2006 California Exempt Organization Annual Information Return

FORM 199

~00	• ,	maai miomia								. • •	_
For ca	lendar or fisca	I year beginning month	07 day 0)1 year	2006	and ending	month 06	d	day 30	year	2007
	IMPO	RTANT: Your number is	required.	A	Final re	turn? Chec	k applicable	box.	Ye	x z	No
California corpo	oration number	Federal empl	oyer identification number (FE	EIN)	•	Dissolved	Withdra	awn [Merged/Re (attach exp	organized	j
C1 C0 201	3	22 020	2000		If a box	is checked	l, enter date	_	7 (oursell ex)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C160391	anization name	77-029	3800	В	Cneck forms filed this yea	r- States 1	09 100	1005	100W	V Fed:	X 990
Corporationion	gamzation name						90F	→ ┌─	~ ~ ~	1120H	1120
00110 8		Ot Jacks To-			, ea.))\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	701 3301	' Ш	1041	112011	
CSUB As	sociated	Students, Inc.		—— c	If organ	ízalion is e	xempt unde	r R&T (Section	237014	4
				"	and is a	school, pu	iblic charity,	religio	ous organi	ization.	•
					or is co	ntrolled by	a religious o	perati	on, check	box.	
Address include	ng Suite, Room, oi	PMB no.						_	ئم	\neg	
0001 8+	ookdala	Di ahwau			-		e General Instru		- · · · · L	Yes	X No
CIN 20	ockdale	підпмау	State ZIP Code				Accrua				
			200 211 232	F	Type of	-4	xempt under Se			\underline{l} (insert	t letter)
Bakersi	ield, CA	93311			organiz	ation [f	RC Section 4	4947(a)(1) trust		
Part I	Complete Par	t I unless not required t	to file this form See C	eneral Inc	tructions	R and C					
	Complete Fai	Crumess not required			(i uctions	s b and C.					
	1 Gross sa	ales or receipts from oth	ner sources. From Side	e 2, Part II,	line 8		•	1		37	,691.
,	2 Gross d	ues and assessments fr	om members and affil	iates			•	2	2	,020	,028
	3 Gross conf	tributions, gifts, grants, and sir	milar amounts received. See	instructions.		,,,,,,,,,,,		3			
Receipts	4 Total gr	oss receipts for filling rea	guirement test. Add fir	ne 1 throug	h line 3				and the same	A SHEET RE	Es Boots
and Revenues		e must be completed. If	•	•		eral Instruct	ion C •	4	2	, 057	.719
		goods sold						(S. 10 A	ANT HE SEE	\$57/18/65	5 3 3 4 3
(Enclose, but do not staple,		other basis, and sales e									
any payment.)		sts. Add line 5 and line						7	CONTRACTOR PARTY OF THE	THE PROPERTY OF	
		oss income. Subtract lin						8		057	210
								9		,057	
Expenses	l	penses and disburseme						- →		,097	
	10 Excess	of receipts over expense	and disbursements.	. Subtract I	ine 9 tro	m line 8		10		-40	,211
	 11 Filing fe	e \$10 or \$25. See Gene	aral Instruction F					11			10
Filian	11 1 1 1 1 1 1 1 1 1 1 1	c \$10 01 \$25. See Gene	rai instruction i					H''H			
Filing Fee	12 Penalty	for failure to file on time	e. See General Instruc	tion L				12			
	,	See General Instruction						13			
		lue. Add line 11, line 12, and l						14			10.
15 If eve		TC Section 23701d, has							vaion		
or (2)	attempted to	influence legislation or a by public charities)? If	any ballot measure, or	r (3) made	an electi	on under R	&TC Section	2370	4.5		
(relati	ng to lobbying	by public charities)? If		ttach form	FTB 350	9, Political	or Legislativ	e Acti	vities _	7	XNo
,		organizations:								Yes	Y 140
16 Did th	ie organizatior	n have any changes in it reported to the Franchis	is activities, governing	instrumen	t, articles	of incorpo	ration, or by	/laws			
										Yes	X No
17 Is the	organization	exempt under R&TC Se	ction 23701g?							Yes	X No
If 'Ye	s.' enter amou	nt of gross receipts from	n nonmember sources	s\$						_	
		file Form 100, Form 10			taxable	income?				Yes	X No
	•	int of total income repor									£2,130
		-									
19 The fi	nancial record	Is are in care of <u>Asso</u>	ociated Studen	ts		Day	ylıme teleph	one <u>(</u>	661) 6	<u>64-2</u>	418
locate	d at 9001	Stockdale High	way 93311								
	Under penalties o	f perjury, I declare that I have e.	xamined this return, including	accompanying	schedules	and statements	s, and to the bes	st of my l	knowledge ar	nd belief,	it is true.
	correct, and comp	plete. Declaration of preparer (of	ther than taxpayer) is based o	n all information	on of which	preparer has a	ny knowledge.	,		,	
Please											
Sign							Title				
Here	Signature of	officer			Date		♦ (661		4-2418		
							Daytime (elephone)		
	Paid Preparer's	//	- X -		Date		Check if self-	Pa	aid preparer's	SSN or F	PTIN
Paid	signature	Eric Xin	(-/->			12-0/	employed	•			
Preparer's Use Only	Firm's name (or	BROWN ARMSTR	ONG ACCOUNTANC	CY CORP	ORATI	ON '		FE	EIN		
Jac Only	yours, if self- employed) and	► 4200 TRUXTUN	AVE STE 300					• 9	5-3109	182	
	address	BAKERSFIELD,	CA 93309-0668	8		•	Daytime telept	hone {	661) 3	324-4	971

