

Associated Students Inc.



## ASI Board of Directors Meeting

Tue Mar 4, 2025 1:15 PM - 3:45 PM PST

### 1. Call to Order

Vice-Chair, Rubio called the meeting to order at 1:17 pm

### 2. Roll Call

Members Present: Alvarez, Brown, Garibay, Her, Jarvis, Lopez, Nebedum, Neeki, Ngo, Olivares, Quock, Rubio, Solares, Walkley

Members Absent: Flowers (E), Ong (E)


Liaisons Present: Edwards, Hannoun, J. Morales, S. Morales, Ramirez-Rivera, Syed

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 end 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.

 **(Walkley-m/Her-s) A motion was made and seconded to excuse the absence of Flowers due to Jury Duty and Ong due to illness.**

### 3. Approval of Agenda

 **(Alvarez-m/Nebedum-s) The agenda was approved by unanimous consent.**

### 4. Consent Calendar

 **The Consent Calendar was approved by unanimous consent.**

#### a. 2/18/2025 ASI Board of Directors Meeting Minutes

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**b. Finance: Contingency Request from the National Society of Black Engineers (NSBE)**

*Travel for conference travel for \$ 6750*

**c. Finance: Line-Item Transfer**

*BICC \$3,000 from travel to hospitality SG024 to SG02 program funding.*

**d. Finance: Line-Item Transfer**

*ECSICC \$3,000 from supplies to travel SG027 to SG02 program funding.*

**5. Public Speakers**

Members of the public may address Board of Directors members on any item appearing on this posted agenda or matters impacting students.

Grace Johnson from University Advancement shared information on Titan's Give the University's annual Day of Giving event happening on Wednesday, March 12, 2025. Last year over \$ 700,000 was raised. Johnson encouraged members to support by sharing the event share widely.

**6. Time Certain**

**a. 1:30 pm: Dr. Sridhar Sundaram, Dean College of Business & Economics (CBE)**

Dr. Sridhar Sundaram, Dean for the College of Business and Economics provided a report on the college. The report is an attachment to the minutes.

The presentation focused on:

1. Enrollment and Faculty: The college has over 10,000 students enrolled, with a about 200 full-time and part-time faculty members to support them. The college also generates a substantial number of full-time equivalent students (FTEs) for the university.
2. Student Success Initiatives: The college is focused on providing updated and relevant curriculum, practical application of knowledge, and professional development, especially for first-generation students.
3. Program Highlights: Titan Capital Management: Students manage a significant amount of foundation money and have won competitions against other major universities. Honors Program: The program is being expanded to include more students, including transfer students, and is heavily recruited by companies. Curriculum Innovation: The college is integrating data analytics and AI into its curriculum to prepare students for the modern workforce.
4. Support Services: The college has invested in advising centers and support services to improve retention and graduation rates. There is a focus on peer mentoring, tutoring, and increasing internship opportunities.
5. Facility Improvements: Significant investments have been made in renovating facilities to provide better learning environments for students.
6. Community Engagement: The college is actively involved in community impact through its centers of excellence and alumni engagement. It also participates in international trade

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missions and supports local entrepreneurship.

7. Challenges and Priorities: The dean expresses concern about potential budget cuts and demographic shifts affecting enrollment. Priorities include student success, curriculum innovation, enrollment growth, and sustainable funding.
8. 4 Plus 1 Program: The college is working on a blended program to allow students to complete a master's degree within a year after their undergraduate studies. This involves early advising and focused coursework.

These initiatives reflect the college's commitment to providing quality education and support to its students while adapting to changing educational and economic landscapes.

Chair Rubio opened the floor to questions:

Jarvis asked about the program for students to graduate and complete their Master's within one year of graduation. Dr. Sundaram shared that the first program is focused on Accounting and the next phase will include Finance.

Brown asked about the potential for hybrid classes as the structure of some courses expands to the large classroom format. Dr. Sundaram shared that the structure is being evaluated.

Neeki asked about expanding internships over the next three years which is a goal of the college. Dr. Sundaram shared the strategy is working with the strong alumni network and building on the Deans Advisory Board model to grow opportunities in an Executive Fellows program.

**b. 1:45 pm:** Alex Porter, Vice President Administration & Finance, Chief Financial Officer Alex Porter, Vice President of Administration and Finance/CFO, Chief Frisbee University Chief of Police, and Mark Rudometkin, Senior Director of Parking and Transportation, provided a presentation. The report is an attachment to the minutes. The presentation focused on:

1. Overview of Administration and Finance: The division encompasses several areas including Auxiliary Services Corporation (retail dining, bookstore), police department, university services, parking and transportation, sustainability, capital programs, facilities management, and financial services.
2. Pedestrian Zone and Parking Safety: Pedestrian Zone (POZ): The initiative aims to enhance campus safety by designating pedestrian-only zones. This involves a soft marketing campaign to raise awareness and encourage safe practices among students using bikes, scooters, and skateboards. Parking Structure Improvements: Safety measures include yield signage and visual aids to improve driver awareness and reduce incidents in parking structures.
3. Immigration Enforcement: CSUF police officers cannot be deputized for federal immigration enforcement due to California's SB 54 law. University police do not inquire about immigration status, providing a safe environment for undocumented students and staff. Emphasis is on compassion and respect within the community regarding immigration issues.

email or other documentation. Efforts are being made to increase awareness about the process for staying on campus after hours.

5. Safety and Security: The University Police Department (UPD) conducts regular security checks and ensures that those on campus after hours have the necessary permissions. The UPD conducts regular security checks and ensures that those on campus after hours have the necessary permissions.

Rubio opened the floor to questions:

Ramirez-Rivera asked why Aloha Java was not placed inside the TSU instead of Starbucks, given that Aloha Java is very popular. Porter clarified that there is a contractual agreement with Starbucks for service on campus. This contract is a long-term agreement, that was renewed about two years ago. Similarly, Aloha Java has its own contractual agreement for its current location. These contracts do not allow for swapping locations between Starbucks and Aloha Java due to the specific terms and conditions outlined in these agreements.

Alvarez raised concerns about safety in pedestrian-only zones. Rudometkin shared that there is no enforcement in place, but the University is focusing on raising awareness and promoting safe behavior through a soft marketing campaign. The University aims to emulate the successful pedestrian zone campaigns of other campuses like Cal State Long Beach and UC Irvine, which have designated areas for mobility devices. Additionally, there were suggestions to implement speed limits for these devices to enhance safety. The University prefers to reinforce good behavior rather than impose strict enforcement, hoping to foster a community understanding of the safety implications and encourage voluntary compliance. The overall goal is to gradually build a culture of safety and awareness around pedestrian zones, ensuring the well-being of everyone on campus.

Hannoun asked about potential budget cuts, VP Porter referenced a recent email from the President, indicating that while the university faces a projected \$29 million deficit, layoffs are not currently being considered. Instead, the plan is to use reserves and implement cost control measures across all divisions. There is significant advocacy from state legislators to reduce the impact of these cuts, and the university community is actively lobbying to convey that such cuts are not in the state's or institution's best interests.

Syed raised a concern about the lack of clear signage for faculty parking, noting that students often mistakenly park in areas designated for faculty. Rudometkin responded that the University is in the process of renaming all parking lots on campus, with no changes to their designations—student lots will remain student lots, and faculty/staff lots will remain as such. This renaming initiative will include the installation of large, new signs featuring school colors to clearly define each lot. The updated signage aims to improve wayfinding and reduce confusion about parking zones. This project is expected to be completed over the summer.

## 7. Executive Senate Reports

a. None

## 8. Unfinished Business

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None

a. None

## 9. New Business

a. Action: Resolution Accepting the 990 Tax Form (Finance)

*The Board will consider approving a resolution to accept the 990 Tax Form for fiscal year 2023 for Associated Students, Inc.*

**BOD 048 24/25 (Finance) A motion was brought to the Board from the Finance Committee to approve the Resolution Accepting the 2023 990 Tax Form for Associated Students Inc.**

Kathleen Postal provided an overview of the 990 form. This document is crucial as it communicates the organization's activities and ensures compliance with its tax-exempt status. The 990 form is public and can be accessed online, listing board members as directors. The 990 includes the organization's income statement, service accomplishments, expense breakdown, income sources, and compensation details for directors and trustees. It also presents a balance sheet. A draft of the 990 is currently available, pending board approval, after which it will be signed by Executive Director Edwards and submitted to the IRS to fulfill legal obligations. The form provides a comparison of financial data from the current and previous years and details the organization's programs and purposes.

There were no questions or points of discussion.

**BOD 048 24/25 (Finance) Roll Call Vote: 12-0-1**

 **The motion to approve the Resolution Accepting the 990 Tax Form was adopted.**

b. Action: Resolution to Appoint the 2024-25 College of Engineering & Computer Science (ECS) Director (Governance)

*The Board will consider approving a resolution appointing Riya Jain and Eric Ly as the Directors for the College of Engineering & Computer Science (ECS) effective immediately through May 31, 2025.*

**BOD 049 24/25 (Governance) A motion was brought to the Board from the Governance Committee to approve the Resolution approving Riya Jain and Eric Ly as the Directors for the College of Engineering & Computer Science (ECS) effective immediately through May 31, 2025.**

Rubio yielded to Samantha Ngo, who served as Governance Committee Chair at the last Committee meeting. Ngo reviewed the selection process and introduced the candidates. Ngo shared that the Governance Committee interviewed several candidates to fill the vacant Director

positions for the College of Engineering and Computer Science. The candidates selected are Riya Jane and Eric Lee, citing their strong vision for the college and active involvement on campus as key factors in their selection. Riya's dedication to improving resource visibility and

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career guidance, along with Eric's deep connection with CSUF's Reddit and the Engineering and Computer Science community, were highlighted as reasons they would excel in these positions.

The candidates shared a brief overview of their candidacy:

Jain a third-year computer science major with a minor in business data analytics, highlighted her involvement in various campus organizations, and emphasized her goals to improve networking and internship opportunities, foster collaboration among ECS clubs, and enhance the connection between student leadership and representation. She aims to address challenges such as limited networking opportunities, lack of collaboration between clubs, and disconnected student leadership to better serve the College of Engineering and Computer Science community.

Ly a third-year computer science major who previously interned at AT&T as a software engineer and is returning to AT&T in the same role. He has served on the ACM board as treasurer and on the AI board, and he is a co-director of Fully Hacks, a hackathon event with over 270 applications, mostly from CSUF students. The candidate is also involved in AI training and participates in campus intramurals, such as volleyball. He has been part of the ECS ICC and BICC for several semesters and secured funding for ICPC competitions and Fully Hacks. His goals include expanding Fully Hacks by increasing funding, visibility, and inviting more non-CSUF participants to enhance the event's reach. He also aims to contribute to ASI by learning about its operations and supporting future representatives.

