2015 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2015 or fiscal year beginning (mm/dd/yyyy) $7/01/2015$, and ending (mm/dd/yyyy) $6/30/2$	2016 ·
Corporation/Or	ASSOC. STUDENTS OF CALIFORNIA STATE UNIV CHANNEL ISLANDS, INC.	California corporation number 2564182
Additional info	mation. See instructions.	FEIN 01-0802914
Street address	(suite or room)	PMB no.
ONE UN	IVERSITY DRIVE State	ZIP code
CAMARII	LLO CA	93012
Foreign country	y name Foreign province/state/county	Foreign postal code
B Amended C IRC Secti D Final Info	Yes X No Yes X No or 4947(a)(1) trust Yes X No or 4947(a)(1) trust Yes X No or 4947(a)(1) trust Yes X No Xe Instructions Return? Solved ● Surrendered (Withdrawn) ● Merged/Reorganized Yes,' enter the gross receipts from nonmember sources Yes, Yes,' enter the gross receipts from nonmember sources Yes, Yes,' enter the gross receipts from nonmember sources Yes, Yes, Yes, Yes, Yes, Yes, Yes, Ye	23701g? • Yes X No \$ 3701d • X Yes X No to report Yes X No
If 'Yes,' v	what is the parent's name? audited in a prior year? P Is federal Form 1023/1024 pending? pare filed with IRS	
not repor	ted to the FTB? See instructions	CACA1112L 12/31/15
raiti	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1 1,776,900.
Receipts and Revenues	Gross dues and assessments from members and affiliates. Gross contributions, gifts, grants, and similar amounts received. 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 Cost of goods sold. Cost or other basis, and sales expenses of assets sold. Total costs. Add line 5 and line 6. Total gross income. Subtract line 7 from line 4.	2 1,000. 4 1,777,900.
	9 Total expenses and disbursements. From Side 2, Part II, line 18	9 1,777,900. 9 1,409,993.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10 367,907.
Filing Fee	12 Use tax. See General Instruction K. 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Filing fee \$10 or \$25. See General Instruction F. 16 Penalties and Interest. See General Instruction J.	11
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	• • • • • • • • • • • • • • • • • • • •
Sign Here	Signature of officer ASSOCIATE VP FOR S.A Date	• Telephone 805 437-8400
Paid Preparer's Use Only	Preparer's signature ROLLAND VASIN Firm's name for yours, if self-employed and address ROLLAND VASIN Preparer's ROLLAND VASIN Preparer's ROLLAND VASIN VASIN, HEYN & COMPANY 5000 N. PARKWAY CALABASAS #201 CALABASAS, CA 91302	PTIN P00644882 FEIN 95-4401626 Telephone
		(818) 222-3500
	May the FTB discuss this return with the preparer shown above? See instructions	. • X Yes No

ASSOC. STUDENTS OF CALIFORNIA STATE UNIV

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.