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

			- artiful to the man substitute m						
		1	Gross sales or receipts from all but					2	
		2	? Interest						37,691.
		3	Dividends		3				
Receipts	s	4	Gross rents		4				
from		5	Gross royalties					5	
Other Sources		6	Gross amount received from sale of					6	
500.003		7	Other income. Attach schedule					7	
			Total gross sales or receipts from					7	Carry and a series of the seri
		8		-	27 601				
	-	_	Enter here and on Side 1, Part I, li					8	37,691.
			Contributions, gifts, grants, and similar amo					9	
	1		Disbursements to or for members.					10	
	1	1	Compensation of officers, directors	i, and trustees. Attach s	schedu	ıle See.St	atement1.	11	0.
Expense	es 1	2	Other salaries and wages					12	
and Disburs	_ 1	3	Interest					13	
ments		4	Taxes					14	
	1	5	Rents					15	
	'	16	Depreciation and depletion					16	
		17	Other, Atlach schedule					17	2,097,930.
	'		Total expenses and disbursements. Add line					18	
C . l l	_	18						_	2,097,930.
Sched	ule L		Balance Sheets	Beginning of	r taxad	-		or taxa	ible year
Assets				(a)	<u> </u>	(b) 1,657,581,	(c)	1000000000	(d) 1,595,913.
			de esserable			17,134.			46,161.
			ats receivable			17,134.			40,101.
			eivable, Attach schedule	BALLES STEEL				2013	
			d state gavernment ableations						
			d state government obligations .						
			n other bonds. Attach schedule.	10 TO A WASHINGTON		——-			
			n stock. Attach schedule						
			oans (number of loans)						
9 Ot	her in	ves	stments. Attach schedule				STATE OF THE STATE		
10 a D∈	eprecia	abl	e assets	105,123.			107,	474.	
b Le	ss ac	cur	nulated depreciation	84,920.		20,203.	73,9	908.	33,566.
11 La	ınd. ,		.,,,.				元型下 对师 的工作的	指滑板	
12 Ot	her as	sse	ts. Altach schedule						
13 To	ital as	set	s			1,694,918.			1,675,640.
Liabiliti	es an	d n	et worth						
			payable			194,934.			215,867.
			ns, gifts, or grants payable		_	131,3011			210,0011
			tes payable. Attach schedule						
			payable	STATE SOLD IN					
			ities. Attach schedule			1 400 004			1 450 333
	-		ck or principle fund			1,499,984.			1,459,773.
			oital surplus. Attach reconciliation						
			arnings or income fund			1 604 010			1 675 640
			ties and net worth		<u>'</u>	1,694,918.		1	1,675,640.
Sched	luie r	VI-	Reconciliation of income per Do not complete this schedule				(d) is loss than	¢25 0/	00
1 1	. 1					Income recorded			
			e per books.	-40,211.	4	income recorded not included in th	,	ar	
			come tax		1	not included in th Attach schedule .			
			capital losses over capital gains		1				
			t recorded on books this year.		Ħ	Deductions in this	_	jeo	
			edule		7	against book inco Attach schedule .			
			orded on books this year not deducted		4	Attach schedule Total. Add line 7			
	tnis ret otal.	uil.	Attach schedule	20 m 100 72 1 m 10 m 10 m 10 m	-	Net income per r			
		. 1	through fine 5	-40,211.		Subtract line 9 fre			-40,211.
	אווו ביב	- I	unough mic 3	40,211,		Capitalit mic 2 III	711 IIIIC ()		1 40,211.

Side 2 Form 199 C1 2006 051 3652064 CACA1112L 12/11/06

CSUB Associated Students, Inc.

77-0293800

Statement 1 Form 199, Part II, Line 11 Compensation of Officers, Directors, and Trustees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Kenneth Beurmann C/O 9001 Stockdale Highway Bakersfield, CA 93311	President None	\$ 0.	\$ 0.	\$ 0.
Jeni Rice C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President None	0.	0.	0.
Elena Avina C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President None	0.	0.	0.
Wendy Martinez C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President None	0.	0.	0.
Ali Zanial C/O 9001 Stockdale Highway Bakersfield, CA 93311	Chairman None	0.	0.	0.
Tiara Cox C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Adriana Sandoval C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Monika Tincher C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Ame Phillips C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Janett Zavala C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Salman Hasan C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Kelli Groves C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.

California Statements

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CSUB Associated Students, Inc.

77-0293800

Statement 1 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Anna Reed C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	\$ 0.	\$ 0.	\$ 0.
Prayas Patel C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Rachael O'Brien C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Marina Avalos-Kegley C/O 9001 Stockdale Highway Bakersfield, CA 93311	Advisor None	0.	0.	0.
Ranjanpreet Nagra C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Chris Toste C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Doug Ross C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Ryan Martinez C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Jon Bristow C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Rob Knickrehm C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Chelsea Sempell C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Alberto Garcia C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.

California Statements

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CSUB Associated Students, Inc.

77-0293800

Statement 1 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation		Expense Account/ Other
Crystal Duran C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	\$ 0.	\$ 0.	\$ 0.
Alexis St. John C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Valerie Poynor C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director None	0.	0.	0.
Laura Elton C/O 9001 Stockdale Highway Bakersfield, CA 93311	Liaison None	0.	0.	0.
Shannon Hill C/O 9001 Stockdale Highway Bakersfield, CA 93311	Alumni Rep None	0.	0.	0.
,	None	0.	0.	0.
	Tota	\$ 0.	\$ 0.	<u>\$ 0.</u>

Statement 2 Form 199, Part II, Line 17 Other Expenses

Gen & Admin	\$ 179,959.
Intercollegiate Athletics	
Other Programs	32,370.
Student Government.	
Student Services	
Total	\$ 2,097,930.