The Chair opened the floor to questions. There were none. He opened the floor to discussion.

Neeki highlighted the unique strengths of the two candidates chosen for the College of Engineering and Computer Science director positions.

Walkley encouraged the Board to align with the Governance Committee's decision, recognizing the strengths both candidates bring to their roles.

Morales, J. expressed excitement about the appointment of the candidates highlighting their exceptional qualifications and their energy.

**BOD 049 24/25 (Governance) Roll Call Vote: 13-0-0**

**The motion to approve the resolution appointing Riya Jain and Eric Ly as**



**Directors for the College of Engineering and Computer Science effective immediately through May 31, 2025 was adopted.**

c. Action: Resolution Authorizing Investment of Monies in the Local Agency Investment Fund (LAIF)

*The Board will consider approving the Resolution Authorizing Investment of Monies in LAIF and naming the authorized representatives for Associated Students Inc., California State University, Fullerton.*

**BOD 050 24/25 (Olivares -m /Neeki-s) A motion was made and seconded to approve the resolution Authorizing Investment of Monies in the Local Agency Investment**

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### **Fund (LAIF).**

Dr. Edwards provided an overview of the Local Agency Investment Fund (LAIF), which is a fund available for all state agencies, including CSU auxiliaries, to invest their savings. This fund is a conservative investment option, unlike the stock market, and offers a safe way to generate some interest on the invested monies. The university's locally held reserves, or leftover funds at the end of the year, are placed into this account. The discussion also involved updating the list of authorized signatories who can manage these funds, including the Executive Director, Associate Executive Director, Chief Financial Officer, and the Accounting Manager. Due to recent turnover, there was a need to amend and update the names of individuals authorized to make transactions.

Chair Rubio opened the floor to questions, there were none.

Morales , J. raised a question about the transparency and disclosure of investments, particularly regarding the Local Agency Investment Fund and the involvement of student fees. Dr. Edwards clarified that the funds primarily came from operational income, such as facility rentals and memberships, rather than directly from student fees. Dave explained that these funds were managed like a savings account, earning modest returns, which differed from other ASI investments in stocks managed by City National Bank.

Chair Rubio opened the floor to discussion.

Brown stated that ASI plays a crucial role in supporting students and enhancing their campus experience, especially during times of instability or change.

**BOD 050.a 24/25 (Brown-m / Alvarez-s) A motion was made and seconded to amend the resolution to add Deborah Hughes Lopez as the Accounting Manager**Rubio opened the floor to questions or points of discussion on the amendment to add the newly hired Accounting Manager, Deborah Hughes Lopez to the resolution. There were none.

**BOD 50.a 24/25 (Brown-m / Alvarez-s) Roll Call 13-0-0**



**The motion to amend the resolution to add Deborah Hughes Lopez as the Accounting Manager was adopted.**

**BOD 050 24/25 (Olivares-m /Neeki -s) Roll Call Vote: 13-0-0**

## 10. Reports

### a. COLLEGE REPORTS:

#### i. None

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*ASI President, ASI Vice President, Chief Campus Relations Officer, Chief Governmental Officer, Chief Inclusion & Diversity Officer*

The reports are appended to the minutes.

#### ii. Executive Director's Report

Dr. Dave Edward acknowledged the efforts of the election and marketing teams for their creative "March Madness" tie-in, aiming to boost voter turnout for student elections. There are block parties scheduled for March 11th and 12th to encourage participation, with voting accessible online.

The meeting also highlighted staffing changes in ASI's programming and engagement areas, including the promotion of Ysais to a Director role and the creation of new program coordinator positions to meet the growing demand for student programs. Additionally, the next "Beyond the Conversation" speaker event will feature actor Giancarlo Esposito.

Dr. Edwards shared information regarding the revision of scholarships for undocumented and international students, prompted by legal advice indicating that the current criteria may violate federal law. These scholarships were previously restricted based on citizenship status, which is not permissible. The board discussed the need to retool the scholarships to comply with legal requirements while still supporting these communities. The aim is to create scholarships that are legally available to all students but can still benefit specific communities.

The meeting also addressed the importance of supporting undocumented students through employment opportunities funded by non-state resources. ASI plans to explore creative solutions to continue supporting these students, acknowledging the limitations and challenges involved. The board emphasized the need for a comprehensive and multifaceted approach to ensure all students receive the necessary support.

Chair Rubio opened the floor to questions.

Lopez inquired about the future of funding initially allocated for scholarships for undocumented and International students. Dr. Edwards responded that the decision on how to use the funding would be up to the Board and emphasized that he does not have the authority to make this decision independently, as it involves a funding allocation that requires Board approval.



Neeki raised concerns about communicating changes to scholarships for Undocumented and International students. Dr. Edwards noted that the Undocumented student scholarship was not launched this year, while the International student scholarship was withdrawn after applications had been submitted, prompting apologies and communication with affected students.

Ramirez-Rivera discussed the need to support Undocumented students, Dr. Dave Edwards recognized the need for a creative and comprehensive approach to continue supporting Undocumented students, beyond just scholarships and employment opportunities. The

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Brown asked if scholarships are funded by Federal or State Funds. Dr. Edwards explained that Student Fees are State funds.

Quock asked for clarification on the approach to revising scholarships for Undocumented and International students. Dave Edwards explained that the issue arose because the scholarships, funded by state dollars, were in violation of federal law due to their criteria based on citizenship status, which is a form of discrimination. Therefore, the scholarships are not being eliminated but are being reworked to comply with legal requirements. The goal is to create opportunities that are available to all students, while still being centered around supporting specific communities. This approach ensures that the scholarships can continue to serve their intended purpose within the legal framework.

Olivares suggested a possible approach for reworking the scholarships by considering criteria such as being a non-native English speaker or having English as a second language. This idea aims to broaden the eligibility while still supporting students who might benefit from additional resources. Dr. Dave Edwards noted the suggestion and will consult with legal counsel to ensure compliance with regulations.

Hannoun encouraged the Board to consider including scholarship funds this semester, arguing that students who typically apply for Undocumented or International student scholarships are likely still seeking financial support. Hannoun advocated for providing these opportunities now rather than delaying another year, suggesting that the Board could address this through a resolution process.

**c. BOARD LEADERSHIP REPORTS:**

Board Leadership reports are appended to the minutes.

**i. Chair Report**

**ii. Vice Chair Report**

**iii. Secretary Report**

**iv. Treasurer Report**

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

Morales, S. reminded the Board that scholarships will close on Tuesday, March 11 at 11:59 pm.

Ngo announced that in anticipation of International Women's Day, the Women's Leadership Program at the College of Business and Economics is hosting an event this Friday from 9 AM to 4 PM at the Titan Student Union (TSU). The event will focus on topics such as personal branding and enhancing LinkedIn profiles. The program is open to all CSUF students, regardless of their college or gender. An RSVP form will be shared, and attendees are encouraged to reach out to the program's ambassador if they have any questions.

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Rubio expressed appreciation for everyone and encouraged students to consider ways they can make an impact in their college during the remaining months of the semester.

**12. Adjournment**

Chair Rubio adjourned the meeting at 3:30 pm.

*Noah Alvarez*

Noah Alvarez (Apr 7, 2025 11:10 PDT)

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Noah Alvarez, Board Secretary

*Erika Perret-Martinez*

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Erika Perret-Martinez, Recording Secretary

# Roll Call 2024-2025

03/04/2025 ASI Board Meeting Attendance

Attendance	Board Members			
			Present	Absent
ARTS	HER	BENJAMIN	1	
ARTS	LOPEZ	JOSHUA	1	
CBE	QUOCK	SHAY	1	
CBE	NGO	SAMANTHA	1	
COMM	GARIBAY	JOEL	1	
COMM	ONG	GAVIN		
ECS	VACANT			
ECS	VACANT			
EDU	OLIVARES	RENATA	1	
EDU	WALKLEY	BRIAN	1	
HHD	BROWN	JARED	1	
HHD	SOLARES	ANDREA	1	
HSS	ALVAREZ	NOAH	1	
HSS	NEBEDUM	SOMI	1	
NSM	NEEKI	ARIANNA	1	
NSM	RUBIO	BRIAN	1	
Academic Senate Rep.	JARVIS	MATT	1	
Univ. President's Rep.	FLOWERS	ALISA		
			Present	Absent
			14	0

Attendance	Liaisons			
			Present	Absent
PRESIDENT	MORALES	JOE	1	
CGO	HANNOUN	MEGAN	1	
CIDO	RAMIREZ-RIVERA	ANDREA	1	
EXEC. DIR.	EDWARDS	DAVE	1	
CCRO	SYED	HANEEFAH	1	
VP	MORALES	SUZETTE	1	
			Present	Absent
			6	0

\*Recording Secretary: Erika Perret-Martinez

QUORUM 9

48 Resolution Accepting the 990 Tax Form					
			Yes	No	ABSTAIN
ARTS	HER	BENJAMIN	1		
ARTS	LOPEZ	JOSHUA	1		
CBE	NGO	SAMANTHA	1		
CBE	QUOCK	SHAY	1		
COMM	GARIBAY	JOEL	1		
ECS	VACANT				
ECS	VACANT				
EDU	OLIVARES	RENATA	1		
EDU	WALKLEY	BRIAN	1		
HHD	BROWN	JARED			1
HHD	SOLARES	ANDREA	1		
HSS	ALVAREZ	NOAH	1		
HSS	NEBEDUM	SOMI			
NSM	NEEKI	ARIANNA	1		
NSM	RUBIO	BRIAN	1		
Academic Senate Rep.	JARVIS	MATT	1		
Univ. President's Rep.	FLOWERS	ALISA			
CHAIR (COMM)	ONG	GAVIN			
			YES	NO	ABSTAIN
			12	0	1

50 Resolution Authorizing Investment Monies in the Local Agency Investment Fund (LAIF) (Amendment)					
			Yes	No	ABSTAIN
ARTS	HER	BENJAMIN	1		
ARTS	LOPEZ	JOSHUA	1		
CBE	NGO	SAMANTHA	1		
CBE	QUOCK	SHAY	1		
COMM	GARIBAY	JOEL	1		
ECS	VACANT				
ECS	VACANT				
EDU	OLIVARES	RENATA	1		
EDU	WALKLEY	BRIAN	1		
HHD	BROWN	JARED	1		
HHD	SOLARES	ANDREA	1		
HSS	ALVAREZ	NOAH	1		
HSS	NEBEDUM	SOMI	1		
NSM	NEEKI	ARIANNA	1		
NSM	RUBIO	BRIAN	1		
Academic Senate Rep.	JARVIS	MATT			
Univ. President's Rep.	FLOWERS	ALISA			
CHAIR (COMM)	ONG	GAVIN			
			YES	NO	ABSTAIN
			13	0	0