				•			T -		
		1	Gross sales or receipts from all b	usiness activities. See	instructions	•	2		
		2 Interest							5,246.
Danair		3	Dividends	3					
Receip from)15	4	Gross rents	4					
Other		5	Gross royalties			•	5		
Source	es	6	Gross amount received from sale	of assets (See instruct	ions)	•	6		
		7	Other income. Attach schedule		SEE ST	ATEMENT 1 🔸	7		1,771,654.
		8	8		1,776,900.				
		9	Total gross sales or receipts from other so Contributions, gifts, grants, and similar am	-			9		
		10	Disbursements to or for members				10		
		11	Compensation of officers, director				11		0.
		12	Other salaries and wages				12		<u> </u>
Expen and	ses	13	Interest				13		
and Disbui	rse-	14	Taxes				14	-	
ments		15	Rents			_	15		1,994.
		16	Depreciation and depletion (See i				16	1	4,200.
		17	Other Expenses and Disbursemer						
							18	-	1,403,799.
C - I	-11-		Total expenses and disbursements. Add lin					 	1,409,993.
Sche		L	Balance Sheet	Beginning of			of tax	able	
Assets			-	(a)	(b)	(c)			(d)
					316,801.				485,063.
			receivable		11,589.				97.
			eivable		250,004.				238,019.
-			tate government obligations						
			n other bonds						
			n stock					_	
			NS						
			ents. Attach schedule	00.056		00.0			
			ssets	29,956.	02.656	29,9			10 450
			ated depreciation	6,300.	23,656.	10,5	00.		19,456.
			CTIM 4		1 000 005			_	1 500 500
			Attach schedule		1,223,385.				1,509,760.
					1,825,435.				2,252,395.
			et worth						
			able		86,113.				67 , 738.
			gifts, or grants payable				•		
			tes payable				•		
			yable)	
18 0	ther lia	bilitie	es. Attach schedule		160,047.				237,475.
			or principal fund		1,579,275.		•		1,947,182.
			oital surplus. Attach reconciliation						
			ings or income fund				•	•	
			es and net worth		1,825,435.				2,252,395.
Sche	dule	M- 1	Reconciliation of income per I Do not complete this schedule if			s less than \$50,000			
1 N	let inco	me pe	er books	367,907		books this year not incl			
			ne tax			h schedule		•	
_			ital losses over capital gains		8 Deductions in this r				
		-	corded on books this year.		against book incom	e this year.			
			ile						
5 E	xpense	s reco	orded on books this year not deducted		9 Total. Add line 7 an	d line 8			
			Attach schedule		10 Net income per				
6 T	otal. Ad	dd line	e 1 through line 5	367 , 907.	Subtract line 9	from line 6			367,907.

3652154 **Side 2** Form 199 C1 2015 059 CACA1112L 12/31/15

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California Statements

Page 1

Assoc. Students of California State Univ Client ASICSUCI Channel Islands, Inc.

01-0802914

12/12/16

04:11PM

Statement 1 Form 199, Part II, Line 7 Other Income

Other revenue	\$ 52,581.
Program Service Revenue	1,719,073.
Total	\$ 1,771,654.

Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Alex Yepez One University Drive Camarillo, CA 93012	Chair 1.00	\$ 0.	\$ 0.	\$ 0.
Connor Collins One University Drive Camarillo, CA 93012	Vice Chair 1.00	0.	0.	0.
Monique Reyna One University Drive Camarillo, CA 93012	Vice Chair 1.00	0.	0.	0.
Christopher Bell One University Drive Camarillo, CA 93012	Treasurer 1.00	0.	0.	0.
Toni DeBoni One University Drive Camarillo, CA 93012	Treasurer 1.00	0.	0.	0.
Zachary Valladon One University Drive Camarillo, CA 93012	Secretary 1.00	0.	0.	0.
Stephanie Chavez One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Shayna Barker One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Carisa Arellano One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.

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California Statements

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Assoc. Students of California State Univ Channel Islands, Inc. **Client ASICSUCI**

01-0802914 04:11PM

12/12/16 Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:	Title and		Contri	Ermongo
Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Andrea Naranjo One University Drive Camarillo, CA 93012	Director 1.00	\$ 0.		
Missy Jarnagin One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Leah Alarcon One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Sofia Samatar One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Rhen Bass One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Steven Auclair One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Beatriz Ortiz One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Samantha Albert One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Jeremy Booker One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.
Key Employees: Name	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Toni R. Deboni One University Drive Camarillo, CA 93012	Associate VP for 1	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

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California Statements

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Client ASICSUCI

Assoc. Students of California State Univ Channel Islands, Inc.

