

TAXABLE YEAR
2017

California Exempt Organization Annual Information Return

728841 12-06-17
FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **07/01/2017**, and ending (mm/dd/yyyy) **06/30/2018**

Corporation/Organization name
ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY CHICO

California corporation number
0190223

Additional information. See instructions.
FEIN
94-1254630

Street address (suite or room)
400 W 1ST STREET

PMB no.

City
CHICO

State
CA

ZIP code
95929

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

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

| | | | | |
|------------------------------|----|--|----|---------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 11,497,574.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 8,434,852.00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. | 3 | 693,653.00 |
| | 4 | This line must be completed. If the result is less than \$50,000, see General Information B | 4 | 20,626,079.00 |
| | 5 | Cost of goods sold STMT 1 | 5 | 2,982,752.00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 556.00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 2,983,308.00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 17,642,771.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 15,872,348.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 1,770,423.00 |
| Filing Fee | 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 | Filing fee \$10 or \$25. See General Information F | 15 | 10.00 |
| | 16 | Penalties and interest. See General Information J | 16 | 00 |
| | 17 | Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | 17 | 10.00 |

Sign Here

Signature of officer: **CHRISTY M. NORTON** Title: **AS PRESIDENT** Date: **03/20/19** Telephone: **(530) 898-6411**

Preparer's signature: **CHRISTY M. NORTON** Date: **03/20/19** Check if self-employed: PTIN: **P01278658**

Firm's name (or yours, if self-employed) and address: **KCOE ISOM, LLP** FEIN: **48-0567703**
3013 CERES AVENUE Telephone: **(530) 891-6474**
CHICO, CA 95973

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

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY CHICO

94-1254630

728951 12-06-17

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.

| | | | | |
|------------------------------------|----|--|----|---------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | 9,814,847.00 |
| | 2 | Interest | 2 | 239,350.00 |
| | 3 | Dividends | 3 | 00 |
| | 4 | Gross rents | 4 | 00 |
| | 5 | Gross royalties | 5 | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) STATEMENT 2 | 6 | 500.00 |
| | 7 | Other income SEE STATEMENT 3 | 7 | 1,442,877.00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 11,497,574.00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid STATEMENT 4 | 9 | 483,885.00 |
| | 10 | Disbursements to or for members | 10 | 00 |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 5 | 11 | 494,899.00 |
| | 12 | Other salaries and wages | 12 | 6,395,413.00 |
| | 13 | Interest | 13 | 00 |
| | 14 | Taxes | 14 | 00 |
| | 15 | Rents | 15 | 1,306,894.00 |
| | 16 | Depreciation and depletion (See instructions) | 16 | 573,108.00 |
| | 17 | Other Expenses and Disbursements SEE STATEMENT 6 | 17 | 6,618,149.00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 15,872,348.00 |

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

| Assets | (a) | (b) | (c) | (d) |
|--|--------------|-------------|--------------|-------------|
| 1 Cash | | 14,672,330. | | 14,032,882. |
| 2 Net accounts receivable | | 373,393. | | 828,955. |
| 3 Net notes receivable | | | | |
| 4 Inventories | | 112,367. | | 114,992. |
| 5 Federal and state government obligations | | | | |
| 6 Investments in other bonds | | | | |
| 7 Investments in stock | | | | |
| 8 Mortgage loans | | | | |
| 9 Other investments STMT 7 | | 2,000,000. | | 2,000,000. |
| 10 a Depreciable assets | 6,979,774. | | 7,372,336. | |
| b Less accumulated depreciation | (4,654,452.) | 2,325,322. | (4,758,700.) | 2,613,636. |
| 11 Land | | | | |
| 12 Other assets STMT 8 | | 90,277. | | 98,102. |
| 13 Total assets | | 19,573,689. | | 19,688,567. |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 1,889,228. | | 1,874,988. |
| 15 Contributions, gifts, or grants payable | | | | |
| 16 Bonds and notes payable STMT 9 | | 11,086. | | |
| 17 Mortgages payable | | | | |
| 18 Other liabilities STMT 10 | | 1,345,016. | | 685,926. |
| 19 Capital stock or principal fund | | | | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 Retained earnings or income fund | | 16,328,359. | | 17,127,653. |
| 22 Total liabilities and net worth | | 19,573,689. | | 19,688,567. |

