

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 7/01/2015, and ending (mm/dd/yyyy) 6/30/2016

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
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method:
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?

- J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?

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

Table with columns for Receipts and Revenues, Expenses, and Filing Fee. Rows include Gross sales, Total gross receipts, Total costs, Total gross income, Total expenses, and Excess of receipts over expenses.

Table for Filing Fee. Rows include Total payments, Use tax, Payments balance, Use tax balance, Filing fee, Penalties and Interest, and Balance due.

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.

Paid Preparer's Use Only Preparer's signature ROLLAND VASIN Date 12/12/16 Firm's name VASIN, HEYN & COMPANY

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	5,246.
	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	1,771,654.
	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	1,776,900.
<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 STMT 2	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	1,994.
	16	Depreciation and depletion (See instructions)	●	16	4,200.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	1,403,799.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	1,409,993.

<b>Schedule L Balance Sheet</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		316,801.	●	485,063.
2	Net accounts receivable		11,589.	●	97.
3	Net notes receivable		250,004.	●	238,019.
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			●	
10a	Depreciable assets	29,956.		29,956.	
b	Less accumulated depreciation	6,300.	23,656.	10,500.	19,456.
11	Land			●	
12	Other assets. Attach schedule. STM 4		1,223,385.	●	1,509,760.
13	<b>Total assets</b>		1,825,435.		2,252,395.
<b>Liabilities and net worth</b>					
14	Accounts payable		86,113.	●	67,738.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 5		160,047.		237,475.
19	Capital stock or principal fund		1,579,275.	●	1,947,182.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		1,825,435.		2,252,395.

<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	●	367,907.
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.		367,907.
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.		367,907.

12/12/16

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

Other revenue.....	\$	52,581.
Program Service Revenue.....		<u>1,719,073.</u>
	Total	<u>\$ 1,771,654.</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
Alex Yopez 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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**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
Andrea Naranjo One University Drive Camarillo, CA 93012	Director 1.00	\$ 0.	\$ 0.	\$ 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 Per Week Devoted	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.

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

Accounting Fees.....	\$ 12,083.
Administrative Fees.....	71,099.
Advertising and Promotion.....	8,649.
Awards.....	5,157.
Chargebacks.....	9,539.
Conferences, Conventions, and Meetings.....	640.
Dues and Subscriptions.....	673.
Education and Training.....	12,300.
Equipment Rental & Maintenance.....	3,563.
Honoraria.....	7,473.
Hospitality.....	76,606.
Insurance.....	2,750.
Office Expenses.....	4,532.
Other fees.....	91,772.
Outside Services.....	785,473.
Postage and Shipping.....	366.
Printing and Publications.....	22,244.
Promotional Items.....	28,292.
Repairs and Maintenance.....	47,657.
Small Equipment.....	75,284.
Supplies.....	71,557.
Telephone.....	2,737.
Travel.....	39,412.
Utilities.....	23,941.
Total	<u>\$ 1,403,799.</u>

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

Prepaid Expenses and Deferred Charges.....	1,638.
Related Party Receivables.....	1,508,122.
Total	<u>\$ 1,509,760.</u>

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

Funds Held for Others.....	97,128.
Related Party Payables.....	140,347.
Total	<u>\$ 237,475.</u>

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.



<p><b>State Charity Registration Number</b> <u>125564</u></p> <p>ASSOC. STUDENTS OF CALIFORNIA STATE UNIV          CHANNEL ISLANDS, INC.  <small>Name of Organization</small></p> <p>ONE UNIVERSITY DRIVE  <small>Address (Number and Street)</small></p> <p>CAMARILLO, CA 93012  <small>City or Town State ZIP Code</small></p>	<p><b>Check if:</b></p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p><b>Corporate or Organization No.</b> <u>2564182</u></p> <p><b>Federal Employer I.D. No.</b> <u>01-0802914</u></p>
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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 7/01/15 ending 6/30/16) list:

Gross annual revenue \$ 1,777,900. Total assets \$ 2,252,395.

**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 DIANE.MANDRAFINA@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.**

CINDY DERRICO	ASSOCIATE VP FOR S.A	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</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

2015

8453-EO

Exempt Organization name	Identifying number
Assoc. Students of California State Univ	01-0802914

### Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	1,777,900.
2	Total gross income (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 \_\_\_\_\_  
 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 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 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 \_\_\_\_\_    Title Associate VP for S.A

### 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.

<b>ERO Must Sign</b>	ERO's signature	Rolland Vasin	Date	12/12/16	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P00644882
	Firm's name (or yours if self-employed) and address	Vasin, Heyn & Company			FEIN		95-4401626			
		5000 N. Parkway Calabasas #201			CA		ZIP Code 91302			

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 2015