01-0802914

Statement 3 Form 199, Part II, Line 17 Other Expenses Accounting Fees Administrative Fees Administrative Fees Advertising and Promotion Awards Chargebacks Conferences, Conventions, and Meetings Dues and Subscriptions Education and Training Equipment Rental & Maintenance Honoraria Hospitality Insurance Office Expenses Outside Services Postage and Shipping Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Telephone Travel Utilities Total \$\frac{3}{2} \] Statement 4 Form 199, Schedule L, Line 12 Other Assets	12,083 71,099 8,649 5,157 9,539 640 673 12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244 28,292
Accounting Fees	71,099 8,649 5,157 9,539 640 673 12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Accounting Fees Administrative Fees Administrative Fees Advertising and Promotion Awards Chargebacks Conferences, Conventions, and Meetings Dues and Subscriptions Education and Training Equipment Rental & Maintenance Honoraria Hospitality Insurance Office Expenses Other fees Outside Services Postage and Shipping Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Telephone Travel Utilities Statement 4 Form 199, Schedule L, Line 12	71,099 8,649 5,157 9,539 640 673 12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Administrative Fees Advertising and Promotion Awards Chargebacks Conferences, Conventions, and Meetings Dues and Subscriptions Equipment Rental & Maintenance Honoraria Hospitality Insurance Office Expenses Other fees Outside Services Postage and Shipping Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Telephone Travel Utilities Statement 4 Form 199, Schedule L, Line 12	71,099 8,649 5,157 9,539 640 673 12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Advertising and Promotion Awards Chargebacks Conferences, Conventions, and Meetings Dues and Subscriptions Education and Training Equipment Rental & Maintenance Idenoraria Hospitality Insurance Diffice Expenses Other fees Dutside Services Postage and Shipping Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Telephone Travel Jtilities Statement 4 Form 199, Schedule L, Line 12	8,649 5,157 9,539 640 673 12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Awards Chargebacks Conferences, Conventions, and Meetings Dues and Subscriptions Education and Training Equipment Rental & Maintenance Honoraria Hospitality Insurance Office Expenses Other fees Dutside Services Postage and Shipping Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Telephone Travel Utilities Total \$ 1	5,157 9,539 640 673 12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Chargebacks Conferences, Conventions, and Meetings Clause and Subscriptions Cducation and Training Equipment Rental & Maintenance Ionoraria Hospitality Insurance Office Expenses Other fees Clutside Services Costage and Shipping Crinting and Publications Cromotional Items Repairs and Maintenance Small Equipment Supplies Relephone Cravel Utilities Total \$\frac{1}{5}\$ Islantes Statement 4 Form 199, Schedule L, Line 12	9,539 640 673 12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
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Dues and Subscriptions Education and Training Education and Educations Education Edu	673 12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Education and Training Equipment Rental & Maintenance Idonoraria Idospitality Insurance Office Expenses Other fees Outside Services Outside Services Orinting and Publications Oromotional Items Repairs and Maintenance Small Equipment Supplies Telephone Travel Utilities Statement 4 Form 199, Schedule L, Line 12	12,300 3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Cquipment Rental & Maintenance Ionoraria Iospitality Insurance Iffice Expenses Other fees Outside Services Oostage and Shipping Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Telephone Travel Utilities Total \$ 1 Statement 4 Form 199, Schedule L, Line 12	3,563 7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Nonoraria Nospitality Nosurance Office Expenses Other fees Outside Services Oostage and Shipping Printing and Publications Oromotional Items Repairs and Maintenance Small Equipment Supplies Celephone Cravel Utilities Total \$ 1	7,473 76,606 2,750 4,532 91,772 785,473 366 22,244
Hospitality Insurance Inffice Expenses Other fees Outside Services Postage and Shipping Printing and Publications Promotional Items Repairs and Maintenance Healt Equipment Hospites Pelephone Horavel Hotal \$ 1	76,606 2,750 4,532 91,772 785,473 366 22,244
Insurance Office Expenses Other fees Outside Services Oostage and Shipping Orinting and Publications Oromotional Items Repairs and Maintenance Small Equipment Supplies Pelephone Oravel Outside Services Oromotional Items Outside Services Outside	2,750 4,532 91,772 785,473 366 22,244
Office Expenses Other fees Outside Services Oostage and Shipping Orinting and Publications Oromotional Items Repairs and Maintenance Small Equipment Supplies Telephone Travel Utilities Statement 4 Form 199, Schedule L, Line 12	4,532 91,772 785,473 366 22,244
Other fees. Outside Services. Oostage and Shipping. Orinting and Publications Oromotional Items Repairs and Maintenance Small Equipment Supplies Telephone Oravel Utilities Statement 4 Form 199, Schedule L, Line 12	91,772 785,473 366 22,244
Outside Services Postage and Shipping Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Pelephone Pravel Utilities Statement 4 Form 199, Schedule L, Line 12	785,473 366 22,244
Postage and Shipping. Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Pravel Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Promotional Equipment Supplies Promotional Equipment Statement 4 Form 199, Schedule L, Line 12	366 22,244
Printing and Publications Promotional Items Repairs and Maintenance Small Equipment Supplies Pravel Statement 4 Form 199, Schedule L, Line 12	22,244
Promotional Items Repairs and Maintenance Small Equipment Supplies Pravel Statement 4 Form 199, Schedule L, Line 12	28 202
Repairs and Maintenance Small Equipment Supplies Celephone Cravel Utilities Total \$ 1	7.0 . 7. 77.
Graphies Capplies Cap	47,657
Supplies Celephone Cravel Utilities Total \$ 1	75,284
Celephone Cravel Utilities Total \$ 1	71,557
Travel	2,737
Total \$\frac{\frac{1}{2}}{2}\$ Statement 4 Form 199, Schedule L, Line 12	39,412
Total <u>§ 1</u> Statement 4 Form 199, Schedule L, Line 12	23,941
Form 199, Schedule L, Line 12	1,403,799
Julei Assets	
Prepaid Expenses and Deferred Charges	1,638 1,508,122
	1,509,760
Statement 5 Form 199, Schedule L, Line 18	
Other Liabilities	
Tunds Held for Others	97,128
Related Party Payables	
Total \$	140,347