49 Resolution to Apoint the 24-25 ECS Directors					
			Yes	No	ABSTAIN
ARTS	HER	BENJAMIN	1		
ARTS	LOPEZ	JOSHUA	1		
CBE	NGO	SAMANTHA	1		
CBE	QUOCK	SHAY	1		
COMM	GARIBAY	JOEL	1		
ECS	VACANT				
ECS	VACANT				
EDU	OLIVARES	RENATA	1		
EDU	WALKLEY	BRIAN	1		
HHD	BROWN	JARED	1		
HHD	SOLARES	ANDREA	1		
HSS	ALVAREZ	NOAH	1		
HSS	NEBEDUM	SOMI	1		
NSM	NEEKI	ARIANNA	1		
NSM	RUBIO	BRIAN	1		
Academic Senate Rep.	JARVIS	MATT			
Univ. President's Rep.	FLOWERS	ALISA			
CHAIR (COMM)	ONG	GAVIN			
			YES	NO	ABSTAIN
			13	0	0

50.a Resolution Authorizing Investment Monies in the Local Agency Investment Fund (LAIF)					
			Yes	No	ABSTAIN
ARTS	HER	BENJAMIN	1		
ARTS	LOPEZ	JOSHUA	1		
CBE	NGO	SAMANTHA	1		
CBE	QUOCK	SHAY	1		
COMM	GARIBAY	JOEL	1		
ECS	VACANT				
ECS	VACANT				
EDU	OLIVARES	RENATA	1		
EDU	WALKLEY	BRIAN	1		
HHD	BROWN	JARED	1		
HHD	SOLARES	ANDREA	1		
HSS	ALVAREZ	NOAH	1		
HSS	NEBEDUM	SOMI	1		
NSM	NEEKI	ARIANNA	1		
NSM	RUBIO	BRIAN	1		
Academic Senate Rep.	JARVIS	MATT			
Univ. President's Rep.	FLOWERS	ALISA			
CHAIR (COMM)	ONG	GAVIN			
			YES	NO	ABSTAIN
			13	0	0











# bod\_2025\_03\_04\_min

Final Audit Report

2025-04-08

Created:	2025-03-24
By:	Susan Collins (sucollins@fullerton.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAAaZbvLzVUhr7V_gAnCx EJ5iovEP1Y72mz

## "bod\_2025\_03\_04\_min" History

-  Document created by Susan Collins (sucollins@fullerton.edu)  
2025-03-24 - 11:59:35 PM GMT- IP address: 137.151.113.4
-  Document emailed to asboardsecretary@fullerton.edu for signature  
2025-03-25 - 0:00:19 AM GMT
-  Email viewed by asboardsecretary@fullerton.edu  
2025-03-25 - 0:00:30 AM GMT- IP address: 52.5.217.163
-  Email viewed by asboardsecretary@fullerton.edu  
2025-04-07 - 6:09:41 PM GMT- IP address: 166.196.75.106
-  Signer asboardsecretary@fullerton.edu entered name at signing as Noah Alvarez  
2025-04-07 - 6:10:08 PM GMT- IP address: 166.196.75.106
-  Noah Alvarez (asboardsecretary@fullerton.edu) has agreed to the terms of use and to do business electronically with California State University, Fullerton  
2025-04-07 - 6:10:10 PM GMT- IP address: 166.196.75.106
-  Document e-signed by Noah Alvarez (asboardsecretary@fullerton.edu)  
Signature Date: 2025-04-07 - 6:10:10 PM GMT - Time Source: server- IP address: 166.196.75.106
-  Document emailed to Erika Perret-Martinez (eriperret-martinez@fullerton.edu) for signature  
2025-04-07 - 6:10:12 PM GMT
-  Email viewed by Erika Perret-Martinez (eriperret-martinez@fullerton.edu)  
2025-04-08 - 4:01:58 PM GMT- IP address: 137.151.113.163
-  Erika Perret-Martinez (eriperret-martinez@fullerton.edu) has agreed to the terms of use and to do business electronically with California State University, Fullerton  
2025-04-08 - 4:02:48 PM GMT- IP address: 137.151.113.163



Document e-signed by Erika Perret-Martinez (eriperret-martinez@fullerton.edu)

Signature Date: 2025-04-08 - 4:02:48 PM GMT - Time Source: server- IP address: 137.151.113.163



Agreement completed.

2025-04-08 - 4:02:48 PM GMT

**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>

**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.

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Gavin Ong  
Chair, Board of Directors

Noah Alvarez  
Secretary, Board of Directors

**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



# ASI BOARD PRESENTATION

Dean Sri Sundaram

March 4, 2025

CSUF

COLLEGE OF  
Business  
and Economics



# Dean's Remarks – Sri Sundaram

- CBE by the numbers
- Student Success Initiatives at CBE
- Sample of CBE Student Success Stories
- CBE Priorities – Academic
- CBE Priorities – Community Engagement
- Potential Budget Cuts and Its Impact
- Q&A





# CBE – By the Numbers

- Fall 2024 Enrollment
  - 10,233 Headcount
  - FTES generated for CSUF 8,684
  - FTES generated for CBE 6,019
- Spring 2025 Enrollment
  - 9,973 Headcount
  - FTES generated for CSUF 8,335
  - FTES generated for CBE 6,130
- No of Full-Time Faculty Fall 2024 – 143
- No of Part-Time Faculty Fall 2024 – 182
- No of Staff Members at CBE – 60
- No of Programs/Centers of Excellence - 15



# Student Success Initiatives

## Our Philosophy

Relevant Curriculum - KNOW

Experiential Learning – DO

Professional Development – BE

## Examples of this philosophy at CBE

Titan Capital Management

Honors Program



# Student Success Initiatives

## Curriculum Innovation

Review of our CORE curriculum  
Integrating of Data and Technology  
Embracing AI

## Examples of this at CBE

Changes to BA Core Courses  
Innovative MSA program introduced  
Rethinking our MBA programs and MS in  
Business Analytics



# Student Success Initiatives

## Increasing Student Support Services

CBE Student Advising Center

Peer Mentoring

Tutoring and SI

Career Services and Internships

## Capital Investments to Support Student Needs

Expansion of Student Advising Center

Renovation of CBE Lobby

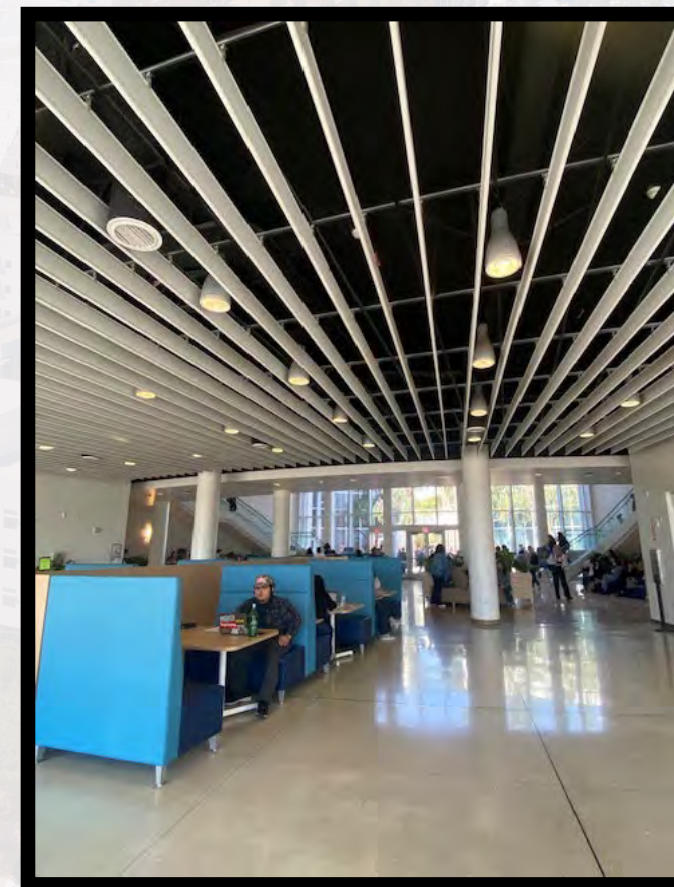
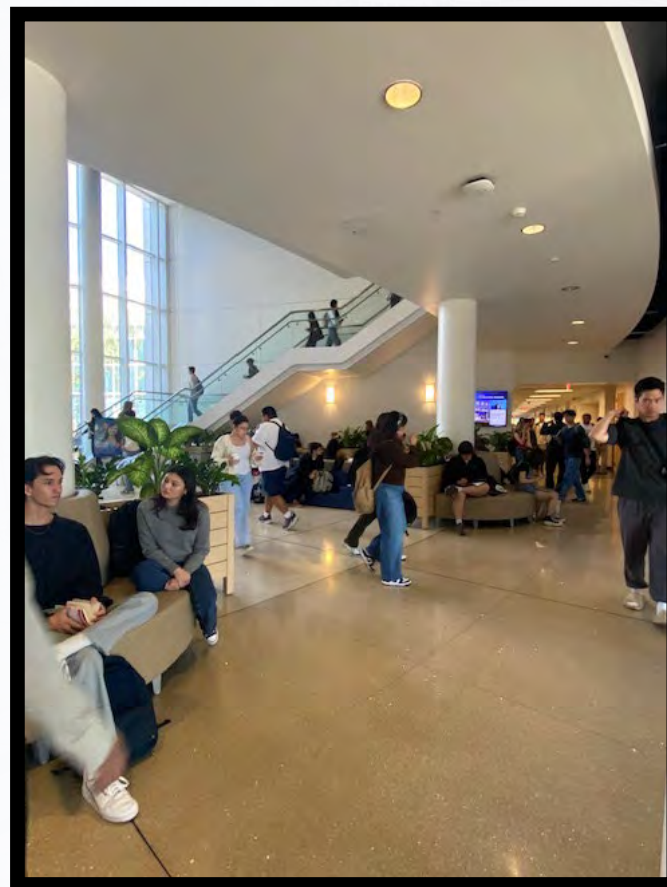
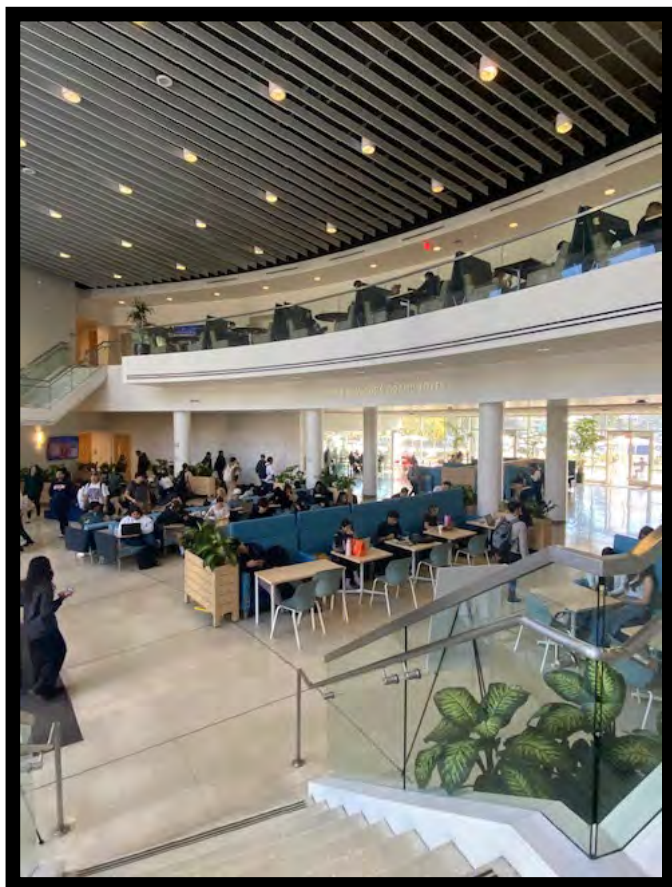
Titan Capital Management Center Renovation

