

California Exempt Organization  
Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 7/01/2014, and ending (mm/dd/yyyy) 6/30/2015

Corporation/Organization name ASSOC. STUDENTS OF CALIFORNIA STATE UNIV CHANNEL ISLANDS, INC. California corporation number 2564182

Additional information. See instructions. FEIN 01-0802914

Street address (suite or room) ONE UNIVERSITY DRIVE PMB no.

City CAMARILLO State CA ZIP code 93012

Foreign country name Foreign province/state/county Foreign postal code

**A** First Return  Yes  No  
**B** Amended Return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final Information Return?  Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized  
 Enter date (mm/dd/yyyy)   
**E** Check accounting method:  
 1  Cash 2  Accrual 3  Other  
**F** Federal return filed?  
 1  990T 2  990-PF 3  Sch H (990)  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption?  Yes  No  
 If 'Yes,' what is the parent's name?  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g? If 'Yes,' enter the gross receipts from nonmember sources \$  
**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required   
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**P** Is an IRS Form 1023/1024 pending? Date filed with IRS  Yes  No

CACA1112L 07/30/15

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	1,578,101.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B...	4	1,578,101.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	1,578,101.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	1,310,386.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	267,715.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F.	11	
	12	Total payments.	12	
	13	Penalties and interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	14	
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	

**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: TREASURER Title: TREASURER Date: 5/03/16 Telephone: 805 437-8400

**Paid Preparer's Use Only** Preparer's signature: ROLLAND VASIN Date: 5/03/16 Check if self-employed  PTIN: P00644882

Firm's name (or yours, if self-employed) and address: VASIN, HEYN & COMPANY FEIN: 95-4401626  
5000 N. PARKWAY CALABASAS #201 Telephone: (818) 222-3500  
CALABASAS, CA 91302

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	5,424.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	1,572,677.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	1,578,101.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	2,821.
	16	Depreciation and depletion (See instructions)	●	16	4,200.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	1,303,365.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	1,310,386.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		204,511.	●	316,801.
2	Net accounts receivable		2,350.	●	11,589.
3	Net notes receivable		261,753.	●	250,004.
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets	29,956.		29,956.	
b	Less accumulated depreciation	2,100.	27,856.	6,300.	23,656.
11	Land			●	
12	Other assets. Attach schedule. STM 4		1,011,588.	●	1,223,385.
13	<b>Total assets</b>		1,508,058.		1,825,435.
<b>Liabilities and net worth</b>					
14	Accounts payable		15,379.	●	86,113.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 5		181,119.		160,047.
19	Capital stock or principal fund		1,311,560.	●	1,579,275.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		1,508,058.		1,825,435.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
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	●	267,715.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5.		267,715.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6.		267,715.

5/03/16

11:09AM

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

Other revenue.....	\$	39,738.
Program Service Revenue.....		<u>1,532,939.</u>
Total	\$	<u><u>1,572,677.</u></u>

**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 Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Nsomah Apambire One University Drive Camarillo, CA 93012	Chair 1.00	\$ 0.	\$ 0.	\$ 0.
Chelsea Vinas One University Drive Camarillo, CA 93012	Vice Chair 1.00	0.	0.	0.
Zach Valladon One University Drive Camarillo, CA 93012	Secretary 1.00	0.	0.	0.
Toni Deboni One University Drive Camarillo, CA 93012	Treasurer 1.00	0.	0.	0.
Taylor Farner One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Alex Yopez One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Jillian Glassett One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Monique Reyna One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Vanessa Bahena One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.

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

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Damien Pena One University Drive Camarillo, CA 93012	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Dr. Cindy Wyles One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Cindy Derrico One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Morgan Franklin One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
Sarah Sanders One University Drive Camarillo, CA 93012	Director 1.00	0.	0.	0.
<b>Total</b>		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 3**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Administrative Fees.....	\$ 80,000.
Advertising and Promotion.....	6,262.
Awards.....	3,684.
Chargebacks.....	7,177.
Conferences, Conventions, and Meetings.....	700.
Dues and Subscriptions.....	6,167.
Education and Training.....	10,622.
Equipment Rental & Maintenance.....	4,434.
Honoraria.....	3,014.
Hospitality.....	78,926.
Insurance.....	2,243.
Office Expenses.....	1,908.
Other fees.....	74,396.
Outside Services.....	696,163.
Postage and Shipping.....	1,135.
Printing and Publications.....	22,318.
Promotional Items.....	44,641.
Repairs and Maintenance.....	13,770.
Small Equipment.....	85,732.
Supplies.....	97,948.
Telephone.....	3,417.
Travel.....	27,631.

**Statement 3 (continued)**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Utilities .....	\$ 31,077.
Total	<u>\$ 1,303,365.</u>

**Statement 4**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

Prepaid Expenses and Deferred Charges.....	1,735.
Related Party Receivable .....	<u>1,221,650.</u>
Total	<u>\$ 1,223,385.</u>

**Statement 5**  
**Form 199, Schedule L, Line 18**  
**Other Liabilities**

Funds Held for Others.....	76,687.
Related Party Payables.....	<u>83,360.</u>
Total	<u>\$ 160,047.</u>

The entity's California tax return is NOT FINISHED until you complete the following instructions.

### Prior to transmission of the return

**Form 199**

The entity should review their California Exempt Income Tax Return along with any accompanying schedules and statements.

**Form 8453-EO**

The entity should review, sign and date Form 8453-EO prior to you e-filing the return.

**Even Return**

No payment is required.

### After transmission of the return

**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your California acknowledgements.

**Keep a signed copy of Form 8453-EO in your files for 4 years.**

**Do Not Mail:**

Form 8453-EO

IN

**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 <u>125564</u> ASSOC. STUDENTS OF CALIFORNIA STATE UNIV CHANNEL ISLANDS, INC. <small>Name of Organization</small> ONE UNIVERSITY DRIVE <small>Address (Number and Street)</small> CAMARILLO, CA 93012 <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2564182</u> Federal Employer I.D. No. <u>01-0802914</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/14 ending 6/30/15) list:  
 Gross annual revenue \$ 1,578,101. Total assets \$ 1,825,435.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 805 437-8400  
 Organization's e-mail address MISSY.JARNAGIN@CSUCI.EDU

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

	<b>TONI DEBONI</b> <small>Printed Name</small>	<b>TREASURER</b> <small>Title</small>	
<small>Signature of authorized officer</small>			<small>Date</small>

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

**2014**

**8453-EO**

Exempt Organization name <b>Assoc. Students of California State Univ</b>	Identifying number <b>01-0802914</b>
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### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4) .....	1	<b>1,578,101.</b>
2 Total gross income (Form 199, line 8) .....	2	<b>1,578,101.</b>
3 Total expenses and disbursements (Form 199, Line 9) .....	3	<b>1,310,386.</b>

### Part II Settle Your Account Electronically for Taxable Year 2014

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

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

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 2014 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 is filing a balance due return, I understand 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 refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

**Sign Here**    Signature of Officer \_\_\_\_\_    Date \_\_\_\_\_    **Treasurer**    Title \_\_\_\_\_

### 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, 2014 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.

<b>ERO Must Sign</b>	ERO's signature	<b>Rolland Vasin</b>	Date	<b>5/03/16</b>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	<b>P00644882</b>
	Firm's name (or yours if self-employed) and address	<b>Vasin, Heyn &amp; Company</b>			FEIN		<b>95-4401626</b>			
		<b>5000 N. Parkway Calabasas #201</b>			CA		ZIP Code <b>91302</b>			

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.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed	<input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	FEIN			
		ZIP Code			

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2014