

California Exempt Organization
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) **07/01/2013**, and ending (mm/dd/yyyy) **06/30/2014**

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 Information 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 Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</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	17,134,766.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	27,925.00
	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	17,162,691.00
	5	Cost of goods sold STMT 3 STMT 2	5	371,928.00
	6	Cost or other basis, and sales expenses of assets sold	6	2,668,889.00
	7	Total costs. Add line 5 and line 6	7	3,040,817.00
	8	Total gross income. Subtract line 7 from line 4	8	14,121,874.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	13,843,603.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	278,271.00
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	Signature of officer	Title EXECUTIVE DIRE	Date	<input type="checkbox"/> Telephone <input type="checkbox"/> PTIN
	Preparer's signature	Date 05/05/15	Check if self-employed <input type="checkbox"/>	P00485021
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address AKT LLP 312 S JUNIPER STREET, SUITE 100 ESCONDIDO, CA 92025	FEIN 93-0623286	Telephone (760) 746-1560	
	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.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	708,271.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	52,092.00	
	4	Gross rents	•	4	434,080.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 4 •	6	2,679,402.00	
	7	Other income	SEE STATEMENT 5 •	7	13,260,921.00	
	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	17,134,766.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 6 •	9	300,000.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 7 •	11	451,666.00	
	12	Other salaries and wages	•	12	5,478,612.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	00
		15	Rents	•	15	2,263,399.00
		16	Depreciation and depletion (See instructions)	•	16	426,365.00
		17	Other Expenses and Disbursements	SEE STATEMENT 8 •	17	4,923,561.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	13,843,603.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,152,605.		• 3,291,769.
2 Net accounts receivable		665,288.		• 729,774.
3 Net notes receivable				•
4 Inventories		18,615.		• 49,664.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments	STMT 9	1,559,491.		• 2,594,749.
10 a Depreciable assets	5,105,630.		5,451,783.	
b Less accumulated depreciation	(2,001,336.)	3,104,294.	(2,192,642.)	3,259,141.
11 Land				•
12 Other assets	STMT 10	51,256.		• 40,017.
13 Total assets		8,551,549.		9,965,114.
Liabilities and net worth				
14 Accounts payable		1,082,439.		• 1,250,984.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities	STMT 11	6,959,619.		7,537,012.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		509,491.		• 1,177,118.
22 Total liabilities and net worth		8,551,549.		9,965,114.

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	• 667,627.	7 Income recorded on books this year not included in this return.	STMT 12 • 389,356.
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	389,356.
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	278,271.
6 Total. Add line 1 through line 5	667,627.		

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
NEVER FORGOTTEN FOUNDATION	10805 HOLDER STREET, SUITE 220 CYPRESS, CA 90630		10,000.
TOTAL INCLUDED ON LINE 3			10,000.

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	371,928	
6. ADD LINES 1 THROUGH 5		371,928
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		371,928

FORM 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
DESCRIPTION		AMOUNT	
RETAIL SERVICES		44,324.	
GRAPHICS CENTER		2,462.	
RECYCLING CENTER		302,407.	
MISCELLANEOUS		4,028.	
GAMES		17,547.	
ASI REC		1,160.	
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		371,928.	

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	4
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PUBLICLY TRADED SECURITIES			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	2,598,224.	0.	0.
			GROSS SALES PRICE
			2,679,402.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	43,878.	23,744.	0.
			GROSS SALES PRICE
			0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	261,846.	211,315.	0.
			GROSS SALES PRICE
			0.

TOTAL TO FORM 199, PAGE 2, LN 6	2,903,948.	235,059.	0.	2,679,402.
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FORM 199	OTHER INCOME	STATEMENT	5
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DESCRIPTION	AMOUNT
STUDENT FEES	11,082,129.
RECOVERED EXPENSE AND USER FEES	1,602,271.
CHILDCARE CENTER	538,417.
RECYCLING CENTER	38,104.
TOTAL TO FORM 199, PART II, LINE 7	13,260,921.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	6
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ACTIVITY CLASSIFICATION: ATHLETIC SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
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	7
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOHN HABERSTROH 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	PRESIDENT 20.00	15,356.
JOHNATHON BOLIN 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	VICE PRESIDENT 20.00	15,961.
IRVING BARCENAS 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	CHIEF PROGRAMMING OFFICER 20.00	12,980.
AGATHA GUCYSKI 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	TREASURER 20.00	15,356.
JOSEPH PHILLIPS 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	CHIEF OF STAFF 7.00	16,655.