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 | • 799,294. | 7 Income recorded on books this year not included in this return STMT 12 | • 10,040. |
| 2 Federal income tax | • | 8 Deductions in this return not charged against book income this year | • |
| 3 Excess of capital losses over capital gains | • | 9 Total. Add line 7 and line 8 | 10,040. |
| 4 Income not recorded on books this year | • | 10 Net income per return. | |
| 5 Expenses recorded on books this year not deducted in this return STMT 11 | • 981,169. | Subtract line 9 from line 6 | 1,770,423. |
| 6 Total. Add line 1 through line 5 | 1,780,463. | | |

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 1

COST OF GOODS SOLD

| | | |
|--|-----------|-----------|
| 1. INVENTORY AT BEGINNING OF YEAR | | 112,367 |
| 2. MERCHANDISE PURCHASED. | 2,985,377 | |
| 3. COST OF LABOR. | | |
| 4. MATERIALS AND SUPPLIES | | |
| 5. OTHER COSTS. | | |
| 6. ADD LINES 1 THROUGH 5 | | 3,097,744 |
| 7. INVENTORY AT END OF YEAR | | 114,992 |
| 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) | | 2,982,752 |

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 2

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|---------------------------------|---------------------|-----------|-----------------|-------------------|
| | | | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 556. | 0. | 0. | 500. |
| TOTAL TO FORM 199, PAGE 2, LN 6 | 556. | 0. | 0. | 500. |

CA 199

OTHER INCOME

STATEMENT 3

| DESCRIPTION | AMOUNT |
|------------------------------------|------------|
| RECREATION PROGRAMMING | 192,173. |
| STUDENT PROGRAMS | 196,496. |
| CONTRACT SERVICES | 108,000. |
| OTHER PROGRAM REVENUE | 946,208. |
| TOTAL TO FORM 199, PART II, LINE 7 | 1,442,877. |

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 4

ACTIVITY CLASSIFICATION: FINANCIAL AID ASSISTANCE

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------------------|--|-------------------------|---------------|
| CALIFORNIA STATE UNIVERSITY, CHICO | 400 WEST FIRST STREET - CHICO, CA 95929 | RELATED ORGANIZATION | 483,885. |

TOTAL FOR THIS ACTIVITY

483,885.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

483,885.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 5

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|--|-------------------------------------|--------------|
| JARED GEISER 400 W 1ST STREET CHICO, CA 95929 | EXECUTIVE VICE PRESIDENT 10.00 | 0. |
| ALEXANDRA WILLIAMS 400 W 1ST STREET CHICO, CA 95929 | VP FOR BUSINESS & FINANCE 10.00 | 2,970. |
| SAMUEL AKINWANDE 400 W 1ST STREET CHICO, CA 95929 | DIRECTOR OF UNIVERSITY AFF 5.00 | 0. |
| ELIZABETH BLACKFORD 400 W 1ST STREET CHICO, CA 95929 | DIRECTOR OF LEGISLATIVE AF 5.00 | 0. |
| DYLAN GRAY 400 W 1ST STREET CHICO, CA 95929 | PRESIDENT 20.00 | 7,354. |
| ALISHA SHARMA 400 W 1ST STREET CHICO, CA 95929 | EXECUTIVE VICE PRESIDENT 10.00 | 10,960. |
| TAYLOR ROGERS 400 W 1ST STREET CHICO, CA 95929 | VP FOR BUSINESS & FINANCE 10.00 | 10,394. |
| ZACKARY SCOTT 400 W 1ST STREET CHICO, CA 95929 | VP FOR FACILITIES & SERVIC 10.00 | 10,394. |
| KARLA CAMACHO 400 W 1ST STREET CHICO, CA 95929 | DIRECTOR OF UNIVERSITY AFF 5.00 | 7,920. |
| DR. MILTON LANG 400 W 1ST STREET CHICO, CA 95929 | CSUC, VP FOR STUDENT AFFAI 2.00 | 0. |
| ROBBI STIVERS 400 W 1ST STREET CHICO, CA 95929 | CSUC, VP FOR BUSINESS & FI 2.00 | 0. |

