.00	\$ 4,000.00
\$ 20,450.00	\$ 15,150.00
\$ 8,000.00	\$ 7,500.00
\$ 1,300.00	\$ 1,300.00
\$ -	\$ -
\$ 5,000.00	\$ 5,000.00
\$ 1,000.00	\$ 1,000.00
\$ 2,500.00	\$ 2,000.00
\$ -	\$ -
\$ 200.00	\$ 100.00
\$ 500.00	\$ 500.00
\$ 3,000.00	\$ 2,000.00
\$ 21,500.00	\$ 19,400.00
<b>\$ 41,950.00</b>	<b>\$ 34,550.00</b>