Data Analytics Lab

Landmark Hall

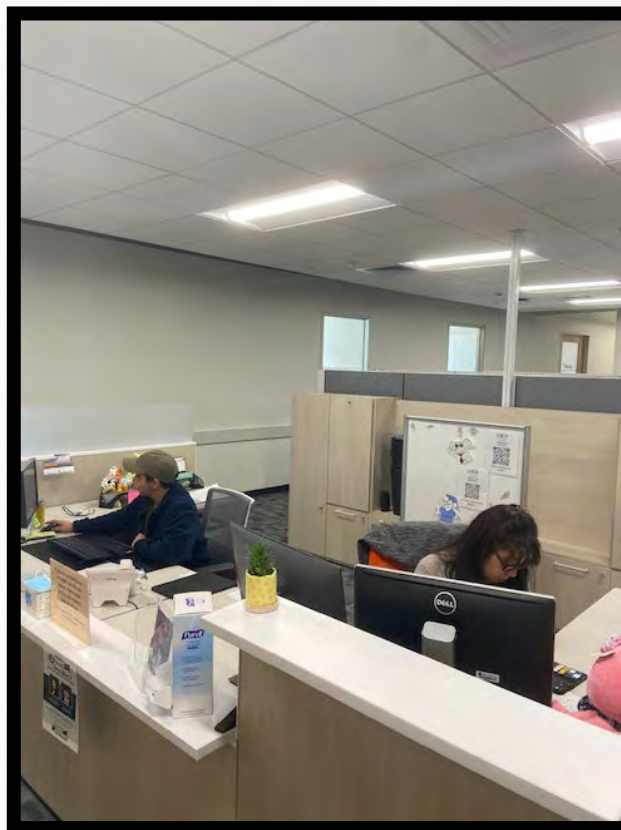
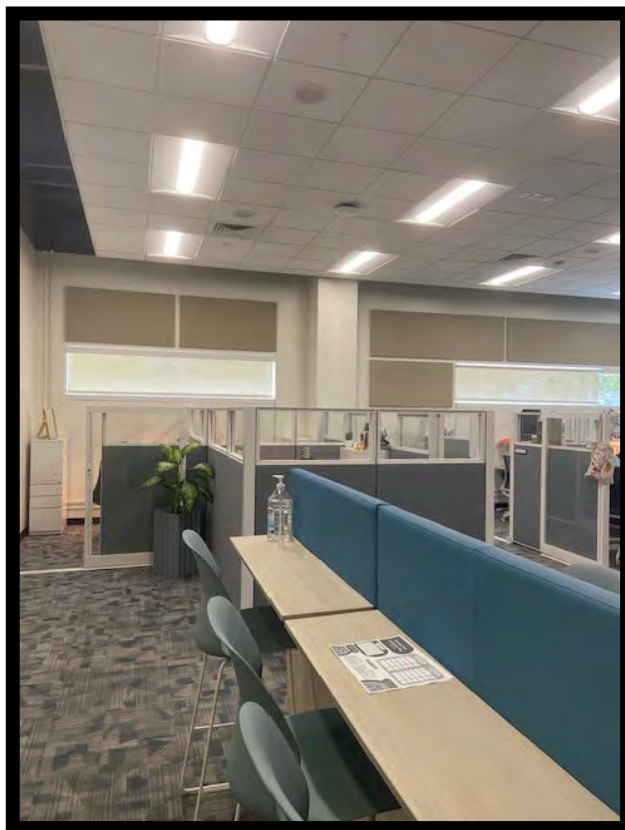


# CBE Lobby





# CBE Business Advising





# CBE Student Success Stories - Samples

TCM teams placed 1<sup>st</sup> and 3<sup>rd</sup> place in IRC competition  
This is TCM's 6<sup>th</sup> year in a row winning IRC  
Student Placements at Coinbase, PIMCO, etc.

Beta Alpha Students placed 1<sup>st</sup> in two competitions at  
Mid Year meeting in Denver

Financial Planning students competing in the Financial  
ConNEXTion conference on the cruise – funded by CFP and IRA funds.

MA Economics student Denisa Marc receives ProQuest  
Graduate Research Award

First generation student Matthew Romero receives Charles Schwab \$10,000  
scholarship.



# CBE Priorities - Academic

## Student Success

Retention and Graduation

## Curriculum Innovation

The world is changing!

## Enrollment Growth

Honors Program

Graduate Programs

BABA Online Program

## Sustainable Revenue for College

Student Support Services

Faculty Recruitment & Retention

Adequate Staff Support



# CBE Priorities – Community Engagement

## Alumni Engagement

Titan Business Alumni Council  
Alumni Week

## Centers of Excellence

Clear vision for future  
Connection to Academic programs  
Societal Impact

## Business Engagement

Titan Business Executive Fellows Program

## Economic Impact

SBDC Trade Mission  
Entrepreneurship and Innovation



# Community Impact Initiatives – Centers and Programs

- Started the Fall with the sold-out SEC Hot Topics Conference
- Just in October
  - Little Saigon Profile Report
  - Fall Economic Forecast Conference with OCBC
  - Executive Roundtable with Alteryx
- CFL – C-Suite Roundtable on Mental Wellness
- SRMI – successful I-Day here on campus
- TCM Student Investment Conference
- CFP Financial Planning program growth
- Center for Financial Education – U.S. Bank Support
- Center for Entrepreneurship – work with Yuukke in India
- Titan Crypto Program – under development
- CFB – Hall of Fame program – March 20, 2025
- WLP – International Women’s Day – March 7, 2025
- SBDC – Trade Mission to Vietnam – March 22, 2025

# Potential Budget Cuts for FY 2526

Governor's budget proposal includes a 7.9% budget reduction to CSU System

CSU Fullerton Total Budget Cut Expected

\$25 million

Academic Affairs Share of Budget Cuts

\$ 9 million (expected)

Impact on CBE:

- Revenue benefit from increased enrollment
- Large class strategy to be deployed
- Need to focus on enrollment growth
- Operational budget cuts will hurt student support services





# THANK YOU

Cal State Fullerton

March 04, 2025

# ASI Board of Directors Meeting

## Division of Administration & Finance Update

**Alexander Porter**

*Vice President for Administration and Finance/CFO*

**Anthony Frisbee**

*Chief of Police, CSUF*

**Mark Rudometkin**

*Senior Director, Parking & Transportation*



# AGENDA

- **Administration & Finance Overview**
- **Parking & Transportation Services Update**
  - Pedestrian Zone
  - Parking Structure Safety Improvements
- **CSUF PD Update**
  - Response to Immigration Enforcement
  - After-hours on Campus Activity
- **Questions**



# Admin & Finance Organization

## Auxiliary Services Corporation

- Campus Dining
- Campus Programs
- Property
- Titan Shops

## CSUF Police Department

- Operations & Patrol
- 24/7 Communications Center (Dispatch)
- Community Services
- Emergency Management & Business Continuity

## University Services

- Events, Facilities Use, and Filming
- Logistical Services & Asset Management
- Parking & Transportation
- University Sustainability

## Capital Programs & Facilities Management

- Business Administrative Services
- Environmental Health & Safety
- Facilities Management
- Planning, Design & Construction

## Financial Services

- Contracts & Procurement
- Resource Planning & Budget
- University Controller
  - Accounting Services & Financial Rptg
  - Accounts Payable & Travel Operations
  - Student Business Services

## Office of the Vice President for Administration & Finance

- Divisional HR & Budget
- Strategic Initiatives
- Internal Audit

## Administration and Finance IT

- Departmental IT Support

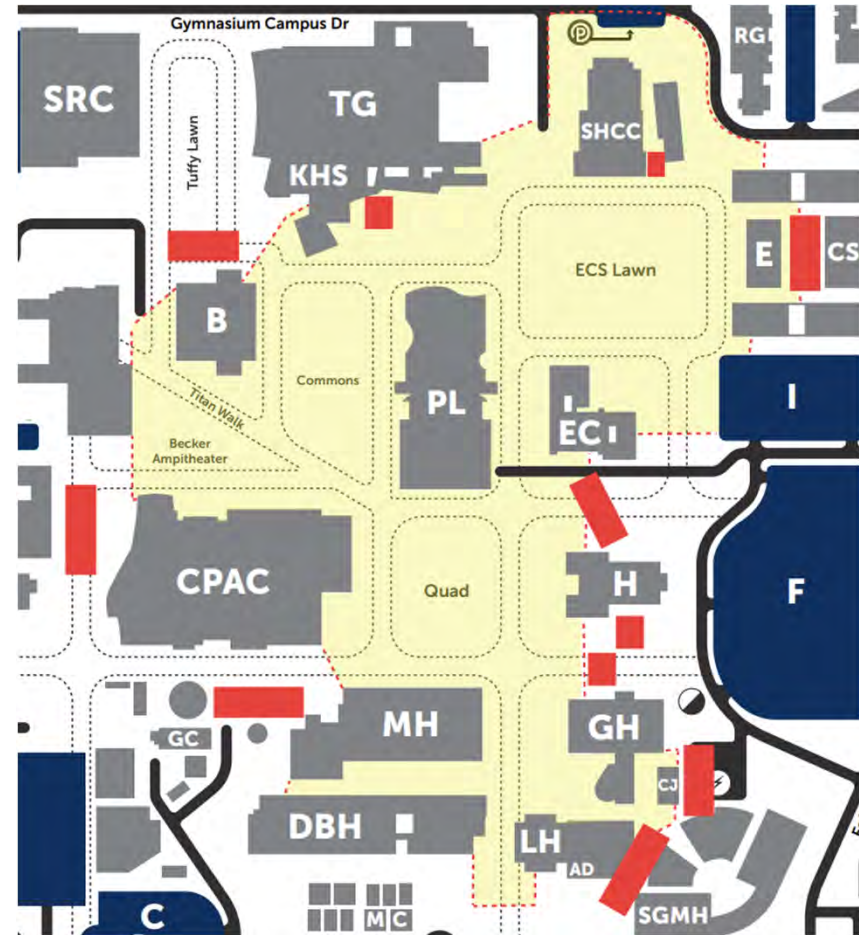


## **PARKING & TRANSPORTATION SERVICES UPDATE**



# Pedestrian Only Zone

- Safety Initiative
- Designated dismount zone
- Bike and scooter rack installation



# Parking Structure Safety Enhancements

- Yield signage
- Endcap space delineators
- Center line paint





## CSUF PD UPDATE



# Response to Immigration Enforcement

## CSUF PD

- ✓ Will not enforce federal immigration laws.
- ✓ Will not ask your immigration status.

