**2022** 

## California Exempt Organization Annual Information Return

228941 01-10-23 FORM

199

Cal	endar Year	2022 or fiscal year beginning (mm/dd/yyyy)	07/01/2	022	, and endin	ıg (mm/dd/yy	yy)	06/3	0/2023	
Cor	poration/Orga	anization name				Ca	lifornia corp	oration number	er	
A	SSOCI	ATED STUDENTS OF CALIF	ORNIA STA	ΤE						
UI	VIVER	SITY, CHICO					0190	223		
Add	ditional inform	ation. See instructions.				F	EIN		_	
_							1	**463	0	
	eet address (s						PMB no.			
		1ST STREET				State	ZIP code			
City							9592			
_	HICO eign country r	nama	Foreign province/state	a/county		CA		ostal code		
1 01	cigii couria y i	ane	Torcign province/state	, county			1 oreign p	ostal code		
A	First retur	n	Yes X No	I Did th	e organization h	nave any chan	iges to its	guidelines		
В	Amended				-	-	-	-	2 • <b>X</b> Yes	☐ No
C	IRC Secti	on 4947(a)(1) trust		<b>J</b> If exer	npt under R&T(	C Section 237	701d, has 1	the organiza	ation	
D	Final info	rmation return?			ed in political ad					X No
	• 🔲 1	Dissolved Surrendered (Withdrawn)	Merged/Reorganized	<b>K</b> Is the	organization ex	empt under F	R&TC Sect	ion 23701g	ŋ? ●  Yes	X No
		(mm/dd/yyyy) •		If "Yes	," enter the gros	ss receipts fro	om nonme	ember sourc		
E							• Yes	X No		
F		eturn filed? (1) ● X 990T (2) ● 990PF (3)	• Sch H ( 990)		e organization f					
		Other 990 series		report	taxable income	?			• X Yes	L No
G		group filing? See instructions							- C	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Н		ganization in a group exemption	Yes A No		IRS audited in a prior year?  O Is federal Form 1023/1024 pending?  Yes X No					
	ii yes, w	/hat is the parent's name?			led with IRS _				Yes	A NO
				Date II	ieu willi ino _					
P	art I c	omplete Part I unless not required to file this fo	rm. See General Info	ormation B	and C.					
		1 Gross sales or receipts from other sources	s. From Side 2, Part I	I, line 8			•	1	20,580,8	38 00
		2 Gross dues and assessments from member	ers and affiliates					2		00
		3 Gross contributions, gifts, grants, and sim	ilar amounts received	i		STMT	1 •	3	1,149,3	346 <u>00</u>
	Receipts	4 Total gross receipts for filing requirement		-						
	and	This line must be completed. If the result							21,730,1	L <b>8 4</b>   00
R	evenues	5 Cost of goods sold ST				<u>,953,7</u>				
		6 Cost or other basis, and sales expenses of					71 00		2 054 /	107
		7 Total costs. Add line 5 and line 6						7	2,954,4 18,775,6	
_		<ul><li>8 Total gross income. Subtract line 7 from li</li><li>9 Total expenses and disbursements. From S</li></ul>							18,306,9	
E	xpenses	10 Excess of receipts over expenses and disb						10	468,7	
_		•	ursements. Subtract					11	10077	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 lin	e 11		•	13		00
F	iling Fee	14 Use tax balance. If line 12 is more than line						14		00
		15 Penalties and interest. See General Inform	ation J					15		00
_		16 Balance due. Add line 12 and line 15. The Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer (c	n subtract line 11 fro	m the resu	lt			16	and ballof	00
Sig	<sub>in</sub>	it is true, correct, and complete. Declaration of preparer (c	other than taxpayer) is bas	sed on all info	rmation of which p	preparer has any	knowledge	s.	and belief,	
He		Signature _		Title		Date		[•1	Telephone	
_		of officer		AS PI	RESIDEN'	T			PTIN	
		Preparer's DEDDA D CMTEIL	CD A			Check		1 .		
D-	: .	Preparer's signature ▶ DEBRA D. SMITH,	CPA		01/29/	∠4 seif-e	mployed		0646873 Firm's FEIN	
Pa		Firm's name (or yours, ALDRICH CPAS AND	ם מחוודפהם פ	Ţ.T. 🗅	ı				-***3286	5
	eparer's e Only	if self- employed) 1903 WRIGHT PLAC		, 1111					Telephone	•
US	Comy	and address CARLSBAD, CA 920	-					(7	60) 431-	-8440
_		May the FTB discuss this return with the prepare		instruction	IS		• X		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.