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 3545-0047 2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

, 2007 For the 2006 calendar year, or tax year beginning , 2006, and ending D Employer Identification Number Check if applicable: CSUB Associated Students, Inc. 77-0293800 Address change or print or type. See 9001 Stockdale Highway E Telephone number Name change Bakersfield, CA 93311 (661) 664-2418 specific instruc-Initial return Cash X Accrual Final return Other (specify) Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A H and I are not applicable to section 527 organizations Application pending H (a) is this a group return for affiliates? . (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates G Web site: ► N/A H (c) Are all affiliates included?...... (If 'No,' attach a list See instructions.) Organization type 3 ◀ (insert no) H (d) is this a separate return filed by an (check only one). . . organization covered by a group ruling? Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the Group Exemption Number. organization chooses to file a return, be sure to file a complete return. Check | X | if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... ▶ 2, 057, 719. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds..... c Indirect public support (not included on line 1a)...... 1 d d Government contributions (grants) (not included on line 1a)..... e Total (add lines 1a through 1d) (cash \$ ______ noncash \$ _____ 1e **)**..... 2 2,020,028. 3 Membership dues and assessments..... 3 Interest on savings and temporary cash investments 4 37,691 5 b Less: rental expenses..... 60 7 Other investment income (describe...... 7 (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory 8Ь **b** Less: cost or other basis and sales expenses...... c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B)...... 84 9 Special events and activities (attach schedule). If any amount is from gaming, check here.... a Gross revenue (not including \$ _____ of contributions reported on line 1b)..... c Net income or (loss) from special events. Subtract line 9b from line 9a..... 10 c Other revenue (from Part VII, line 103)..... 31 2,057,719. **Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11...... 12 1,917,971. Program services (from line 44, column (8))..... 13 Management and general (from line 44, column (C)) 14 179,959. 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 2,097,930. Total expenses. Add lines 16 and 44, column (A)...... 17 Excess or (deficit) for the year. Subtract line 17 from line 12..... 18 -40,211. 18 1,499,984. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 20 Other changes in net assets or fund balances (attach explanation)............... 21 1,459,773.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do	not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(8) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach sch)					
	(cash \$				《 自然》	
	non-cash \$)					
	If this amount includes				Table 1 Section 2 A	
	foreign grants, check here . Other grants and allocations (att sch)	22 a				
	(cash \$					
	non-cash \$					
	If this amount includes					
	foreign grants, check here	22 b				
	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24				
	Compensation of current officers,					
	directors, key employees, etc listed in Part V-A (attach sch)	25 a	0.	0.	0.	0.
	Compensation of former officers,		<u> </u>			
	directors, key employees, etc listed in	امدا	^	^	0	_
	Part V-B (attach sch)	25 Ь	0.	0.	0.	
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
	(attach schedule).	25 c	0.	0.	0.	0.
	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on					
	lines 25a - 27					
	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31				
32	Legal fees	32				
	Supplies	34	_			
	Postage and shipping	35				
	Occupancy.	36	_			
	Equipment rental and maintenance	37				
	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
	Interest	41				
	Depreciation, depletion, etc (attach schedule)	42				
	Other expenses not covered above (itemize): Gen & Admin	43 a	179,959.		179,959.	
	Intercollegiate Athletic	43 b	1,770,891.	1,770,891.	110,000.	
	Other Programs	43 c	32,370.	32,370.		
	Student Government	43 d	33,557.	33,557.		
	Student Services	43 e	81,153.	81,153.		
f		43 f				
g		43 g				
_	Total functional expenses Add lines 22a					
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,097,930.	1,917,971.	1 <u>79</u> ,959.	0.
	Costs. Check ► if you are following			- aliantation was e-i- iii	D\ Program assulated	► Yes X No
	ny joint costs from a combined education s,' enter (i) the aggregate amount of thes					
\$	s, enter (i) the aggregate amount of thes (iii) the amount al:		to Management and ge	eneral \$	mount allocated to Prog ; and (iv) th	e amount allocated
. —	ndraising \$, 2.10 (17 (17	

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's prim All organizations must describe clients served, publications issue izations and 4947(a)(1) nonexe	ary exempt purpose? See their exempt purpose achieved, etc. Discuss achievements thempt charitable trusts must als	e Statement 1 The mements in a clear and concise manner at are not measurable. (Section 501 (c)(3) so enter the amount of grants and allow	. State the number of and (4) organ- cations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
Bakersfield rand		es to the students of CS ing, free access to athl ties.		
) If this amount includes foreign grants,		1,917,971.
b				
(Grants and allocations	\$) If this amount includes foreign grants,	check here >	
c				
(Grants and allocations	\$) If this amount includes foreign grants,	check here ►	
d				
(Grants and allocations) If this amount includes foreign grants,	check here	
e Other program services .				
(======================================	\$) If this amount includes foreign grants,		
f Total of Program Service	Expenses (should equal line	44, column (B), Program services).	<u> </u>	1,917,971.

BAA

Form 990 (2006)

Part IV Balance Sheets (See the instructions.) (B) Where required, attached schedules and amounts within the description (A) Beginning of year End of year column should be for end-of-year amounts only. 373,787 274,428 45 Cash — non-interest-bearing.... Savings and temporary cash investments..... 283,794 46 321,485. 46,161 47b 17,134. 47 c 46,161. 48a Pledges receivable..... 48 a b Less: allowance for doubtful accounts 48 b 48 c 49 Grants receivable..... 49 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) 50 a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50 b 51 a Other notes and loans receivable 51 a (attach schedule) b Less: allowance for doubtful accounts..... 51 b 510 52 53 53 Prepaid expenses and deferred charges..... 54a Investments — publicly-traded securities. ▶ Cost lFM∨ 54 a Cost FMV b Investments — other securities (attach sch)...........▶ 54b 55a Investments – land, buildings, & equipment: basis. . 55a 107,474 73,908 20,203 55 c 33,566. 56 Investments – other (attach schedule) 56 57a Land, buildings, and equipment; basis..... 57a **b** Less: accumulated depreciation (attach schedule) 57b 57 c 58 Other assets, including program-related investments 58 Total assets (must equal line 74). Add lines 45 through 58 694,918 675,640. 59 59 Accounts payable and accrued expenses..... 194,934 215,867. 60 60 61 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees (attach schedule) 63 64a Tax-exempt bond liabilities (attach schedule) 64 a **b** Mortgages and other notes payable (attach schedule)...... 64 b Other liabilities (describe . . _ _ _ _) 65 Total liabilities. Add lines 60 through 65..... 194,934 215,867. 66 X and complete lines 67 Organizations that follow SFAS 117, check here through 69 and lines 73 and 74. 1,499,984 1,459,773. 67 Temporarily restricted..... 68 69 Organizations that do not follow SFAS 117, check here
and complete lines Ö R しなによ 70 Capital stock, trust principal, or current funds..... 70 71 Retained earnings, endowment, accumulated income, or other funds...... 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)...... 1,499,984 73 1,459,773.