### IF YOU ARE APPROACHED BY AN IMMIGRATION OFFICER

- 1 Remember to remain calm if the interaction causes concern – Safety is our top priority.
- 2 Ask the officer for their name, identification number, agency affiliation, and contact information.
- 3 Inform the officer that you are not obstructing their process and do not have the authority to respond to the request.
- 4 Direct the officer to visit the HRDI lobby in College Park 700 during business hours (M-F: 8 a.m.-5 p.m.) and ask for Anne Grogan, John Beisner or Michael Coughlin (designated campus officials). If the contact occurs outside of business hours, call Risk Management at 657-278-7475 or the CSUF Police Department at 657-278-2515.
- 5 Contact CSUF Police Department at 657-278-2515 if the officer does not leave. Call 911 if you are concerned about your physical safety.
- 6 Within one business day: Submit the [Immigration On Campus Smartsheet Form](#) or call 657-278-7475 to report the visit.

Updated: 01/31/2025

#### Know Your Rights Resources:

For guidance and answers to frequently asked questions related to immigration, visit the [CSU system resources website](#).

Cal State Fullerton

For more information visit: [fullerton.edu/immigration](https://fullerton.edu/immigration)

## After-Hours On Campus Activity



### Students

- ✓ Titan Card and Written Permission



**QUESTIONS?**



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

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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](http://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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) <u>1b</u> <b>23,249,293.</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) <u>2b</u>
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) <u>3b</u>
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) <u>4b</u>
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) <u>5b</u>
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) <u>6b</u>
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) <u>7b</u>
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) <u>8b</u>
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) <u>9b</u>
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) <u>10b</u>

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

OMB No. 1545-0047

**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>  File by the due date for filing your return. See instructions.	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>
	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>	\$	<b>0.</b>
<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>	\$	<b>0.</b>
<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>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2024)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2023**Open to Public  
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**800 N. STATE COLLEGE, PO BOX 6828**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**FULLERTON, CA 92834-6828****F** Name and address of principal officer: **DAVE EDWARDS****SAME AS C ABOVE****D** Employer identification number**95-6006691****E** Telephone number**657-278-2401****G** Gross receipts \$**37,729,490.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **HTTP://WWW.ASI.FULLERTON.EDU****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1975****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	<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>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>2</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>655</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>876</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>429,099.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>1,743,400.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>20,561,001.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>422,426.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <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>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>2,289,527.</b>
Expenses	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>11,900,258.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <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>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>21,010,284.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>1,716,543.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>24,789,681.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>16,117,397.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>8,672,284.</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.

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

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

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

**Part III Statement of Program Service Accomplishments**

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

**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
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <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>		<b>X</b>
<b>5</b> 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>		<b>X</b>
<b>6</b> 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> 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>		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>	<b>X</b>	
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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>		<b>X</b>
<b>15</b> 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>		<b>X</b>
<b>16</b> 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>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> 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>		<b>X</b>
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>		<b>X</b>



**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</b> <b>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</b> <b>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	<b>2a</b> 655		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>	
<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>	<b>3b</b>	<b>X</b>	
<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)?	<b>4a</b>		<b>X</b>
<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?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<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?	<b>6a</b>		<b>X</b>
<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>6b</b>		
<b>7 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?	<b>7a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<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>7h</b>		
<b>8 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>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<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>	<b>14b</b>		
<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.	<b>15</b>		<b>X</b>
<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.	<b>16</b>		<b>X</b>
<b>17 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.	<b>17</b>		

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

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	18													
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>b</b> Enter the number of voting members included on line 1a, above, who are independent		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?			2											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?				3										X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4										X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
<b>6</b> Did the organization have members or stockholders?				6										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?				7a										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?				7b										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?				8a		X								
<b>b</b> Each committee with authority to act on behalf of the governing body?				8b		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				9										X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a														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?		10b													
<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?			11a		X										
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				11b											
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X									
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				12b		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					12c		X								
<b>13</b> Did the organization have a written whistleblower policy?				13		X									
<b>14</b> Did the organization have a written document retention and destruction policy?				14		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				15a		X									
<b>b</b> Other officers or key employees of the organization				15b		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?				16a											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?					16b										

**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**

Form 990 (2023)

**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.

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

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**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
<b>3</b> 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
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

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

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[illegible]

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

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	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 .....						
<b>Program Service Revenue</b>	<b>2 a</b> STUDENT FEES	<b>Business Code</b>	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.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			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 .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			23,249,293.	19796079.	429,099.	1210610.



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

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**Part IX Statement of Functional Expenses**

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

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

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**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</b> <b>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</b> <b>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 ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?		X
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		

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"/>		

Schedule A (Form 990) 2023

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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</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</b> <b>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?		<b>X</b>
<b>b</b> A family member of a person described on line 11a above?		<b>X</b>
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		<b>X</b>

**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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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?	<b>X</b>	
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>X</b>	
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		<b>X</b>

**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 <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> 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.			
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**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 ( <i>explain in detail in Part VI</i> ):		
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).		

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

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

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

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**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

ASSOCIATED STUDENTS INC.,  
CALIFORNIA STATE UNIVERSITY FULLERTON

Employer identification number

95-6006691

**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.)

Employer identification number

95-6006691

## Part II

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

Name of organization

ASSOCIATED STUDENTS INC.,  
CALIFORNIA STATE UNIVERSITY FULLERTON

Employer identification number

95-6006691

**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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	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](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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? .....

☐ Yes ☐ No

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.

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.

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)		
3a(ii)		
3b		

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,622,195.	2,294,040.	1,328,155.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,328,155.

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>	<b>4,438,273.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B) <b>LOCAL AGENCY INVESTMENT</b>		
(C) <b>FUND (LAIF)</b>	<b>17,229,623.</b>	<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>	<b>10,520,615.</b>
(3) <b>UNFUNDED POST-RETIREMENT LIABILITY</b>	<b>2,442,036.</b>
(4) <b>RELATED PARTY PAYABLE</b>	<b>882,809.</b>
(5) <b>LEASE LIABILITY</b>	<b>294,600.</b>
(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 ... ☒

Schedule D (Form 990) 2023

**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.

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

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

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

Schedule I (Form 990) 2023



**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>1b</b>		
<b>2</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



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

**95-6006691**

Schedule J (Form 990) 2023

Page **2**

**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)							
	(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)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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.

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 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)												

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.

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(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)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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.

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 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**

	Yes	No
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? .....		X
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? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
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.		

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.

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**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

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 <b>ASSOCIATED STUDENTS INC. , CALIFORNIA STATE UNIVERSITY FULLERTON</b>	Employer identification number <b>95-6006691</b>
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**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

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

Schedule R (Form 990) 2023



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

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

[illegible]

**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.

DRAFT



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
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	E S B C	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	E S B C	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												
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S												
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W												



IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

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](http://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.

<b>1a</b> Form 990 check here .....	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> .....
<b>2a</b> Form 990-EZ check here ...	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ...	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> .....
<b>6a</b> Form 990-T check here .....	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> <u>0.</u>
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> .....
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> .....
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> .....
<b>10a</b> Form 8038-CP check here .....	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> .....

**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**  
ERO firm name 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**

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

OMB No. 1545-0047

**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>  File by the due date for filing your return. See instructions.	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>
	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>	\$	<b>0.</b>
<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>	\$	<b>0.</b>
<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>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2024)

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

## 2023

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

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](https://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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Print or Type Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b> Number, street, and room or suite no. If a P.O. box, see instructions. <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>D</b> Employer identification number <b>95-6006691</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A			<b>E</b> Group exemption number (see instructions)
<b>C</b> Book value of all assets at end of year ..... <b>25,946,278.</b>			<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			

<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800	
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/>	
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>4</b>	
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	
<b>L</b> The books are in care of <b>KATHLEEN POSTAL</b> Telephone number <b>657-278-2402</b>	

### Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	15,211.
2	Reserved	2	
3	Add lines 1 and 2	3	15,211.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	15,211.
6	Deduction for net operating loss. See instructions <b>STATEMENT 1</b>	6	15,211.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

### Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

### Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	0.	
3a	Amount due from Form 4255	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f	0.	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	

**Part III Tax and Payments** (continued)

<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>		
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>		
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>		
<b>j</b>	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> <b>Refunded</b> .....	<b>11</b>		

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

<b>1</b>	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 .....	<b>Yes</b>	<b>No</b>
			<b>X</b>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		<b>X</b>
	If "Yes," see instructions for other forms the organization may have to file.		
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <b>488,479.</b> 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.		
<b>5</b>	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	
	<b>624410</b>	\$ <b>16,875.</b>	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</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	Title	
			<b>EXECUTIVE DIRECTOR</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	<b>RYAN M. JOHNSON, CPA</b>	<b>RYAN M. JOHNSON, CPA</b>	<b>02/18/25</b>	
	Firm's name	Firm's EIN		PTIN
	<b>ALDRICH CPAS AND ADVISORS LLP</b>	<b>93-0623286</b>		<b>P01048788</b>
	Firm's address	Phone no.		
	<b>680 HAWTHORNE AVE SE #140 SALEM, OR 97301</b>	<b>(503) 585-7774</b>		

Form **990-T** (2023)

## 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)**

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).

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

**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>	<b>497,396.</b>
<b>3</b> Repairs and maintenance	<b>3</b>	<b>8,830.</b>
<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>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>	<b>124,851.</b>
<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)	<b>14</b>	<b>SEE STATEMENT 3</b>
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>724,178.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>-541,415.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>-541,415.</b>

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	

Schedule A (Form 990-T) 2023

**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

<b>2</b> Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....	0.			