ΙN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number 125564		Check if:					
ASSOC. STUDENTS OF CALIFORNIA	☐ Change of address ☐ Amended report						
CHANNEL ISLANDS, INC. Name of Organization			•				
ONE UNIVERSITY DRIVE Address (Number and Street)		Corporate or	Organization No. 2564182				
CAMARILLO, CA 93012		Federal Emplo	yer I.D. No. 01-0802914				
City or Town	State ZIP Code	l Cada Dana					
Make Check	ENEWAL FEE SCHEDULE (11 Ca k Payable to Attorney General's	Registry of Cha	aritable Trusts				
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	F	Fee		
Less than \$25,000 0	Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 millio		150		
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	on \$75	Between \$10,000,001 and \$50 milli Greater than \$50 million		3225 3300		
PART A – ACTIVITIES	1		areater than \$50 million	Ψ	,500		
For your most recent full accounting per	iod (beginning 7/01/15	ending	6/30/16) list:				
Gross annual revenue \$	1,777,900. Total assets	\$	2,252,395.				
PART B - STATEMENTS REGARDIN	G ORGANIZATION DURING	G THE PERI	OD OF THIS REPORT				
Note: If you answer 'yes' to any of the que			providing an explanation and detail	s for e	ach		
'yes' response. Please review RRF-1	instructions for information req	uired.		Voc	No		
1 During this reporting period, were there at	ny contracts, loans, leases or oth	er financial tra	nsactions between the	Yes	<u> </u>		
organization and any officer, director or trust director or trustee had any financial intere	est?	entity in which a	iny such officer,	ΙШ	X		
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?					X		
3 During this reporting period, did non-prog	ram expenditures exceed 50% of	gross revenue	s?		X		
4 During this reporting period, were any organi. Form 4720 with the Internal Revenue Serv	zation funds used to pay any penalt vice, attach a copy.	ty, fine or judgm	ent? If you filed a		X		
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attachme provider.	vices of a commercial fundraiser ent listing the name, address, and te	or fundraising of the second s	counsel for charitable r of the service		X		
6 During this reporting period, did the organiza the name of the agency, mailing address,			de an attachment listing		X		
7 During this reporting period, did the organiza indicating the number of raffles and the d		oses? If 'yes,' pr	rovide an attachment		X		
Does the organization conduct a vehicle dona the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a	attachment indicates with a comm	ating whether lercial fundraiser for		X		
9 Did your organization have prepared an a principles for this reporting period?	udited financial statement in acco	ordance with ge	enerally accepted accounting	X			
Organization's area code and telephone number	er 805 437-8400						
Organization's e-mail address DIANE.MAN	DRAFINA@CSUCI.EDU						
I declare under penalty of perjury that I have e and belief, it is true, correct and complete.	examined this report, including a	ccompanying o	documents, and to the best of my kn	owled	ge		
CIN	DY DERRICO	ASSOCTATE	VP FOR S.A				
	d Name	Title	Date Date				