228951 01-10-23

		1	Gross sales or receipts from all b	ousiness activities. See instruc	ctions	•	1	9,981,781 00
		2	Interest			•	2	527,661 00
		3	Dividends				3	00
Rece	ipts	4	Gross rents			•	4	00
from		5	Gross royalties			•	5	00
Othe	r	6	Gross amount received from sale	e of assets (See instructions)	ST	ATEMENT 5 •	6	3,070 00
Sour	ces	7	Other income		SEE STA	ATEMENT 6 •	7	10,068,326 00
		8	Total gross sales or receipts from	m other sources. Add line 1 th	rough line 7. Enter here and	on Side 1, Part I, line 1	8	20,580,838 00
		9	Contributions, gifts, grants, and	similar amounts paid	ST	ATEMENT 7 •	9	222,665 00
		10	Disbursements to or for member	rs		•	10	00
		11	Disbursements to or for member Compensation of officers, director	ors, and trustees	SEE STA	ATEMENT 8 •	11	471,891 00
		12	Other salaries and wages			•	12	9,352,095 00
Expe	nses	13	Interest				13	00
and		14	Taxes			•	14	00
Disb	urse-	15	Rents			•	15	877,928 00
ment	ts	16	Depreciation and depletion (See	instructions)		•	16	545,279 <sub>00</sub>
		17	Depreciation and depletion (See Other expenses and disbursemen	nts	SEE STA	ATEMENT 9 •	17	6,837,123 00
			Total expenses and disbursemer	nts. Add line 9 through line 17	. Enter here and on Side 1, Pa	art I, line 9	18	18,306,981 00
Sch	nedu	le L	Balance Sheet	Beginning of	taxable year	End	of tax	able year
Asse				(a)	(b)	(c)	_	(d)
					2,128,248			• 1,227,161
			s receivable		1,034,151			• 1,670,740
			ceivable		05.041			105 600
					85,941			• 105,692
			state government obligations					•
			in other bonds					•
			in stock					•
	Mortga		ans ments STMT 10		22,731,831			• 24,197,663
10	n Dani	raciah	lle assets	8,429,505		8,891,2	70	24,177,003
10 (	<b>а</b> Бері <b>ь</b> Гасс	20011	mulated depreciation	( 6,318,736)	2,110,769			2,128,415
					2,110,700	( 0,702,03		<u>Z,120,413</u>
10 (	Lanu Othar a	te	STMT 11		111,457			• 76,688
				·	28,202,397			29,406,359
			et worth		20/202/33/			23 / 100 / 333
			yable		1,936,550			• 1,829,578
			s, gifts, or grants payable		2/300/000			•
			notes payable					•
			payable					•
18 (	Other li	iahiliti	ies STMT 12		284,199			1,621,915
19 (	Canital	stock	c or principal fund					•
			tal surplus. Attach reconciliation					•
			nings or income fund		25,981,648			• 25,954,866
			ies and net worth		28,202,397			29,406,359
	nedu			per books with income per re	turn	•		
			Do not complete this sched	dule if the amount on Schedul		ss than \$50,000.		
			per books	• −26,	782 7 Income recorded	d on books this year		
			me tax		not included in t	his return. Attach schedul	le	•
			pital losses over capital gains		8 Deductions in th	is return not charged		
			recorded on books this year.		against book inc	ome this year.		
			dule					•
			corded on books this year not			and line 8		
			this return. Attach schedule		-46			160 565
6	Total. <i>F</i>	Add lir	ne 1 through line 5	468,		rom line 6		468,716
				* SEE	STATEMENT			

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
CALIFORNIA DEPARTMENT OF EDUCATION	1430 N STREET SACRAMENTO, CA 95814		842,995.	
CALIFORNIA STATE UNIVERSITY, CHICO	400 WEST FIRST STREET CHICO, CA 95929		180,000.	
CHICO STATE ENTERPRISE	25 MAIN STREET, SUITE 103, 203, 206 CHICO, CA 95928		125,212.	
TOTAL INCLUDED ON LINE 3			1,148,207.	

CA 199 EXPLANATION FOR QUESTION I STATEMENT 2

BY-LAWS WERE REVISED 9/11/23.