**a**

<b>3</b>	Direct advertising costs by periodical				
----------	--	--	--	--	--

**a**

**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**

**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 ..... **0.**

<b>Part X</b>	<b>Compensation of Officers, Directors, and Trustees</b> (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 0.

<b>Part XI</b>	<b>Supplemental Information</b> (see instructions)
----------------	--

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

## DESCRIPTION

## AMOUNT

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)**

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).

2  
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>713990</b>	<b>D</b> Sequence: <b>2</b> of <b>4</b>

**E** Describe the unrelated trade or business **BOWLING & BILLIARDS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<b>62,215.</b>			
<b>b</b> Less returns and allowances		<b>1c 62,215.</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 62,215.</b>		<b>62,215.</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>		
<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 62,215.</b>		<b>62,215.</b>

**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>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<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>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>	
<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) <b>SEE STATEMENT 4</b>	<b>14</b>	<b>47,004.</b>
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>47,004.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>15,211.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>15,211.</b>

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	

Schedule A (Form 990-T) 2023

D ☐

Part II, line 13 ..... 0.

(4)		%
-----	--	---

<b>Total.</b> Enter here and on Part II, line 1	0.
---	----

## 2023.05050 ASSOCIATED STUDENTS INC., 20972.01



DESCRIPTION	AMOUNT
BOWLING & BILLIARD OPERATIONS	47,004.
TOTAL TO SCHEDULE A, PART II, LINE 14	47,004.

DRAFT

**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).

3

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>624410</b>	<b>D</b> Sequence: <b>3</b> of <b>4</b>

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<b>181,597.</b>			
<b>b</b> Less returns and allowances		<b>1c 181,597.</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>3 181,597.</b>		<b>181,597.</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>		
<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>13 181,597.</b>		<b>181,597.</b>

**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>	<b>122,881.</b>
<b>3</b> Repairs and maintenance	<b>3</b>	<b>58.</b>
<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>	<b>57,837.</b>
<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) <b>SEE STATEMENT 5</b>	<b>14</b>	<b>25,334.</b>
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>206,110.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>-24,513.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>-24,513.</b>

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	

Schedule A (Form 990-T) 2023



## 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.
TOTAL TO SCHEDULE A, PART II, LINE 14	25,334.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S BUSINESS ACTIVITY	UNRELATED	STATEMENT 6
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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
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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.
NOL CARRYOVER AVAILABLE THIS YEAR			16,875.	16,875.

**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).

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**

Part I 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>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<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>	
<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)	<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	0.
<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>	

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** ☐ **ROOM RENTALS 800 N. COLLEGE, FULLERTON, CA 92834**  
**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%) .....	2,524.			
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) .....	0.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....	2,524.			
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				2,524.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) <b>STMT 8</b> .....	2,524.			
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				2,524.

**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	

Schedule A (Form 990-T) 2023



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

**2023**

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>
<b>16</b> Is line 15 \$100 million or more? <input type="checkbox"/> <b>Yes.</b> Continue to Part II. <input type="checkbox"/> <b>No.</b> STOP here. Attach to your tax return.			

Form **4626** (2023)

**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>	

Form **4626** (2023)

2023

California Exempt Organization  
Annual Information Return

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return? • <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Enter date: (mm/dd/yyyy) •	M Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date filed with IRS
H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," what is the parent's name?	

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	35,915,985	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	1,813,505	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	4	37,729,490	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	14,480,197	00
	7 Total costs. Add line 5 and line 6	7	14,480,197	00
	8 Total gross income. Subtract line 7 from line 4	8	23,249,293	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	23,787,786	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-538,493	00
Payments	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title EXECUTIVE DIRE	Date	• Telephone 657-278-2401
Paid Preparer's Use Only	Preparer's signature	RYAN M. JOHNSON, CPA	Date 02/18/25	• PTIN P01048788
	Firm's name (or yours, if self-employed) and address	ALDRICH CPAS AND ADVISORS LLP 680 HAWTHORNE AVE SE #140 SALEM, OR 97301	Check if self-employed	• Firm's FEIN 93-0623286
				• Telephone (503) 585-7774
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				



**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

<b>Receipts from Other Sources</b>	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	<b>Total</b> 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	<b>Total</b> 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

Assets	(a)	(b)	(c)	(d)
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	1,446,833	2,294,040	1,328,155
11 Land			•	
12 Other assets	STMT 9	120,143	•	661,167
13 <b>Total assets</b>		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 <b>Total liabilities and net worth</b>		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	•		Attach schedule	•	
4 Income not recorded on books this year. Attach schedule	•		9 Total. Add line 7 and line 8		211,513
5 Expenses recorded on books this year not deducted in this return. Attach schedule *	•	-690,373	10 Net income per return.		
6 Total. Add line 1 through line 5		-326,980	Subtract line 9 from line 6		-538,493

\* 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.

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CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT 3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PUBLICLY TRADED SECURITIES			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
			GROSS SALES PRICE
	14,480,197.	0.	0.
			14,875,762.
TOTAL TO FORM 199, PAGE 2, LN 6	14,480,197.	0.	0.
			14,875,762.

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CA 199	OTHER INCOME	STATEMENT 4
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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.

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

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
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 NOT DEDUCTED IN THIS RETURN	STATEMENT 12
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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 NOT INCLUDED IN THIS RETURN	STATEMENT 13
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	211,513.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	211,513.

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TAXABLE YEAR  
**2023****California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

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

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

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

**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
<b>8</b> Amount				
<b>9</b> 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**  \_\_\_\_\_ **EXECUTIVE DIRECTOR**  
Signature of officer Date 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.

**ERO**  \_\_\_\_\_ 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** Firm's FEIN **93-0623286**  
**680 HAWTHORNE AVE SE #140**  
**SALEM, OR** 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**  \_\_\_\_\_ 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 \_\_\_\_\_

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 STATE UNIVERSITY FULLERTONCalifornia corporation number  
0753699

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/county

Foreign postal code

A First return filed? ☐ Yes ☒ NoB Is this an education IRA within the meaning of  
R&TC Section 23712? ☐ Yes ☒ NoC Is the organization under audit by the IRS or has the IRS  
audited in a prior year? ☐ Yes ☒ NoD Final return?  
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized  
Enter date (mm/dd/yyyy)E Amended return? ☐ Yes ☒ NoF Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ 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 ☒ NoI 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 ☒ NoJ 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	Unrelated business taxable income from Side 2, Part II, line 30	•	1	-550,717	00
	2	Mult. In 1 by the avg. appt. pctg _____ % from the Sch. R, Appt. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	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 compltd, enter the amt from In 1	•	3	-550,717	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
Tax Compu- tation	5	Unrelated business taxable income from line 3 or line 4	•	5	-550,717	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7		00
	8	Add line 6 and line 7	•	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	-550,717	00
	10	Tax 8.84 % x line 9. See General Information J	•	10		00
	11	Tax credits from Schedule B. See instructions	•	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12		00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2023 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17		00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19		00
Use Tax/ Tax Due/ Overpay- ment	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21		00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24		00
	25	Enter amount of line 24 to be applied to 2024 estimated tax	•	25		00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number		
	26a	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
3 Gross profit. Subtract line 2 from line 1c						3	426,575	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)						4a		00
b Net gain (loss) from Schedule D-1, Part II						4b		00
c Capital loss deduction for trusts						4c		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
6 Rental income (Schedule C)						6		00
7 Unrelated debt-financed income (Schedule D)						7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)						8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)						9		00
10 Exploited exempt activity income (Schedule G)						10		00
11 Advertising income (Schedule H, Part III, Column A)						11		00
12 Other income. Attach schedule						12		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	00
16 Repairs		16	8,888	00
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 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a		00	
b Less: depreciation claimed on Schedule A. See instructions	21b		00	
22 Depletion. Attach schedule		22		00
23 a Contributions to deferred compensation plans		23a		00
b Employee benefit programs. See instructions		23b	182,688	00
24 Other deductions. Attach schedule	SEE STATEMENT 15	24	165,439	00
25 Total deductions. Add line 14 through line 24		25	977,292	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-550,717	00
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	00
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	00

Sign Here	Our privacy notice can be found in annual tax booklets or online. Go to <a href="http://ftb.ca.gov/privacy">ftb.ca.gov/privacy</a> to learn about our privacy policy statement, or go to <a href="http://ftb.ca.gov/forms">ftb.ca.gov/forms</a> and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.		
	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	Title	Date
		EXECUTIVE DIRECTOR	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed
	RYAN M. JOHNSON, CPA	02/18/25	<input type="checkbox"/>
	Firm's name (or yours, if self-employed)	Firm's FEIN	
	ALDRICH CPAS AND ADVISORS LLP	93-0623286	
	and address	Telephone	
	680 HAWTHORNE AVE SE #140	(503) 585-7774	
	SALEM, OR 97301		
	May the FTB discuss this return with the preparer shown above? See instructions		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4 a	Additional IRC Section 263A costs. Attach schedule	4a		00
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 I, 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: a Sales of certain timeshares or residential lots	2a		00
	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&amp;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
ROOM RENTALS	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		(e) Complete if any item in column (c) is more than 10%, but not more than 50%		
(I) Deductions directly connected	(II) Income includible, column (b) less column (d)(i)	(I) Gross income reportable, column (b) x column (c)	(II) Deductions directly connected with personal property (attach schedule) *	(III) Net income includible, column (e)(i) less column (e)(ii)
		2,524	2,524	

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

\* STMT 16

**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) includible, 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					
(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					
Nonexempt Controlled Organizations					
(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)	
1					
2					
3					
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 includible, 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****Part I Income from Periodicals Reported on a Consolidated Basis**

(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) Readership 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	•	•	•	•	•	•

**Part II Income from Periodicals Reported on a Separate Basis**

1 •	•	•	•	•	•	•
2 •	•	•	•	•	•	•
3 •	•	•	•	•	•	•

**Part III Column A - Net Advertising Income****Part III Column B - Excess Advertising Costs**

(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	•

**Schedule I Compensation of Officers, Directors, and Trustees**

(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	

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

(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 Amount of depreciation claimed elsewhere on return						5
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						6

CA 109	NATURE OF TRADE OR BUSINESS	STATEMENT 14
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CHILDREN'S CENTER - MEMBERS FROM COMMUNITY AND ALUMNI

TO FORM 109, PAGE 1

CA 109	OTHER DEDUCTIONS	STATEMENT 15
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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.

CA 109	DEDUCTIONS DIRECTLY CONNECTED WITH PERSONAL PROPERTY	STATEMENT 16
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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.