Date .	Accepted
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Semiplographian name Semiplographian Semip	TAXABLE Y	EAR California e-file Re	turn Authorizat	ion for			FORM
Part I Electronic Return Information (whole dollars only) 1 Total gross recepts (Form 199, line 8) 1 1,777,900. 2 1,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,777,900. 3 7,409,993. 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number 7 Type of account: Checking Savings Part IV Declaration of Officer 1 Authorize the exempt organization's account to be settled as designated in Part III. If I check Part III, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 43. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmittion, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization is fine a balance due return, I undestend that I the randsiss in the first of the fee loability, and can applicable interest and penalties. I authorize the exempt organization will remain liable for the fee loability and all applicable interest and penalties. I authorize the exempt organization will remain liable for the fee loability and all applicable interest and penalties. I authorize the exempt organization will remain liable for the fee loability and all applicable interest and penalties. I authorize the exempt organization will remain liable for the fee loability and all applicable interest and penalties. I authorize the exempt organization will remain liable for the fee loability and all applicable interest and penalties. I authorize the exempt organization	2015	Exempt Organizati	ons				8453-EO
Part Electronic Return Information (whole dollars only) 1 1 1,777,900. 2 1 1 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,777,900. 3 1,409,993.	Exempt Organiz					Identifying numbe	•
1 Total gross receptic (Form 199, line 4) 1 1,777,900. 3 Total expenses and disbursements (Form 199, line 8) 2 1,777,900. 3 Total expenses and disbursements (Form 199, line 9) 3 1,409,993. Part II Settle Your Account Electronically for Taxable Year 2015 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 7 Type of account: Checking Savings Part IV Declaration of Officer Lauthorize the exempt organization's account to be settled as designated in Part III. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a. Under penalties of prierry. I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's corresponding lines of the exempt organization's call the service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's Siling a balance due return. I understand that if the Franchise organization's return or return displaced in the exempt organization's filing a balance due return. I understand that if the Franchise organization's return or return displaced in the service provider in the processing of the cereption will remain liable to the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FIB to disclose to the ERO or intermediate service provider, the reason(s) for the delay. Sign Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. I declare that I have reviewed the above exempt organization's return and that the entires of hore prepared in the return. I have beginned in the prop	Assoc.	Students of California Stat	e Univ			01-080293	L4
2 Total gross income (Form 199, Line 9). 3 Total expenses and disbursements (Form 199, Line 9). 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number 7 Type of account: Checking Savings Part IV Declaration of Officer Lauthorize the exempt organization's account to be settled as designated in Part III. If I check Part II, Box 4, Lauthorize an electronic funds withdrawal for the amount listed on line 4a. Under penalties of periory, I declare that I am an officer of the above evernpt organization and that the information I provided to my electronic funds withdrawal for the amount listed on line 4a. Under penalties of periory, I declare that I am an officer of the above evernpt organization and that the information I provided to my electronic return originates (EPO), therementier, or intermediate service provider and the amounts in Part II above agrees with a memounts in Part II above agrees with a memounts in Part Liberon (EPO), therementier, or intermediate service provider and the amounts in Part II above agrees with a memounts in Part II above agrees with a memount in Part II above agrees	Part I	Electronic Return Information (whole d	ollars only)				
3 Total expenses and disbursements (Form 199, Line 9) 3 1,409,993.							
Part II Settle Your Account Electronically for Taxable Year 2015 4							
## Electronic funds withdrawal ## A mount ## A withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5	3 Total 6	expenses and disbursements (Form 199, Li	ne 9)			3	1,409,993.
Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number	Part II	Settle Your Account Electronically	for Taxable Year 2015	5			
5 Routing number 6 Account number 7 Type of account: Checking Savings Part IV Declaration of Officer Lauthorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, Lauthorize an electronic funds withdrawal for the amount listed on line 4s. Under penalties of perity, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (EPO). transmitter, or information's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return strue, correct, and complete. If the exempt organization is filing a balance due return, Lunderstand that if the Franchise or information and all applicable interest and penalties. Lauthorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the EPO, transmitter, or infermediate service provider, if the processing the exempt organization's return or return dis delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, if the processing the exempt organization's return or return disclose to the ERO or intermediate service provider, if the processing the exempt organization's return or return disclose to the ERO or intermediate service provider, lunderstand that I am not responsible for reviewing the exempt organization's return. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, Lunderstand that I am not responsible for reviewing the exempt organization return. I declare that I have reviewed the above exempt organization's return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB 945, 250 or formation that I will file with the FTB, and I have followed all o	4 El	ectronic funds withdrawal 4a Amount	4b	Withdrawal date	(mm/dd/yyy	y)	