1,694,918.

74

Total flabilities and net assets/fund balances. Add lines 66 and 73.....

Pa	instructions.)	e per Audited Financial	Statement	with I	Revenue per Retur	n (See the
	Total revenue, gains, and other support	nor auditad financial statomo	nte			2,057,719.
a b	Amounts included on line a but not on P		11(5		2	2,037,713.
٠	1Net unrealized gams on investments			b1		
	2Donated services and use of facilities			b2		
	3Recoveries of prior year grants					
	4Other (specify)					
				ь4		
	Add lines b1 through b4					
c	Subtract line b from line a				<u>c</u>	2,057,719.
d	Amounts included on Part I, line 12, but		1			
	1 Investment expenses not included on Pa				= 10.0	
	2Other (specify):			40		
	Add lines d1 and d2			d2	d	
e	Total revenue (Part I, line 12). Add lines					
	art IV-B Reconciliation of Expens	es per Audited Financia	al Statemen	ts with	Expenses per Ret	
*	art IV B Itodoffemation of Expens	os por recourt marion	(-(-(-)))		<u> </u>	
а	Total expenses and losses per audited f	inancial statements			<i>.</i> , a	2,097,930.
Ь	Amounts included on line a but not on P					
	1Donated services and use of facilities	·····		b1		
	2Prior year adjustments reported on Part				197	
	3Losses reported on Part I, line 20			b3		
	4Other (specify):					
				b4		Į
	Add lines b1 through b4					
d	Subtract line b from line a Amounts included on Part I, line 17, but				c	2,097,930.
u	1 Investment expenses not included on Pa		- 1	41		
	20ther (specify):					
				d2		
	Add lines d1 and d2				d	1
e	Total expenses (Part I, line 17). Add fine					2,097,930.
P	art V-A Current Officers, Director or key employee at any time du	rs, Trustees, and Key Erring the year even if they wer	mployees (re not compen	Lìst each sated.) (n person who was an of See the instructions.)	flicer, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted	(C) Comper (if not pa enter -(aid.	(D) Contributions to employee benefit plans and deferred	(E) Expense account and other allowances
	. ,	to position	enter-t)-)	compensation plans	allowalices
<u>S</u> e	e Statement 3			0.	0.	0.
_						
_						
_						
		1				
_						
_						
_						
		TCEACIOE C	11007			=

Form 990 (2006) CSUB Associated Studen	nts, Inc.		77-02938	300	٦	age 6
Part V-A Current Officers, Directors, Tru	stees, and Key En	nployees (continue	d)		Yes	No
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	ion business as board meeting	gs ► 30		District of	
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compet A, Part II-A or II-B, related to each other through	nsated professional and igh family or business i	d other independent cor relationships? If 'Yes,' a	ntractors listed in Schedu attach a statement that	ule		
identifies the individuals and explains the rela				75b		X
c Do any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest compet A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	nsated professional and n any other organization	d other independent counts, whether tax exempt	ntractors listed in Schedu	ale		Х
If 'Yes,' attach a statement that includes the in	nformation described in	the instructions		多品质		No. 50
d Does the organization have a written conflict of	of interest policy?			. 75d		
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	stees, and Key Em	ployees That Reco	eived Compensation sation or other benefits (n or Oth	below	') e
(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and of vances	ther
None						
						_
Part VI Other Information (See the inst.	ructions.)				Yes	No
76 Did the organization make a change in its acti		anducting activities?	_			PHONE IN
If 'Yes,' attach a detailed statement of each cl	hange					Х
77 Were any changes made in the organizing or	governing documents b	out not reported to the I	RS?	77		X
If 'Yes,' attach a conformed copy of the chang				Section 1		
78 a Did the organization have unrelated business	gross income of \$1,000	or more during the ye	ar covered by this return	? 78a	_	X
b If 'Yes,' has it filed a tax return on Form 990-1	for this year?			78b	N/	A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79		X
80 a Is the organization related (other than by assomembership, governing bodies, trustees, offic	ers, etc, to any other e	xempt or nonexempt or	ation) through common ganization?	130а	Х	
b If 'Yes,' enter the name of the organization	and ch	neck whether it is $[X]$ e	xempt or nonexem			
81 a Enter direct and indirect political expenditures	. (See line 81 instruction	ons.)		0.		37
b Did the organization file Form 1120-POL for the	ns year?		<u> </u>	<u>81</u> Ь	4	X

BAA

Form 990 (2006)

Located at ► 9001 Stockdale Highway, Bakersfield CA ZIP + 4 ► 93311			
h At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