FORM 199		OF GOODS SOLD ON PART I, LINE	5	STATEMENT 3
COST OF GOODS SOLD				
1. INVENTORY AT BEGINNIN	G OF YEAR			
<ol> <li>MERCHANDISE PURCHASED</li> <li>COST OF LABOR</li> <li>MATERIALS AND SUPPLIE</li> <li>OTHER COSTS</li> <li>ADD LINES 1 THROUGH 5</li> </ol>	S		2,953,716	2,953,716
7. INVENTORY AT END OF Y	EAR			
8. COST OF GOODS SOLD (L	INE 6 LESS	SS LINE 7)		2,953,716

CA 199 COST OF (	GOODS SOLD - (	OTHER CO	DSTS	S	TATEMENT 4
DESCRIPTION					AMOUNT
					2,953,716.
TOTAL INCLUDED ON FORM 199, PART	I, LINE 5				2,953,716.
CA 199 GROSS AMO	OUNT FROM SAL	E OF ASS	SETS	s	TATEMENT 5
DESCRIPTION	DA' ACQU		DAT SOL		THOD UIRED
FIXED ASSETS				PUR	CHASED
	COST OR OTHER BASIS	DEPRE	c.	EXPENSE OF SALE	GROSS SALES PRICE
	771.		0.	0.	3,070.
TOTAL TO FORM 199, PAGE 2, LN 6	771.		0.	0.	3,070.
CA 199	OTHER INCOM	E		S	TATEMENT 6
DESCRIPTION					AMOUNT
ADVERTISING AND EVENT RENTALS WREC GUEST PASSES RECREATION PROGRAMMING OTHER PROGRAM REVENUE STUDENT AND CAMPUS PROGRAMS STUDENT ACTIVITY FEES AUXILIARY ACTIVITIES FUNDS					5,805. 16,238. 10,052. 261,703. 236,448. 9,435,576. 102,504.

CA 199	CASH CONTRIBUT AND SIMILA	'IONS, GIFTS, R AMOUNTS PA		STATEMENT 7
ACTIVITY CLASSIFICAT	'ION: SCHOLARSHIPS			
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT
CALIFORNIA STATE UNIVERSITY, CHICO	400 WEST FIRST S CHICO, CA 95929	TREET -	RELATED	222,665.
	TOTAL FOR THIS A	CTIVITY		222,665.
TOTAL INCLUDED ON FO	RM 199, PART II, L	INE 9		222,665.
CA 199 COMPENS	SATION OF OFFICERS,	DIRECTORS A	ND TRUSTEES	STATEMENT 8
NAME AND ADDRESS		TITLE AVERAGE HRS		COMPENSATION
ANN SHERMAN 400 W 1ST STREET CHICO, CA 95929		CSUC, VP FO	PR BUSINESS & FI	0.
TRACY BUTTS 400 W 1ST STREET CHICO, CA 95929		CSUC FACULT 2.0		0.
JAMIE CAMAREN 400 W 1ST STREET CHICO, CA 95929		EXECUTIVE D		164,395.
ISAAC BRUNDAGE 400 W 1ST STREET CHICO, CA 95929		CSUC, VP FO	R STUDENT AFFAI	0.
KATRINA LEACH 400 W 1ST STREET CHICO, CA 95929		FINANCIAL D		153,275.
CURTIS SICHENEDER 400 W 1ST STREET CHICO, CA 95929		ASSOCIATE E	XECUTIVE DIRECT	154,221.

ASSOCIATED STUDENTS OF CALIFORNIA STA	\TE	**-***4630
NANCY MANTLE 400 W 1ST STREET CHICO, CA 95929	MARKETING & DESIGN ASST. D 40.00	0.
LEAH MERCER 400 W 1ST STREET CHICO, CA 95929	HR DIRECTOR 40.00	0.
VINCENT SY 400 w 1ST STREET CHICO, CA 95929	VP OF FACILITIES & SERVICE 10.00	0.
ALLISON WAGNER 400 W 1ST STREET CHICO, CA 95929	EXECUTIVE VICE PRESIDENT 10.00	0.
AUTUMN ALANIZ-WIGGINS 400 W 1ST STREET CHICO, CA 95929	PRESIDENT 20.00	0.
JADE TSAO 400 W 1ST STREET CHICO, CA 95929	EXECUTIVE VICE PRESIDENT 10.00	0.
JOHNATHAN MONTES 400 W 1ST STREET CHICO, CA 95929	VP OF BUSINESS & FINANCE 10.00	0.
MICHELLE DAVIS 400 W 1ST STREET CHICO, CA 95929	VP OF FACILITIES & SERVICE 10.00	0.
KRYSTAL ALVAREZ 400 W 1ST STREET CHICO, CA 95929	PRESIDENT 20.00	0.
CHRISTIAN SULLIVAN 400 W 1ST STREET CHICO, CA 95929	DIRECTOR OF SOCIAL JUSTICE 5.00	0.
AUTUMN ALANIZ-WIGGINS 400 W 1ST STREET CHICO, CA 95929	DIRECTOR OF SOCIAL JUSTICE 5.00	0.
MIA ARISMAN 400 W 1ST STREET CHICO, CA 95929	DIRECTOR OF ACADEMIC AFFAI 5.00	0.

