

California Exempt Organization Annual Information Return

Calendar Year 2012 or fiscal year beginning month **JULY** day **1** year **2012**, and ending month **JUNE** day **30** year **2013**.

Corporation/Organization Name ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH		California corporation number 0322419	
Address (suite, room, or PMB no.) 1212 BELLFLOWER BOULEVARD, NO. 313W		FEIN 95-1810426	
City LONG BEACH	State CA	ZIP Code 90815	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>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? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O 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</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	14,745,535.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	20,105.00
	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 Instruction B	4	14,765,640.00
	5	Cost of goods sold STMT 2 STMT 1	5	380,571.00
	6	Cost or other basis, and sales expenses of assets sold	6	886,941.00
	7	Total costs. Add line 5 and line 6	7	1,267,512.00
	8	Total gross income. Subtract line 7 from line 4	8	13,498,128.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	12,299,225.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,198,903.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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	<input type="checkbox"/> Telephone
Preparer's signature	Date 05/08/14	Check if self-employed <input type="checkbox"/>	<input type="checkbox"/> PTIN P00485021
Firm's name (or yours, if self-employed) and address AKT LLP 312 S JUNIPER STREET, SUITE 100 ESCONDIDO, CA 92025	<input type="checkbox"/> FEIN 93-0623286 <input type="checkbox"/> Telephone (760) 746-1560		

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	702,267.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	84,571.00	
	4	Gross rents	•	4	451,536.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3 •	6	887,995.00	
	7	Other income	SEE STATEMENT 4 •	7	12,619,166.00	
	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	14,745,535.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5 •	9	300,000.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6 •	11	378,814.00	
	12	Other salaries and wages	•	12	5,125,298.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	00
		15	Rents	•	15	2,067,515.00
		16	Depreciation and depletion (See instructions)	•	16	300,646.00
		17	Other Expenses and Disbursements	SEE STATEMENT 7 •	17	4,126,952.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	12,299,225.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,254,866.		3,152,605.
2 Net accounts receivable		683,253.		665,288.
3 Net notes receivable				
4 Inventories		41,269.		18,615.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 8		1,413,155.		1,559,491.
10 a Depreciable assets	4,270,466.		5,105,630.	
b Less accumulated depreciation	(1,836,245.)	2,434,221.	(2,001,336.)	3,104,294.
11 Land				
12 Other assets STMT 9		15,935.		51,256.
13 Total assets		6,842,699.		8,551,549.
Liabilities and net worth				
14 Accounts payable		760,065.		1,082,439.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 10		6,857,163.		6,959,619.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		-774,529.		509,491.
22 Total liabilities and net worth		6,842,699.		8,551,549.

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	• 1,284,020.	7 Income recorded on books this year not included in this return. STMT 11	• 85,117.
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	85,117.
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	•	Subtract line 9 from line 6	1,198,903.
6 Total. Add line 1 through line 5	1,284,020.		

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 1

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	380,571	
6. ADD LINES 1 THROUGH 5		380,571
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		380,571

FORM 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	2
DESCRIPTION		AMOUNT	
RETAIL SERVICES		41,431.	
GRAPHICS CENTER		2,493.	
RECYCLING CENTER		310,178.	
MISCELLANEOUS		6,497.	
GAMES		18,090.	
INTRAMURAL		1,882.	
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		380,571.	

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
PUBLICLY TRADED SECURITIES			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	857,237.	0.	0.	887,995.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	120,171.	109,348.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	54,936.	36,055.	0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6	1,032,344.	145,403.	0.	887,995.
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FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
STUDENT FEES	10,040,820.
RECOVERED EXPENSE AND USER FEES	2,016,306.
CHILDCARE CENTER	480,083.
RECYCLING CENTER	81,957.
TOTAL TO FORM 199, PART II, LINE 7	12,619,166.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	5
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ACTIVITY CLASSIFICATION: ATHLETIC SCHOLARSHIPS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY OF LONG BEAC	1250 BELLFLOWER BLVD - LONG BEACH, CA 90840	NONE	300,000.

TOTAL FOR THIS ACTIVITY	300,000.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	300,000.
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FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	6
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
JORGE SORIANO 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	CHIEF OF STAFF 20.00	5,900.
JOSE ESPELETA 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	TREASURER 20.00	7,585.
JOHN HABERSTROH 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	PRESIDENT 20.00	16,752.
JONATHAN BOLIN 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	VICE PRESIDENT 20.00	17,742.
IRVING BARCENAS 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	CHIEF PROGRAMMING OFFICER 20.00	14,160.

AGATHA GUCYSKI 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
ROSA VALLE 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
JESSICA CORRAL 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	112.
MANUEL NIETO 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
KALIFA SPROWL 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
ROSE ANN KNIGHT 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	BOARD OF TRUSTEES 7.00	1,296.
PAUL SUTEU. JR 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
JENNIFER PHAN 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
CHARLENE LOU 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
LINH NGUYEN 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
ALEX SANCHEZ 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
DESHE GULLY 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
JOSEPH PHILLIPS 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.

ASHLEY DODGE 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
LEESA KAKUTANI 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	480.
BILAL ZAHEEN 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	480.
JOHNATHAN ONGLATCO 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
DERRICK HARDING 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,120.
JAMIE VARELA 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
ABIIGAIL MEJIA 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
ASHLEY MUGGINS 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
VICTORIA CHUNG 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
BRANDON WHITE 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	1,280.
KAREN DIAZ 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	BOARD OF TRUSTEES 7.00	720.
JENNY SITU 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	BOARD OF TRUSTEES 7.00	720.
NICHOLAS SMITH 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	BOARD OF TRUSTEES 7.00	720.

RICHARD HALLER 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	CHIEF EXECUTIVE DIRECTOR 40.00	155,704.
DAVID EDWARDS 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	ASSOC EXECUTIVE DIRECTOR 40.00	135,483.
TOTAL TO FORM 199, PART II, LINE 11		<u>378,814.</u>

FORM 199	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	AMOUNT
CONTRACTUAL SERVICES	499,285.
STUDENT ORGANIZATION SE	446,816.
PROGRAM SUPPLIES	191,081.
STUDENT STIPENDS	87,249.
OTHER EMPLOYEE BENEFITS	1,998,193.
LEGAL FEES	18,099.
ACCOUNTING FEES	38,983.
INVESTMENT MANAGEMENT FEES	13,239.
ADVERTISING AND PROMOTION	81,151.
OFFICE EXPENSES	260,668.
TRAVEL	31,628.
INSURANCE	189,713.
ALL OTHER EXPENSES	270,847.
TOTAL TO FORM 199, PART II, LINE 17	<u>4,126,952.</u>

FORM 199	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
LONG TERM INVESTMENTS	1,413,155.	1,559,491.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>1,413,155.</u>	<u>1,559,491.</u>

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	15,935.	51,256.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	15,935.	51,256.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCUM POST-RETIREMENT BENEFITS OBLIGATION	6,238,975.	6,255,247.	
FUNDS HELD FOR OTHERS	536,014.	620,724.	
DEFERRED REVENUE	82,174.	83,648.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	6,857,163.	6,959,619.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	11
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		85,117.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		85,117.	