	Other Information (continue						Yes No
	any time during the calendar year, did		ation m	aintain an office	e outside of the t	United States?	91 c X
	Yes,' enter the name of the foreign count ction 4947(a)(1) nonexempt charitable			000 in liquid 50			N/A
	d enter the amount of tax-exempt inte						N/A
Part V	II Analysis of Income Produc	ing Activit	ies (S	See the instru	ictions.)	<u> J.</u>	
				ess income		ection 512, 513, or 514	
Note: E	nter gross amounts unless	(A)		(B)	(C)	(D)	(E) Related or exempt
otherwis	e indicated.	Business code		Amount	Exclusion code	Amount	function income
93 F	Program service revenue:						
a_							
b _						_	
d_							
e_			_		_		
	Medicare/Medicaid payments		_				
_	ees & contracts from government agencies						2,020,028.
	Membership dues and assessments nterest on savings & temporary cash invmnts		-		14	37,691.	2,020,028.
	Dividends & interest from securities.		_		14	37,001.	
	let rental income or (loss) from real estate:			CARLES NO.	SE 14.00 SERVER		All the design weeks to the
	debt-financed property						
	not debt-financed property						_
	Net rental income or (loss) from pers prop						
99 (Other investment income						
	Gain or (loss) from sales of assets other than inventory						
101 8	Net income or (loss) from special events						
102	Gross profit or (loss) from sales of inventory						
103 (Other revenue: a			認為每天時	- 宣传"最为60		
			-				
c_							
d_					_		
e_	Subtotal (add columns (8), (D), and (E))	Color Francisco	-		Alfondor and allow	37,691.	2,020,028.
	rotal (add line 104, columns (B), (D),	and (F))			SOURCE STREET,		2,057,719.
	ne 105 plus line 1e, Part I, should equ						2)001/1201
Part V	III Relationship of Activities t	o the Acco	mplis	hment of Ex	empt Purpos	es (See the instruc	tions.)
Line N		h income is r	eported	d in column (E)	of Part VII contr	buted importantly to the	
94	Activity conducted pr	imarily :	for t	he conven	ience of st	udents.	
					h h =		
Part I			idiarie				
	(A)	(B)		(0	(2)	(D)	(E)
Nam	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentag ownership in		Nature of	activities	Total income	End-of-year assets
N/A			8				
			%				
			<u>ુ</u> જ				
Part 2	Information Regarding Tra	nefere Acc		ad with Dave	onal Renefit A	Contracts (See the	instructions \
	I the organization, during the year, receive any fu						Yes X No
	of the organization, during the year, receive any its of the organization, during the year, pa						Yes X No
	e: If 'Yes' to (b), file Form 8870 and Fo	• •					

Form 990 (2006) CSUB Associated Students, Inc.

77-0293800

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Par	IXI	Information Regarding Transfers To an organization is a controlling organization	d From Controlled n as defined in sect	Entities. Comp tion 512(b)(13).	plete only if th	e		
				-1-/(-5/			Yes	No
106	Did	the reporting organization make any transfers to a	controlled entity as def	ined in section 51:	2(b)(13) of the Co	ode? If		
	'Yes	,' complete the schedule below for each controlled	entity			·· · ·		<u>X</u>
		(A) Name, address, of each controlled entity	(B) Employer Identificatio Number	n Descri tra	(C) iption of nsfer	Amount (D) of trans	sfer
а								
Ь	<u>-</u> – –							
с								
		Totals						
			EST (A AND A MAIL TO CAME OF THE SECRETARIES	CALL CARGOTTOM CALLS AND PARTY.		<u> </u>	Yes	No
107	Did 'Yes	the reporting organization receive any transfers fr , complete the schedule below for each controller	rom a controlled entity a	s defined in section	on 512(b)(13) of t	he Code? If		X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) iption of inster	Amount	D) of tran	sfer
a								
b								
c								
		Totals						
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	n effect on August 17, 2		nterest, rents, ro		Yes	No X
		Under penalties of perjury, I declare that I have examined this returned, correct, and complete. Declaration of preparer (other than of					elicf, it is	<u> </u>
Plea Sign	n	Signature of officer			Date			
Her	е	Type or print name and title						
Paid Pre-		Preparer's signature Eric Xin		Date		Preparer's SSN General Instruct N/A	or PTIN ((Sec
pare Use	er's	Firm's name (or yours if self-employed), BROWN ARMSTRONG ACCOUT 4200 TRUXTUN AVE STE	300	ION	EIN N/A			
Only		BAKERSFIELD, CA 93309	-0668		Phone no (6)		4971	
BAA						Form	1 990 ((2006)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

CSUB Associated Students, Inc.			77-0293800	
Part I Compensation of the Five Hig			, Directors, an	d Trustees
(See instructions, List each on	e. If there are none, ente			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid		阿斯拉纳斯斯	MACHEN STATE	
over \$50,000. Part II — A Compensation of the Five Hig	hest Doid Independent (O Contractors for Br	ofossional Cor	uisas
(See instructions. List each on	ie (whether individuals or	firms). If there are	e none, enter	None.')
(a) Name and address of each independent contr	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Table and all the second at th				Carried St. Car.
Total number of others receiving over \$50,000 for professional services		0	ALL SHARY	
(List each contractor who perference firms. If there are none, enter	ormed services other that	n professional ser		individuals or
(a) Name and address of each independent contr	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
				<u>-</u> -
				_
				30.00
Total number of other contractors receiving		14. 为种类集员		
aver \$50,000 for other conject				

funds included on line 4d) where donors have the right to provide advice on the distribution or investment of

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.

amounts in such funds or accounts

0

Part	IV Reason for Non-Private	Foundation Status (S	See instructions.)			
l certi	fy that the organization is not a private	foundation because it is:	(Please check only ONE ap	plicable bo	x.)	
5	A church, convention of churches,	or association of churches	. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(II).	(Also complete Part V.)				
7	A hospital or a cooperative hospital	l service organization. Sec	etion 170(b)(1)(A)(iii).			
8	A federal, state, or local governme	nt or governmental unit. S	ection 170(b)(1)(A)(v).			
9	A medical research organization of and state	-		(1)(A)(iii). E	inter the hosp	ital's name, city,
10	X An organization operated for the bit (Also complete the Support Sched	enefit of a college or unive ule in Part IV-A.)	ersity owned or operated by	a governm	ental unit. Sed	ction 170(b)(1)(A)(iv)
11 a	An organization that normally received Section 170(b)(1)(A)(vi). (Also com	ives a substantial part of it aplete the Support Sched u	is support from a governme lle in Part IV-A.)	ental unit or	from the gene	eral public.
11 b	A community trust. Section 170(b)	(1)(A)(vi). (Also complete t	the Support Schedule in Pa	ert IV-A.)		
12	An organization that normally rece from activities related to its charita from gross investment income and organization after June 30, 1975. S	ble, etc. functions — subje	ct to certain exceptions, an	id (2) no mi	ore than 33-1/	3% of its support
13	An organization that is not controlly requirements of section 509(a)(3).	ed by any disqualified pers Check the box that describ	sons (other than foundation	managers)	and otherwise	e meets the
	Type I Type II	Type III-Function	onally Integrated	Type II	I-Other	
	(a) Name(s) of supported organization(s)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organizati the sup organi gove	d) upported on listed in opporting zation's erning nents?	(e) Amount of support
				Yes	No	
Total.	<u></u>					
14	An organization organized and ope	rated to test for public safe	ety. Section 509(a)(4). (Sec			
BAA				Sche	edule A (Form	990 or 990-EZ) 200

