

2024

California Exempt Organization
Annual Information Return

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 07/01/2024, and ending (mm/dd/yyyy) 06/30/2025

Corporation/Organization name

ASSOCIATED STUDENTS OF CALIFORNIA STATE
UNIVERSITY, CHICO

California corporation number

0190223

Additional information. See instructions.

FEIN

-*4630

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	<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 STMT 2	<input checked="" type="checkbox"/> Yes <input 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? If "Yes," enter the gross receipts from nonmember sources \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return?		L Is the organization a limited liability company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized		M Did the organization file Form 100 or Form 109 to report taxable income?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Enter date: (mm/dd/yyyy)		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
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		O Is federal Form 1023/1024 pending? Date filed with IRS	<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			
G Is this a group filing? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H Is this organization in a group exemption? If "Yes," what is the parent's name?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	22,222,473	00
	2	Gross dues and assessments from members and affiliates	•	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	•	3	1,083,307	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	•	4	23,305,780	00
	5	Cost of goods sold STMT 4 STMT 3	•	5	2,912,201	00
	6	Cost or other basis, and sales expenses of assets sold	•	6	2,641	00
	7	Total costs. Add line 5 and line 6	•	7	2,914,842	00
	8	Total gross income. Subtract line 7 from line 4	•	8	20,390,938	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	18,971,790	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	1,419,148	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	Date	• Telephone		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	• PTIN	
	DEBRA D. SMITH, CPA		01/21/26	<input type="checkbox"/>	P00646873	
	Firm's name (or yours, if self-employed) and address		• Firm's FEIN			
	ALDRICH CPAS AND ADVISORS, LLP 1903 WRIGHT PLACE, #180 CARLSBAD, CA 92008		**-***3286			
				• Telephone	(760) 431-8440	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

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428951 01-14-25

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	10,085,967	00
	2	Interest	•	2	1,087,637	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)	•	6	950	00
	7	Other income. Attach schedule	•	7	11,047,919	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	22,222,473	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	607,613	00
	10	Disbursements to or for members.	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	495,696	00
	12	Other salaries and wages	•	12	9,584,959	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15	798,832	00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other expenses and disbursements. Attach schedule	•	17	7,484,690	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	18,971,790	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		5,642,290	•	10,945,712
2	Net accounts receivable		1,258,862	•	1,432,280
3	Net notes receivable			•	
4	Inventories		121,823	•	147,015
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans			•	
9	Other investments. Attach schedule *		20,186,038	•	16,428,096
10 a	Depreciable assets	9,957,396		10,312,205	
b	Less accumulated depreciation	7,197,001	2,760,395	7,449,704	2,862,501
11	Land			•	
12	Other assets. Attach schedule STMT 11		81,513	•	94,760
13	Total assets		30,050,921		31,910,364
Liabilities and net worth					
14	Accounts payable		1,609,166	•	2,181,115
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule STMT 12		734,981		603,327
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		27,706,774	•	29,125,922
22	Total liabilities and net worth		30,050,921		31,910,364

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	•	1,419,148	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		1,419,148
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		1,419,148				

* 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		406,637.
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	744 P STREET SACRAMENTO, CA 95814		673,080.
TOTAL INCLUDED ON LINE 3			1,079,717.

CA 199	EXPLANATION FOR QUESTION I	STATEMENT 2
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RESTATED BYLAWS OF THE ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY,
CHICO WERE APPROVED AND ADOPTED BY THE BOARD OF DIRECTORS OF THE CORPORATION ON
MAY 7, 2025.

FORM 199	COST OF GOODS SOLD INCLUDED ON PART I, LINE 5	STATEMENT 3
COST OF GOODS SOLD		
1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	2,912,201	
6. ADD LINES 1 THROUGH 5		2,912,201
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		2,912,201

CA 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION		AMOUNT
		2,912,201.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		2,912,201.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS		STATEMENT 5	
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIXED ASSETS			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	371,221.	371,221.	2,641.	950.
TOTAL TO FORM 199, PAGE 2, LN 6	371,221.	371,221.	2,641.	950.

CA 199	OTHER INCOME		STATEMENT 6	
DESCRIPTION			AMOUNT	
WREC GUEST PASSES			42,796.	
ADVERTISING AND EVENT RENTALS			18,175.	
RECREATION PROGRAMMING			1,435.	
STUDENT ACTIVITY FEES			9,999,759.	
OTHER PROGRAM REVENUE			581,959.	
STUDENT AND CAMPUS PROGRAMS			288,459.	
AUXILIARY ACTIVITIES FUNDS			115,336.	
TOTAL TO FORM 199, PART II, LINE 7			11,047,919.	