2023

# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

3805Q

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)

FEIN

95-6006691

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

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

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

1 Net loss from Form 100, line 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

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions

☒ 3 550,717 004 a Enter the amount of the loss incurred by a new business included in line 3 ☒ 4a

00

b Enter the amount of the loss incurred by an eligible small business included in line 3 ☒ 4b

00

c Add line 4a and line 4b

☒ 4c 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

**Prior Year NOLs**

(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	(h) Carryover to 2024 col. (e) minus col. (f)
2 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

SEE STATEMENT 17

**Current Year NOLs**

						col. (d) minus col. (f) See instructions.
3 2023		DIS				
4 2023		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

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

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

Identifying number

**ASSOCIATED STUDENTS INC.,  
CALIFORNIA STATE UNIVERSITY FULLERTON****95-6006691****Part I Electronic Return Information** (whole dollars only)

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

**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
<b>8</b> Amount				
<b>9</b> 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

**EXECUTIVE DIRECTOR**

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.

**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  
Must  
Sign**Paid  
preparer's  
signature

Date

Check  
if self-  
employed ☐

Paid preparer's PTIN

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.	0.	5,080.
2009		GEN			
	2,232.	2,232.	0.	0.	2,232.
2010		GEN			
	19,869.	19,869.	0.	0.	19,869.
2011		GEN			
	6,334.	6,334.	0.	0.	6,334.
2012		GEN			
	20,109.	20,109.	0.	0.	20,109.
2013		GEN			
	9,656.	9,656.	0.	0.	9,656.
2014		GEN			
	29,605.	29,605.	0.	0.	29,605.
2015		GEN			
	24,396.	24,396.	0.	0.	24,396.
2017		GEN			
	29,499.	29,499.	0.	0.	29,499.
2018		GEN			
	46,472.	46,472.	0.	0.	46,472.
2019		GEN			
	13,069.	13,069.	0.	0.	13,069.
2019		GEN			
	32,274.	32,274.	0.	0.	32,274.
2022		GEN			
	189,438.	189,438.	0.	0.	189,438.
TOTALS		428,033.	0.		428,033.

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)

## 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.

**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? <div style="text-align: right;"><b>SEE STATEMENT 18</b></div>	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<b>X</b>
5. During this reporting period, did the organization receive any governmental funding? <div style="text-align: right;"><b>SEE STATEMENT 19</b></div>	<b>X</b>	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

**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

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS  
PART B, LINE 1

STATEMENT 18

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

DRAFT

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 19

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*

# 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</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) ~~~~~	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 .....		.	0.
Revenue	8 Contributions and grants (Part VIII, line 1h) ~~~~~	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) ~~~~~	1,743,400.	1,813,505.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~	20,561,001.	20,225,178.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~	422,426.	1,210,610.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) •	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~	22,726,827.	23,249,293.
	14 Benefits paid to or for members (Part IX, column (A), line 4) ~~~~~	2,289,527.	2,541,690.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~~~	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) ~~~~~	11,900,258.	13,145,130.
	b Total fundraising expenses (Part IX, column (D), line 25) _____	0.	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	20 Total assets (Part X, line 16) ~~~~~	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) ~~~~~	24,789,681.	25,946,278.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	16,117,397.	16,910,601.
Part II Signature Block		8,672,284.	9,035,677.

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?

**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 2023 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.

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Gavin Ong  
Chair, Board of Directors

Noah Alvarez  
Secretary, Board of Directors

**APPOINTMENT OF THE DIRECTOR FOR THE COLLEGE OF  
ENGINEERING & COMPUTER SCIENCE**

**Sponsor: Brian Rubio**

**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, in the event of a vacancy on the Board of Directors, the Governance Committee shall recommend a Director for the appointment to a majority vote approval by the Board; and

**WHEREAS**, the Governance Committee has recommended Riya Jain and Eric Ly as Director for the College of Engineering and Computer Science; therefore let it be

**RESOLVED**, ASI approves the appointment of Riya Jain and Eric Ly as the Director for the College of Engineering and Computer Science, effective immediately through May 31, 2025; 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 fourth of March in the year two thousand and twenty-five.

---

Gavin Ong  
Chair, Board of Directors

Noah Alvarez  
Secretary, Board of Directors



**Resolution Authorizing the Investment of Monies in  
the Local Agency Investment Fund (LAIF)**

**WHEREAS**, the Associated Students Inc., California State University, Fullerton (ASI) is a 501(c)(3) nonprofit organization that operates as an auxiliary organization of California State University, Fullerton (CSUF), 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**, The Local Agency Investment Fund (LAIF) is established in the State of California Treasury under Government Code section 16429.1 et. seq., for the deposit of money of a local agency for purposes of investment by the State Treasurer, and

**WHEREAS**, the ASI Board of Directors hereby finds that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with Government Code section 16429.1 et. seq., for the purpose of investment as provided therein is in the best interests of ASI, and

**WHEREAS**, ASI originally invested funds in the Local Agency Investment in 2003, and the position titles of the officers listed on the establishing resolution have changed; therefore let it be

**RESOLVED**, that the ASI Board of Directors hereby authorizes the deposit and withdrawal of Associated Students Inc., CSUF monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code section 16429.1 et. seq. for the purpose of investment as provided therein, and let it be further

**RESOLVED**, that the following officers holding the title(s) specified herein below or their successors in office are each hereby authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

David (Dave) Edwards	Executive Director	_____
Keya Allen	Associate Executive Director	_____
Kathleen Postal	Chief Financial Officer	_____
Vacant	Controller	
Vacant	Accounting Manager	

**RESOLVED**, that this resolution shall remain in full force and effect until rescinded by the Board of Directors of Associated Students Inc., California State University, Fullerton by resolution, and a copy of the resolution rescinding this resolution is filed with the State Treasurer's Office.

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

**March 4, 2025**

**Board of Directors  
Executive Officers Report**

**PRESIDENT:** Joe Morales

**No Report**

**VICE PRESIDENT:** Suzette Morales

**No Report**

**CHIEF INCLUSION & DIVERSITY OFFICER:** Andrea Rameriez Rivera

**Summary:**

I wanted to remind everyone about a few important initiatives:

- Black Chat is scheduled for March 4th from 4-5 PM in the AARC. This is a great opportunity to learn about getting involved in ASI, so please join us!
- We are hosting a Know Your Rights Workshop on March 15th from 4-6 PM in Pavilions A and B. Please invite community members, as the event is open to all! The presentation will be offered in both English and Spanish.
- A Survey of CSUF community members' perceptions of law enforcement has been distributed. If you received it, please take a moment to fill it out. Participants have a chance to win one of 30 \$50 gift certificates! Your feedback is crucial in informing our UPD's practices.
- There will be a Community Safety Forum on April 16th from 10 AM to 1 PM with lunch provided, hosted by UPD.

**Meetings Attended:**

- Andrea/Rebecca 1:1 - February 19
- Student Leadership Meeting - February 25
- CAB Meeting - February 26
- SJEC Commission Meeting - February 26
- SJEC Interview - February 26
- Andrea/Ingrid 1:1 - February 27

**Future Plans:**

- Continue recruiting for our vacant position
- Work on our ongoing projects

**CHIEF CAMPUS RELATIONS OFFICER:** Haneefah Syed

**No Report**

## **CHIEF GOVERNMENTAL OFFICER: Megan Hannoun**

### **Summary**

Hi everyone! CHESS is almost here! So incredibly proud of this year's delegation of 16 remarkable students. President Morales and I will be flying out on Friday (3/7) to Sacramento for our CSSA plenary and the rest of the delegation will be us on Saturday (3/8)! So far, we are meeting with a total of nine state legislators to advocate for CSSA supported legislation and against Governor Newsom's proposed budget plan. On Monday (3/3), I attended a virtual Ballot Bowl award ceremony with our California Secretary of State to accept the award for "Best Civic and Voter Empowerment Action Plan" in the CSU on behalf of our university!

### **Events/Meetings Attended:**

- Ingrid 1:1 (2/20)
- Rebecca 1:1 (2/20)
- Lobby Corps Commission Meeting (2/20)
- Beyond the Conversation (2/20)
- CSSA SEP Task Force Meeting (2/21)
- CHESS Training (2/21)
- Annie Yea 1:1 (2/24)
- ASI Leadership Meeting (2/25)
- Ingrid 1:1 (2/27)
- Lobby Corps Commission Meeting (2/27)
- Daily Titan Interview (2/28)
- CHESS Training (2/28)
- CSSA SEP Task Force Meeting (3/3)
- Ballot Bowl Virtual Awards Ceremony (3/3)

### **Projects:**

- CHESS (WOOO!!)
  - o We've completed our official training sessions with our delegation and are now preparing for our trip to Sacramento
  - o We are continuing to collaborate with other campuses to organize legislator visits
- Advocacy Days
  - o Working with President's office to prepare for our state and federal advocacy days
- CSSA SEP Task Force
  - o I am working with 8 other students on a special task force to identify new opportunities for shared governance between CSSA and the Chancellor's Office
- Intersegmental Advocacy Working Group
  - o 4 student leaders from CSSA were appointed to represent the organization in collaboration with the UC and CCC system to coordinate an annual shared advocacy conference

# EXECUTIVE DIRECTOR'S REPORT

to the ASI Board of  
Directors

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Presented by  
**Dr. Dave Edwards**  
ASI Executive Director

**March 4, 2025**

ASSOCIATED STUDENTS INC, CSUF



# STUDENT ELECTIONS

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- ASI Elections on March 11-12
- Block Parties in the Central Quad
  - March 11 from 10 AM to 2 PM
  - March 12 from 2-5 PM
- Candidate guide located at [asi.fullerton.edu/student-government/#Elections](http://asi.fullerton.edu/student-government/#Elections)
- VOTE at [vote.fullerton.edu](http://vote.fullerton.edu)



# PROGRAMMING & ENGAGEMENT CHANGES

To accommodate an increase in Programming and Engagement events in ASI, the following changes will be implemented:

- Additional programming and office professional staff.
- Increasing the number of student programming positions.





# BEYOND THE CONVERSATION

- Join us for the next Beyond the Conversation with GIANCARLO ESPOSITO.
- Emmy-Nominated Actor from “Breaking Bad,” “Better Call Saul,” “The Mandalorian,” and the critically acclaimed, groundbreaking classic, “Do The Right Thing.”
- March 20 at 6 PM in the TSU Pavilion.

CAL STATE FULLERTON'S ASSOCIATED STUDENTS INC AND THE DIVISIONS OF STUDENT AFFAIRS & HRIE PRESENT

## BEYOND<sup>THE</sup> CONVERSATION

HIS PRESENCE COMMANDS THE SCREEN,  
HIS CHARACTERS ARE UNFORGETTABLE,  
AND HIS STORYTELLING LEAVES A  
LASTING IMPACT WITH HIS AUDIENCES.