Page 4

Parl	IV-A Support Schedule (Complete only if you c	hecked a box on line	e 10, 11, or 12.) <i>Use a</i>	cash method of acco	unting.
Note	: You may use the worksheet in th	e instructions for con	verting from the acci	rual to the cash meth	od of accounting.	
Cale begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0.
16	Membership fees received	1,581,007.	561,281.	592,761.	573,705.	3,308,754.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose		,	·		0.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,580.	9,192.	1,611.	5,371 <i>.</i>	27,754.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to					0.
22	the public without charge Other income. Atlach a					0.
	schedule. Do not include gain or (loss) from sale of capital assets See . Stmt4	28,500.				28,500.
23	· · · · · · · · · · · · · · · · · · ·	1,621,087.	570,473.	594,372.	579,076.	3,365,008.
	Line 23 minus line 17	1,621,087.	570,473.	594,372.	579,076.	3,365,008.
25	Enter 1% of line 23	16,211.	5,705.	5,944.	5,791.	60.00
26 I	Organizations described on line: Prepare a list for your records to show the supported organization) whose total gifts freturn. Enter the total of all these excess	name of and amount contri or 2002 through 2005 exceed	ibuted by each person (oth ded the amount shown in I	ine 26a. Do not file this lis	t or publicly st with your	67,300.
(: Total support for section 509(a)(1) test: Enter line 24,	column (e)		▶ 26c	3,365,008.
	Add: Amounts from column (e) for	or lines: 18	27,754.	19	1 373	
		22	28,500.	19 26 b	26 d	56,254.
	Public support (line 26c minus lir	ne 26d total)		, .,	≥ 26e	3,308,754.
	Public support percentage (line		ed by line 26c (deno	minator))	► 26f	98.33 %
27 8	Organizations described on line For amounts included in lines 15 name of, and total amounts recesuch amounts for each year:	, 16, and 17 that were wed in each year from	n, each 'disqualified p	person.' Do not file th	is list with your retur	n. Enter the sum of
	(2005)	(2004)	(2003)_		_ (2002)	
	For any amount included in line to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference be differences (the excess amounts)	it received for each ye zations described in li etween the amount red for each year:	ear, that was more th ines 5 through 11b, a ceived and the larger	an the larger of (1) the swell as individuals. The amount described in	ne amount on line 25) Do not file this list (1) or (2), enter the s	for the year or (2) with your return. sum of these
(: Add: Amounts from column (e) fo	or lines;		16	_ \	
	(2005) Add: Amounts from column (e) for 17 Add: Line 27a total Public support (line 27c total min Total support for section 509(a)(2) Public support percentage (line 1)	20		21		
	Add: Line 27a total	an	d line 27b total		27 d	
6	Public support (line 27c total min	us line 27d total).				12 CW 5 = 05
f	Total support for section 509(a)(2)	2) test: Enter amount	from line 23, column	(e) ► 27f		
ç	Public support percentage (line	27e (numerator) divid	ed by line 27f (denoi	minator))	► 27g	ક
i	Investment income percentage (line 18, column (e) (ni	umerator) divided by	line 27f (denominato	or)) ▶ 27h	96
	Unusual Grants: For an organiza					

Page 5

Private School Questionnaire (See instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes Νo Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 other governing instrument, or in a resolution of its governing body?..... Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs. and scholarships?... 30 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?... 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially 32 b nondiscriminatory basis?.... c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 c d Copies of all material used by the organization or on its behalf to solicit contributions? 32 d If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: 33a a Students' rights or privileges?..... b Admissions policies? ... 33 b c Employment of faculty or administrative staff?..... 33 c d Scholarships or other financial assistance?..... 33 d 33 e 33 f 33 g g Athletic programs?..... 33 h h Other extracurricular activities?..... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34.z b Has the organization's right to such aid ever been revoked or suspended?..... 34 b If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....

Par	t VI-A Lobbying Ex (To be completed)	openditures by Elec ed ONLY by an eligible	cting Public Charit organization that filed	t ies (See instruc Form 5768)	ctions.)			N/A
Chec	ck > a if the organiz	zation belongs to an aff	iliated group. Check	► b If you	checked	1 'a' and '1	limited cor	itrol' provisions apply.
		imits on Lobbying	•				a) d group als	(b) To be completed for all electing
		'expenditures' means a	· · · · · · · · · · · · · · · · · · ·					organizations
36	Total lobbying expendition		·		36			
37	Total lobbying expenditi		= :		37			
38	Total lobbying expenditu	-	•		38			-
39	Other exempt purpose				39			
40	Total exempt purpose e Lobbying nontaxable an	,	,		40		10 may 5 m 6 2	
41	If the amount on line 40		t from the following tac lobbying nontaxable a					
	Not over \$500,000		2 0					
	Over \$500,000 but not over \$1,							
	Over \$1,000,000 but not over \$				41			
	Over \$1,500,000 but not over \$				1688	9.535	William .	· · · · · · · · · · · · · · · · · · ·
	Over \$17,000,000							
42	Grassroots nontaxable a	amount (enter 25% of li	ne 41)		42	Para line		
43	Subtract line 42 from lin	ne 36. Enter -0- if line 4	2 is more than line 36		43			
44	Subtract line 41 from lin	ne 38. Enter -0- if line 4	1 is more than line 38		44			
	Caution: If there is an a	amount on either line 43	3 or line 44, you must f	ile Form 4720.			MATERIAL VI	PROVIDE SHOWING THE
	(Some organ	izations that made a se	Averaging Period location 501(h) election de the instructions for lie	o not have to cor	nplete à	n) If of the fr	ve column	s below.
			Lobbying Expend	ditures During 4	-Year Av	eraging F	Period	
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004			d) 103	(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e)).							
47	Total lobbying expenditures	, u					15	
48	Grassroots non- taxable amount					XX XX (100 m)		
	Grassroots ceiling amount (150% of line 48(e))							
	Grassroots lobbying expenditures	45 44 1 NI I I	B 11 01 31					
		inly by organizations tha	at did not complete Pai	t VI-A) (See inst				N/A
Durin atter	ng the year, did the organ	nization attempt to influi pinion on a legislative m	ence national, state or latter or referendum, th	local legislation, prough the use of	includın	g any	Yes No	Amount
	Volunteers			_		- 1		
	Paid staff or manageme						_	
	: Media advertisements .							The state of the s
	Mailings to members, le						+-	
	Publications, or published							
	Grants to other organiza							
	Direct contact with legis	, , ,				-		
H	Rallies, demonstrations, Total lobbying expenditu	, seminars, conventions ures (add lines c throug	, speeches, lectures, o	r any other mear	ns			
D A A	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.							