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 7

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA STATE UNIVERSITY, CHICO	400 WEST FIRST STREET - CHICO, CA 95929	RELATED	607,613.

TOTAL FOR THIS ACTIVITY

607,613.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

607,613.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JAMIE CAMAREN (CLYDE) 400 W 1ST STREET CHICO, CA 95929	EXECUTIVE DIRECTOR 20.00	127,457.
ISAAC BRUNDAGE 400 W 1ST STREET CHICO, CA 95929	CSUC, VP FOR STUDENT AFFAI 2.00	0.
TRACY BUTTS 400 W 1ST STREET CHICO, CA 95929	CSUC FACULTY MEMBER 2.00	0.
JONATHAN SIMMONS 400 W 1ST STREET CHICO, CA 95929	ASSOCIATE EXECUTIVE DIRECT 40.00	191,288.
KATRINA LEACH 400 W 1ST STREET CHICO, CA 95929	FINANCIAL SERVICES DIRECTO 40.00	175,152.
TERESA CLEMENTS 400 W 1ST STREET CHICO, CA 95929	WILDCAT RECREATION CENTER 40.00	0.

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LEAH MERCER 400 W 1ST STREET CHICO, CA 95929	HR DIRECTOR 40.00	0.
SHARLEEN KRATER 400 W 1ST STREET CHICO, CA 95929	DIRECTOR, AS PROGRAMS 40.00	0.
MARCELLA MENDOZA PATTERSON 400 W 1ST STREET CHICO, CA 95929	EXECUTIVE DIRECTOR - INTER 40.00	1,799.
TIA SAUNDERS, DEFACTO OFFICER 400 W 1ST STREET CHICO, CA 95929	CURRENT AS PRESIDENT 0.00	0.
VINCENT SY 400 W 1ST STREET CHICO, CA 95929	VP OF FACILITIES & SERVICE 10.00	0.
AUTUMN ALANIZ-WIGGINS 400 W 1ST STREET CHICO, CA 95929	PRESIDENT 20.00	0.
JAIDEN GRIVETTE 400 W 1ST STREET CHICO, CA 95929	VP OF FACILITIES & SERVICE 10.00	0.
JOHNATHAN MONTES 400 W 1ST STREET CHICO, CA 95929	VP OF BUSINESS & FINANCE 10.00	0.
CHRIS SULLIVAN 400 W 1ST STREET CHICO, CA 95929	PRESIDENT 20.00	0.
RISHIKA TYAGI 400 W 1ST STREET CHICO, CA 95929	VP OF BUSINESS & FINANCE 10.00	0.
AARON SCHWARTZ 400 W 1ST STREET CHICO, CA 95929	EXECUTIVE VICE PRESIDENT 10.00	0.
ALLISON WAGNER 400 W 1ST STREET CHICO, CA 95929	EXECUTIVE VICE PRESIDENT 10.00	0.

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AISHU GOWDA 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.
DEV KACHIWALA 400 W 1ST STREET CHICO, CA 95929	DIRECTOR OF ACADEMIC AFFAI 5.00	0.
TOTAL TO FORM 199, PART II, LINE 11		495,696.

CA 199	OTHER EXPENSES	STATEMENT 9
DESCRIPTION	AMOUNT	
DEPRECIATION EXPENSE	621,283.	
STUDENT PROGRAMMING	823,666.	
SUPPLIES/SMALL EQUIPMEN	743,481.	
MISCELLANEOUS	368,122.	
REPAIRS AND MAINTENANCE	350,014.	
PENSION PLAN CONTRIBUTIONS	969,261.	
OTHER EMPLOYEE BENEFITS	2,072,585.	
LEGAL FEES	10,220.	
ACCOUNTING FEES	88,853.	
OTHER PROFESSIONAL FEES	569,110.	
ADVERTISING AND PROMOTION	48,469.	
OFFICE EXPENSES	152,604.	
TRAVEL	161,990.	
INSURANCE	505,032.	
TOTAL TO FORM 199, PART II, LINE 17	7,484,690.	

CA 199	OTHER INVESTMENTS	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LOCAL AGENCY INVESTMENT FUND	20,186,038.	16,428,096.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	20,186,038.	16,428,096.

CA 199	OTHER ASSETS	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	81,513.	94,760.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	81,513.	94,760.

CA 199	OTHER LIABILITIES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PENSION OBLIGATION	408,422.	252,837.
ACCOUNTS PAYABLE - RELATED PARTIES	174,457.	226,782.
DEFERRED REVENUE	152,102.	123,708.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	734,981.	603,327.

CA 199	FUND BALANCES	STATEMENT 13
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	27,706,774.	29,125,922.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	27,706,774.	29,125,922.