ALLISON WAGNER 400 W 1ST STREET CHICO, CA 95929

## DIRECTOR OF ACADEMIC AFFAI 5.00

0.

TOTAL TO FORM 199, PART II, LINE 11

471,891.

CA 199	OTHER	EXPENSES		STATEMENT 9
DESCRIPTION				AMOUNT
STUDENT PROGRAMMING				1,006,748
SUPPLIES/SMALL EQUIPMEN				634,955
REPAIRS AND MAINTENANCE				494,114
MISCELLANEOUS				159,178
PENSION PLAN CONTRIBUTIONS				1,064,779
OTHER EMPLOYEE BENEFITS				2,142,955
LEGAL FEES				2,420
ACCOUNTING FEES				75,103
OTHER PROFESSIONAL FEES				517,789
ADVERTISING AND PROMOTION				34,968
OFFICE EXPENSES				117,908
TRAVEL				124,402
INSURANCE				310,751
ALL OTHER EXPENSES				151,053
TOTAL TO FORM 199, PART II, LIN	NE 17			6,837,123
		NVESTMENTS		6,837,123 STATEMENT 10
CA 199		NVESTMENTS	BEG. OF YEAR	
CA 199  DESCRIPTION		NVESTMENTS		STATEMENT 10 END OF YEAR
TOTAL TO FORM 199, PART II, LIN  CA 199  DESCRIPTION  LOCAL AGENCY INVESTMENT FUND  TOTAL TO FORM 199, SCHEDULE L,	OTHER I	NVESTMENTS	BEG. OF YEAR	STATEMENT 10  END OF YEAR  24,197,663
CA 199  DESCRIPTION  LOCAL AGENCY INVESTMENT FUND	OTHER I	NVESTMENTS	BEG. OF YEAR 22,731,831.	STATEMENT 10  END OF YEAR  24,197,663
CA 199  DESCRIPTION  LOCAL AGENCY INVESTMENT FUND	OTHER I	NVESTMENTS ASSETS	BEG. OF YEAR 22,731,831.	STATEMENT 10  END OF YEAR  24,197,663
CA 199  DESCRIPTION  LOCAL AGENCY INVESTMENT FUND  TOTAL TO FORM 199, SCHEDULE L,	OTHER I		BEG. OF YEAR 22,731,831.	STATEMENT 10  END OF YEAR  24,197,663  24,197,663
CA 199  DESCRIPTION  LOCAL AGENCY INVESTMENT FUND  TOTAL TO FORM 199, SCHEDULE L,	OTHER I		BEG. OF YEAR 22,731,831. 22,731,831.	STATEMENT 10  END OF YEAR  24,197,663  24,197,663  STATEMENT 11  END OF YEAR

CA 199 OTHER LIABII	LITIES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
POST RETIREMENT BENEFIT OBLIGATION	229,243.	252,010.
PENSION OBLIGATION	0.	1,002,378
ACCOUNTS PAYABLE - RELATED PARTIES	0.	231,326
DEFERRED REVENUE	54,956.	136,201.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	284,199.	1,621,915.
CA 199 EXPENSES RECORDED ON I NOT DEDUCTED IN '		STATEMENT 13
DESCRIPTION		AMOUNT
PENSION CHANGES OTHER THAN NET PERIODIC BEN	EFIT COST	53,088.
POSTRETIREMENT BENEFIT CHANGES OTHER THAN N BENEFIT COST	ET PERIODIC	442,410.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		405 400
TOTAL TO TOTAL 1997 DOMEDONE IT 17 DIAL 5		495,498.
CA 199 FUND BALAI	NCES	STATEMENT 14
CA 199 FUND BALAI		STATEMENT 14
CA 199 FUND BALAI DESCRIPTION	BEG. OF YEAR	STATEMENT 14 END OF YEAR
		STATEMENT 14 END OF YEAR