ASSOCIATED STUDENTS OF CALIFORNIA STATE

94-1254630

| | | |
|--|-------------------------------------|-----------------|
| TEODORA DELORENZO 400 W 1ST STREET CHICO, CA 95929 | CSUC FACULTY MEMBER 2.00 | 0. |
| DANIEL O'DONNELL 400 W 1ST STREET CHICO, CA 95929 | DIRECTOR OF LEISLATIVE AFF 5.00 | 6,034. |
| JAMIE CAMAREN 400 W 1ST STREET CHICO, CA 95929 | ASSOCIATE EXECUTIVE DIRECT 40.00 | 123,944. |
| SUSAN JENNINGS 400 W 1ST STREET CHICO, CA 95929 | FINANCIAL DIRECTOR 40.00 | 123,052. |
| DAVID BUCKLEY 400 W 1ST STREET CHICO, CA 95929 | EXECUTIVE DIRECTOR 40.00 | 191,877. |
| TOTAL TO FORM 199, PART II, LINE 11 | | <u>494,899.</u> |

| CA 199 | OTHER EXPENSES | STATEMENT 6 |
|-------------------------------------|----------------|-------------------|
| DESCRIPTION | | AMOUNT |
| STUDENT PROG/OP COSTS | | 1,657,097. |
| SPONSORED PRGM DISBMTS | | 694,082. |
| OP AGREEMENT-CSUC | | 545,532. |
| MISCELLANEOUS | | 453,008. |
| PENSION PLAN CONTRIBUTIONS | | 621,567. |
| OTHER EMPLOYEE BENEFITS | | 1,251,198. |
| LEGAL FEES | | 7,133. |
| ACCOUNTING FEES | | 61,858. |
| OTHER PROFESSIONAL FEES | | 391,467. |
| ADVERTISING AND PROMOTION | | 34,774. |
| OFFICE EXPENSES | | 1,415,823. |
| TRAVEL | | 144,520. |
| INSURANCE | | 166,685. |
| ALL OTHER EXPENSES | | -826,595. |
| TOTAL TO FORM 199, PART II, LINE 17 | | <u>6,618,149.</u> |

| CA 199 | OTHER INVESTMENTS | STATEMENT 7 | |
|---------------------------------------|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| BROKERED CERTIFICATES OF DEPOSIT | | 2,000,000. | 2,000,000. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | | 2,000,000. | 2,000,000. |

| CA 199 | OTHER ASSETS | STATEMENT 8 | |
|--|--------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 90,277. | 98,102. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | | 90,277. | 98,102. |

| CA 199 | BONDS AND NOTES PAYABLE | STATEMENT 9 | |
|--|-------------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| ESCROW ACCOUNT LIABILITIES | | 11,086. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 16 | | 11,086. | 0. |

| CA 199 | OTHER LIABILITIES | STATEMENT 10 | |
|--|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| POSTRETIREMENT BENEFIT OBLIGATION | | 1,199,691. | 406,143. |
| DEFERRED REVENUE | | 145,325. | 279,783. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | | 1,345,016. | 685,926. |

| CA 199 | EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN | STATEMENT 11 |
|---|---|--------------|
| DESCRIPTION | | AMOUNT |
| PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS | | 981,169. |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 | | 981,169. |

CA 199

INCOME RECORDED ON BOOKS THIS YEAR
NOT INCLUDED IN THIS RETURN

STATEMENT 12

DESCRIPTION

AMOUNT

CAMPUS PROGRAM RECEIPTS

10,040.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 7

10,040.