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

of the	reporting organization of the control of the contro	directly or in 1501(c)(3) (organizations) or in section 527, rela	ing with any other organization describe oting to political organizations?	ed in secti	on 50	I(c)
		_	to a noncharitable exempt organizat	I I		Yes	No
				.,	51 a (i)		X
(ii)Oth	er assets				a (ii)		X
	ransactions:						
					b (i)		Х
					b (ii)		Χ
					b (iii)		Х
	_				b (îv)		X
	_				b (v)		Х
					b (vi)		X
				alimon (b) about displacement of a second to a	C		Χ
the goo	ds, other assets, or ser	vices given	by the reporting organization. If the	olumn (b) should always show the fair n organization received less than fair ma goods, other assets, or services received	rket value	ue or	
		ingement, si			<u>a.</u>		
(a) Line no.	(b) Amount involved	Name of	(c) noncharitable exempt organization	Description of transfers, transactions, and	sharing arrai	ngemen	ts
N/A			<u> </u>	, , ,			
Ν/ Δ							
	organization directly or i ed in section 501(c) of complete the following		iliated with, or related to, one or mother than section 501(c)(3)) or in se	ore tax-exempt organizations ction 527?	► Ye	s X	No
	(a)	,	(b)	(c)			
	Name of organization		Type of organization	Description of relation	iship		
N/A							
				_			
				2 3 4 4 7			

1	Λ	Λ	^
Z	U	U	O

Federal Statements

Page 1

CSUB Associated Students, Inc.

77-0293800

Statement 1 Form 990 , Part III Organization's Primary Exempt Purpose

To establish representative government and improve the quality of student life by promoting student intellectual, cultural, physical and social well-being.

Statement 2 Form 990, Part IV, Line 55b Investments - Land, Buildings, and Equipment

Category		Basis	Accum. Deprec.	Book <u>Value</u>
Furniture and Fixtures	\$	107,474.	\$ 73,908.	\$ 33,566.
	Total <u>\$</u>	107,474.	\$ 73,908.	\$ 33,566.

Statement 3
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Kenneth Beurmann C/O 9001 Stockdale Highway Bakersfield, CA 93311	President \$ 0	0.	\$ 0.	\$ 0.
Jení Rice C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President 0	0.	0.	0.
Elena Avina C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President 0	0.	0.	0.
Wendy Martinez C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President O	0.	0.	0.
Ali Zanial C/O 9001 Stockdale Highway Bakersfield, CA 93311	Chairman O	0.	0.	0.
Tiara Cox C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Adriana Sandoval C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.

CSUB Associated Students, Inc.

77-0293800

Statement 3 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Monika Tincher C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director \$	0.	\$ 0.	\$ 0.
Ame Phillips C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Janett Zavala C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Salman Hasan C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Kelli Groves C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Anna Reed C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Prayas Patel C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Rachael O'Brien C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Marina Avalos-Kegley C/O 9001 Stockdale Highway Bakersfield, CA 93311	Advisor 0	0.	0.	0.
Ranjanpreet Nagra C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Chris Toste C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Doug Ross C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.

CSUB Associated Students, Inc.

77-0293800

Statement 3 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Ryan Martinez C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director \$	0.	\$ 0.	\$ 0.
Jon Bristow C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Rob Knickrehm C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Chelsea Sempell C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Alberto Garcia C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Crystal Duran C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Alexis St. John C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Valerie Poynor C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Laura Elton C/O 9001 Stockdale Highway Bakersfield, CA 93311	Liaison O	0.	0.	0.
Shannon Hill C/O 9001 Stockdale Highway Bakersfield, CA 93311	Alumni Rep 0	0.	0.	0.
,	0	0.	0.	0.
	Total <u>\$</u>	0.	\$ 0.	\$ 0.

2006

Federal Statements

Page 4

CSUB Associated Students, Inc.

77-0293800

Statement 4 Schedule A, Part IV-A, Line 22 Other Income

Description	(a) 20	05 (b)	2004	_(c)	2003	(d) 2002	_ <u>(e</u>	<u> Total</u>
Intercollegiate Athletic Rev	enue							
Maria		60. \$	0.	\$	0.	\$ 0.	\$	24,960.
Miscellaneous Total	\$ 28.5	40. 00. s	0.	Ś	0.	<u> </u>	Ś	<u>3,540.</u> 28.500