DANNY HARGREAVES 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
GREGORY RUIZ 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
ALISON ERNST 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
ISSAC PINEDA 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
ERIC ROMERO 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
CHRISTINA VAZQUEZ 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
KEVIN NGUYEN 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	480.
ANDREW SIWABESSY 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
KELLEY BOWEN 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	480.
ALLYSON ROACH 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	670.
FERNANDO BOGARIN 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
JAMES DINWIDDIE 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.
RHEA-COMFORT ADDO 1212 BELLFLOWER BOULEVARD, NO. 313W LONG BEACH, CA 90815	SENATOR 7.00	640.

ANN TRAN	SENATOR	640.
1212 BELLFLOWER BOULEVARD, NO. 313W	7.00	
LONG BEACH, CA 90815		
RAIN GREGORIO	SENATOR	640.
1212 BELLFLOWER BOULEVARD, NO. 313W	7.00	
LONG BEACH, CA 90815		
VANESSA MENDOZA	SENATOR	640.
1212 BELLFLOWER BOULEVARD, NO. 313W	7.00	
LONG BEACH, CA 90815		
DOMINIQUE NOBLE	SENATOR	640.
1212 BELLFLOWER BOULEVARD, NO. 313W	7.00	
LONG BEACH, CA 90815		
GRANT OLIVER	SENATOR	640.
1212 BELLFLOWER BOULEVARD, NO. 313W	7.00	
LONG BEACH, CA 90815		
BRANDON RATNER	SENATOR	640.
1212 BELLFLOWER BOULEVARD, NO. 313W	7.00	
LONG BEACH, CA 90815		
ERIKA SUAREZ	SENATOR	640.
1212 BELLFLOWER BOULEVARD, NO. 313W	7.00	
LONG BEACH, CA 90815		
RICHARD HALLER	CHIEF EXECUTIVE DIRECTOR	168,301.
1212 BELLFLOWER BOULEVARD, NO. 313W	40.00	
LONG BEACH, CA 90815		
DAVID EDWARDS	ASSOC EXECUTIVE DIRECTOR	194,547.
1212 BELLFLOWER BOULEVARD, NO. 313W	40.00	
LONG BEACH, CA 90815		
TOTAL TO FORM 199, PART II, LINE 11		451,666.

FORM 199	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	AMOUNT
STUDENT ORGANIZATION SE	493,821.
PROGRAM SUPPLIES	180,507.
PROFESSIONAL DEVELOPMEN	97,326.
EVENTS	90,276.
OTHER EMPLOYEE BENEFITS	2,353,759.
LEGAL FEES	8,990.
ACCOUNTING FEES	43,664.
INVESTMENT MANAGEMENT FEES	18,734.

OTHER PROFESSIONAL FEES	753,157.
ADVERTISING AND PROMOTION	94,840.
OFFICE EXPENSES	421,958.
TRAVEL	69,641.
INSURANCE	174,893.
ALL OTHER EXPENSES	121,995.
TOTAL TO FORM 199, PART II, LINE 17	4,923,561.

FORM 199	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
LONG TERM INVESTMENTS	1,559,491.	2,594,749.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,559,491.	2,594,749.

FORM 199	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	51,256.	40,017.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	51,256.	40,017.

FORM 199	OTHER LIABILITIES	STATEMENT	11
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCUM POST-RETIREMENT BENEFITS OBLIGATION	6,255,247.	6,682,161.
FUNDS HELD FOR OTHERS	620,724.	756,558.
DEFERRED REVENUE	83,648.	98,293.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	6,959,619.	7,537,012.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	389,356.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	389,356.

FORM 199	FUND BALANCES	STATEMENT 13
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	464,449.	1,131,145.
TEMPORARILY RESTRICTED ASSETS	3,042.	3,973.
PERMANENTLY RESTRICTED ASSETS	42,000.	42,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	509,491.	1,177,118.