Part IV Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, 1 authorize an electronic funds withdrawal for the amount listed on line 4s. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization seturn is true, correct, and complete. If the exempt organization is filing a balance due return, Lunderstand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider, If the processing of the exempt organization's return or returnd is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay. Sign Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. I declare that I have reviewed the above exempt Organization's return and that the entries on form FTB 8453-EO are complete and correct to return that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return, I have obtained the organization officer's signature on form FTB 8453-EO accurately reflects the data on the return, I have obtained the organization officer's high part of the providers. I will keep force transmitting this return to the HTB. I have provided the organization officer with a copy	Part III	Banking Information (Have you verifie	d the exempt organization's	s banking informati	on?)		
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Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization's feel islainity, the exempt organization's feel islainity, the exempt organization will remain liable for the feel islainity and all applicable interest and penalties. I authorize the exempt organization's feel islainity, the exempt organization will remain liable for the feel islainity and all applicable interest and penalties. I authorize the exempt organization's feel islainity, the exempt organization will remain liable for the feel islainity, and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay. Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. Declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization serturn. I have obtained the organization officer's signature on form FTB 8453-EO Defore transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in the return.) I have obtained the organization of with a part of the exempt organization's return and accompa	Part IV	Declaration of Officer					
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ERO Must Sign Paid Paid Paid Preparer Must FEIN Paid Preparer Must FEIN Paid Preparer Must FEIN Paid Preparer Paid Preparer Must FEIN Paid Preparer Paid Preparer Must FEIN FEIN Paid Preparer's PTIN	return origin correspondi organization' Tax Board (for the fee li statements b	ator (ERO), transmitter, or intermediate seing lines of the exempt organization's 2015 is return is true, correct, and complete. If the effB) does not receive full and timely paymability and all applicable interest and penale transmitted to the FTB by the ERO, transmit	rvice provider and the amou California electronic return. xempt organization is filing a ent of the exempt organizatities. I authorize the exempt ter, or intermediate service pr	unts in Part I above To the best of my balance due return, tion's fee liability, to corganization return ovider. If the proces	e agree with knowledge a I understand he exempt on and accomsing of the exempt or the exempt or and accomsing of the exempt or the exempt of the exempt or t	the amounts of and belief, the that if the Francerganization win panying sche exempt organization	on the exempt chise II remain liable dules and tion's
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I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Preparer's Signature Paid Pr	Dord V	Declaration of Flactuania Batuum O	riginator (EDO) and D	aid Branarar C			
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ERO Must Sign Pool of 44882 Pool of 44882 Pool of 44882	the best of r organization officer's sign forms and in for Authorizathe exempt preparer, ur statements,	my knowledge. (If I am only an intermediated in the second	te service provider, I unders 8 8453-EO accurately reflect itting this return to the FTB re followed all other requirements EO on file for four years er, and I will make a copy are examined the above exe	stand that I am not ts the data on the ; I have provided the ents described in FTI from the due date available to the FTI mpt organization's	responsible return.) I have organizati B Pub. 1345, of the return and a return and a	for reviewing ye obtained the ion officer with 2015 e-file Hann or four years est. If I am als accompanying	the exempt e organization a copy of all dbook s from the date o the paid schedules and
Firm's name (or yours if self-employed) and address Vasin, Heyn & Company Felin			Date		Check	if ERO's F	PTIN
Firm's name (or yours if self-employed) and address Vasin, Neyn & Company 5000 N. Parkway Calabasas #201 95-4401626	EDO.	signature Rolland Vasin	12/12	2/16 also paid preparer	X self- employ	yed P006	344882
Sign address Sum						FEIN	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid preparer's signature Paid preparer's FTIN Paid preparer's FTIN FEIN FEIN FEIN		if self-employed) and 5000 N Parky	vay Calabasas #201				
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For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015