PLEASE JOIN US IN WELCOMING  
THE LEGENDARY EMMY®-NOMINATED  
ACTOR, DIRECTOR, AND PRODUCER,

GIANCARLO  
*ESPOSITO*

MAR 20

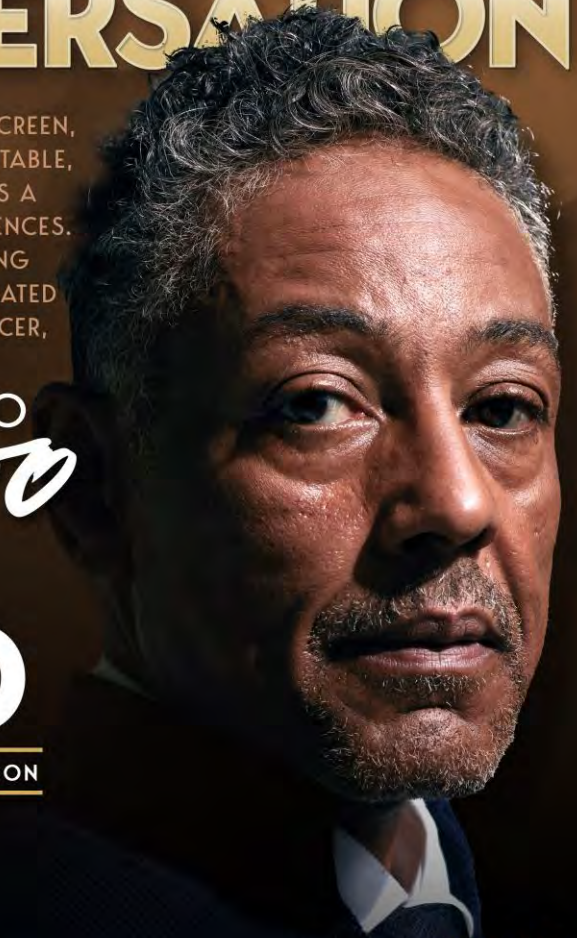
TITAN STUDENT UNION PAVILION

6PM

 ASSOCIATED  
STUDENTS INC  
CALIFORNIA STATE UNIVERSITY, FULLERTON

CSUF | DIVISION OF  
Student Affairs  
CSUF | DIVISION OF  
Human Resources  
and Inclusive Excellence

TO RSVP FOR  
BEYOND THE  
CONVERSATION  
SCAN THE CODE  
TO THE RIGHT.





# SCHOLARSHIPS UPDATE



- Remember we have additional funds this spring for our ASI Scholarships. Help get the word out!
- Update on changes to the following ASI scholarships:
  - Undocumented Students Scholarship.
  - International Students Scholarship.
- More information to follow this Spring.

A promotional poster for ASI Spring 2025 Scholarships. The background is a solid red color. At the top left is a logo featuring a graduation cap and an open book. To the right of this logo, the text 'ASI Spring 2025' is written in a large, stylized font, with 'Spring 2025' in yellow and 'ASI' in white. Below this, the word 'SCHOLARSHIPS' is written in large, bold, white capital letters with a black outline. A yellow banner across the middle of the poster contains the text 'APPLICATIONS OPEN UNTIL MARCH 11 AT 11:59PM' in black capital letters. At the bottom left is the logo for Associated Students Inc. (ASI) with the text 'ASSOCIATED STUDENTS INC' and 'CALIFORNIA STATE UNIVERSITY, FULLERTON' below it. To the right of this is the phrase 'Apply Today!' in a cursive font. Next to that is a QR code. To the right of the QR code is the text '120 SCHOLARSHIP OPPORTUNITIES AVAILABLE' and 'SCHOLARSHIPS FUNDED IN FALL 2025' in white capital letters.

# STUDENT RECREATION CENTER EXTERNAL REVIEW

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- Recreation experts reviewing the SRC and giving recommendations for improvement.
- Final report and presentation is expected within the next month to the Programs Assessment Committee.



# MARKETING, COMMUNICATION & DESIGN

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- Construction and expansion of the Marketing, Communication, and Design Office is complete.
- Club lockers (outside MCD) are open and available for use.
- New MCD open house for ASI on Friday, March 14





# TITANS DAY OF GIVING

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- Titans Day of Giving this year is Wednesday, March 12.
- ASI Food Pantry & Children's Center are participating in Day of Giving opportunities.
- Give by going to the Titans Give website: [titansgive.fullerton.edu](https://titansgive.fullerton.edu), or scan QR codes.

## FOOD PANTRY



## CHILDREN'S CENTER





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CALIFORNIA STATE UNIVERSITY, FULLERTON®

**MARCH 5, 2025**

**Board of Directors  
Board Leadership Report**

**CHAIR:** Gavin Ong

**Summary:**

Good day to everyone! We're almost to the mid-way mark for the semester.

Very light report this time. Much of our focus for ASI has been working around the elections, and scholarships. So please keep posting all of those and spread the word.

I attended the Social Mobility Symposium last week with Brian Rubio, Noah Alvarez, and several CSUF representatives. The event was extremely enlightening and quite informative. It was also quite heartwarming to hear and see the passion in which all these educators, and staff members carry to help better the future generations. Making sure to include everyone. Overall, the Symposium was a great opportunity attended.

As for my meetings, I have provided information regarding the questions raised to you all directly.

Other than that, please keep hydrated and take care of yourselves. The weather is getting warmer and warmer, and the weeks are getting busier and busier.

**Events/Meetings Attended:**

- Social Mobility Symposium [2/20 -2/21]
- Rebecca 1:1 [2/25]
- VP Porter w/ top 3 monthly meeting [2/25]
- ASI Student Leadership meeting [2/25]
- Press conference training [2/25]
- ASI Comms Call [2/27]
- Dave & Keya w/ top 3 meeting [2/27]
- Provost Dabirian w/ top 3 monthly meeting [2/27]
- Press conference training [3/4]

**Committees:**

**Projects:**

- ASI Wellness Initiative

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**VICE CHAIR:** Brian Rubio

**Summary:**

**Events/Meetings Attended:**

**Committees:**

**Projects:**

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**SECRETARY:** Noah Alvarez

**Summary:**

Hello everyone! I'll be keeping it short and sweet today as I don't have much to update you all on as a result of Facilities committee being cancelled.

Within the last couple weeks, I was able to attend some really awesome events, one being the 2025 National Social Mobility Symposium in San Marcos with our Chair, Gavin Ong and Vice Chair, Brian Rubio. For those of you who may be unfamiliar with the term social mobility, social mobility refers to an individual OR a community's ability to move up or down the social and economic ladder measured by factors such as income, education level, and occupation. This conference has joined many colleagues from institutions nationwide to share insights and explore some approaches to supporting student success, advancement towards social mobility, and development towards solutions that empower students. The symposium featured CSU Trustee Wenda Gond and Chancellor Mildred Garcia, alongside a lineup of students, alumni, university Presidents, and experts in social mobility. I thought that was such an amazing opportunity to experience first-hand and see how the CSU system both interprets and tackles these social barriers that students are experiencing.

I also would like to give a HUGE shoutout to the College of NSM for hosting their very first Multilingual Research Symposium in the Multi-Purpose Room over in housing. Brian Rubio and Arianna Neeki, you both put on such a wonderful event! It's awesome to see you both bring something brand new to the students and recognizing their hard work alongside your dean and while there may have only been about 15-ish people in the room on a busy Friday, I hope you both can look back on this event one day when it is flooding with students filled with ambition and excitement, knowing that you two were the pioneers who set the foundation for something truly impactful and meaningful.

**Events/Meetings Attended:**

- 2025 National Social Mobility Symposium - 2/20 - 2/21
- ASI Student Leadership Meeting w/ Top 9 - 02/25/25
- Black Amplified - 02/28/25
- NSM's Multilingual Research Symposium - 02/28/25



## **Committees:**

## **Projects:**

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**TREASURER:** Samantha Ngo

## **Summary:**

Hi everyone! These past few weeks have been quite busy for me. In the last Finance Committee Meeting, we covered action items such as the 990 Tax Form Filing, the Resolution to Approve a Contingency Request from the National Society of Black Student Engineers (NSBE), Line Item Transfer Requests from the Business Inter-Club Council and Engineering & Computer Science Inter-Club Council, and lastly, we had a discussion on the ASI President's Budget Submission.

I also chaired the Governance Committee on behalf of Brian Rubio, where we had a resolution to appoint the Board of Directors for the Engineering & Computer Science College. We had nine candidates and two vacancies, and ultimately, our committee moved forward with candidates Riya Jain and Eric Ly as our incoming representatives for the college.

Lastly, outside of the committee meetings, I am currently working with Aaron Tapper, Assistant Director of Strategic Initiatives, to aid in the 2025-2030 Strategic Plan vision. I am also working closely with the Natural Sciences & Mathematics (NSM) President and other student leaders in the Inter-Club Councils (ICC) to enhance collaboration between the ICCs. As for the College of Business & Economics (CBE) updates, Shay and I are currently working with the College of Business Marketing Department to create an Instagram reel on study spots and partnering with our Dean to create a student feedback form on resources within the college.

## **Events/Meetings Attended:**

- 1:1 Kathleen (2/19)
- NSM ICC President Chat (2/19)
- ASI Student Leadership Meeting (2/25)
- Meet w/ the Dean (2/26)
- BOD Leadership Meeting (2/27)

## **Committee:**

### Finance Committee Meeting (2/20):

- Action: 990 Tax Form Filing
- Action: Resolution Approving a Contingency Request from the National Society of Black Student Engineers (NSBE)
- Action: Line Item Transfer BICC
- Action: Line Item Transfer ECSICC
- Discussion: ASI President's Budget Submission

Governance Committee Meeting (2/20):

- Action: Resolution to Appoint the Director for the ECS (9 candidates // 2 vacancies)
- Discussion: Policy Concerning Composition and Duties of Commissions (MOVED TO 3/6 OLD BUSINESS)

**Projects:**

- Strategic Plan: Collaborate with Aaron Tapper, Assistant Director of Strategic Initiatives, to aid in the 2025-2030 Strategic Plan vision.
- Inter-Club Council (ICC) Enhancements: Working closely with Natural Sciences & Mathematics (NSM) President and other student leaders in ICCs to enhance collaboration between the ICCs.
- College of Business & Economics (CBE) Marketing: Partner with the CBE Marketing Department to create an Instagram reel on study spots with Shay.
- College of Business & Economics (CBE) Student Resources Feedback Form: Work closely with the CBE Dean and Shay to create a student feedback form on resources within the college.

Have a restful weekend, and please take care!