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 70359	Check if: Change of address					
CSUB Associated Students, Inc		Amended	report			
Name of Organization						
9001 Stockdale Highway Address (Number and Street)		Corporate or (Organization No. <u>C1603917</u>			
Bakersfield, CA 93311	State ZIP Code	Federal Emplo	oyer ID No. <u>77-0293800</u>			
		l Cada Basa 4				
Make Check	ENEWAL FEE SCHEDULE (11 Ca (Payable to Attorney General's F	Registry of Cha	ritable Trusts			
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue		Fee	
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 millio Between \$10,000,001 and \$50 millio Greater than \$50 million	on \$	\$150 \$225 \$300	
PART A – ACTIVITIES			Greater train 400 mmon		3300	
For your most recent full accounting peri	iod (beginning 7/01/	/06 ending	6/30/07) list:			
Gross annual revenue \$						
PART B - STATEMENTS REGARDING	G ORGANIZATION DURING	G THE PERIO	OD OF THIS REPORT			
Note: If you answer 'yes' to any of the ques 'yes' response. Please review RRF-1 i	tions below, you must attach a sinstructions for information requ	separate sheet puired.	providing an explanation and details	for ea	ach	
T. Diving this consulting paying there are		fine-point tran		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?					X	
During this reporting period, was there any property or funds?	y theft, embezzlement, diversion	or misuse of th	ne organization's charitable	П	X	
3 During this reporting period, did non-progr	ram expenditures exceed 50% of	gross revenues	s?	П	X	
4 During this reporting period, were any org- Form 4720 with the Internal Revenue Service	anization funds used to pay any vice, attach a copy.	penalty, fine or	judgment? If you filed a	П	X	
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attach service provider.	nces of a commercial fundraiser ment listing the name, address,	or fundraising of and telephone r	counsel for charitable number of the		X	
6 During this reporting period, did the organ the name of the agency, mailing address,	úzation receive any governmenta contact person, and telephone n	I funding? If so	, provide an attachment listing		X	
7 Ouring this reporting period, did the organ indicating the number of raffles and the date.	ization hold a raffle for charitable ate(s) they occurred.	purposes? If 's	yes,' provide an attachment		X	
Does the organization conduct a vehicle d the program is operated by the charity or charitable purposes.	onation program? If 'yes,' provide whether the organization contraction contra	e an attachmen ts with a comm	it indicating whether ercial fundraiser for		X	
Did your organization have prepared an auprinciples for this reporting period?	udited financial statement in acco	ordance with ge	nerally accepted accounting	X		
Organization's area code and telephone number	er <u>(661) 664-2418</u>					
Organization's e-mail address						
I declare under penalty of perjury that I have e and belief, it is true, correct and complete.	xamined this report, including a	ccompanying d	documents, and to the best of my kno	owled	ge	
Signature of authorized officer Printed	Name	Title	Dala			



BROWN ARMSTRONG PAULDEN McCown Starbuck Thornburgh & Keeter

CERTIFIED PUBLIC ACCOUNTANTS

Main Office 4200 Iruxtun Ave., Suite 300 Bakersfield, California 93309 Tel 661-324-4971 Fax 661-324-4997 e-mail: info@bacpas.com

Shafter Office
560 Central Avenue
Shafter, California 93263
Tel 661-746-1145 Fax 661-746-1218

Andrew J. Paulden, CPA

Peter C Brown, CPA

Burton H. Armstrong, CPA, MST

Harvey [McCown, MBA, CPA

Steven R. Starbuck, CPA

Aileen K Keeter, CPA

Chris M. Thornburgh, CPA

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Lynn R. Krausse, CPA, MST

Rosalva Flores, CPA

Connie M. Perez, CI'A

M. Sharon Jones, CPA, MST

Diana H. Branthoover, CPA

Thomas M Young, CPA

Alicia Montgomery, CPA, MBA

Matthew R Gilligan, CPA

Hanna J. Sheppard, CPA

Ryan J. Nielsen, CPA

Jian Ou-Yang, CPA

Ryan S. Johnson, CPA

Michael C. Olivaros, CPA

Jialan Su, CPA

Ariadne S. Prunes, CPA

November 12, 2007

C.S.U.B. Associated Students, Inc. 9001 Stockdale Highway Bakersfield, CA 93311

Dear Doug:

Enclosed is your 2006 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page nine. No tax is payable with the filing of this return. Mail your Federal return on or before November 15, 2007 to:

INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Enclosed is your 2006 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by November 15, 2007. Mail the California return on or before November 15, 2007 and make the check payable to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0701

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$150 payable by November 15, 2007. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2007 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

The returns, as you know, were prepared from data made available to but not audited by us. Before executing the returns, you should review the information reported on them to determine that there are no omissions or misstatements of material facts.

We recommend mailing all tax filings via certified mail, return receipt requested, for substantiation that your documents were mailed by the required due dates.

Please be sure to call us if you have any questions.

Sincerely,

BROWN ARMSTRONG PAULDEN
McCOWN STARBUCK THORNBURGH & KEETER
ACCOUNTANCY COPORATION

By: Eric Xin

Enclosure(s)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For t	he 2006 calen <u>da</u>	ar year, o	or tax year beginning 7/01	<u>. </u>	and en	1 ding = 6/3		, 2007	
В	Check	if applicable		С				D Employer I	dentification Number	f
	Address change Please use CSUB Associated Students, Inc. 77-								93800	
	Name change or print 9001 Stockdale Highway E Telep							E Telephone	number	
								(661)	664-2418	
	\vdash		instruc-					F Accounting		X
	\vdash	nal return	tions,							Accrual
	⊢ Ar	mended return					-		(specify)	
	L A	plication pending	Section	on 501(c)(3) organizations and	4947(a)(1) nonexempt	١.	l and l are not appli			V
			(Form	able trusts must attach a com 1990 or 990-EZ).	pieteu Scheunie A		1 (a) Is this a grou			X No
c	Wah	site:►N/A	•	•			(b) If 'Yes,' ente			П.,
<u>u</u>	***	Site. N/A				─ ┤ '	(C) Are all affilia	ates included? ch a list. See inst		No
J	Orga	nization type		X 501(c) 3 ◀ (insert no		ا د ا	•		,	
							(d) Is this a sepa	covered by a gro		X No
ĸ				ization is not a 509(a)(3) suppo not more than \$25,000. A retur						A NO
	orga	nization chooses	s to file	a return, be sure to file a comp	olete return.	_		emption Nur	nization is not requil	Fod
_						"			990, 990-EZ, or 990-	
_				b, 9b, and 10b to line 12 > 2 ises, and Changes in Ne		20100				
Pa						Jaiaiii	ces (See in	IIISUUCIIC	T	
			_	ants, and similar amounts rece		1 - 1				
				advised funds					S.	
				not included on line 1a)				1999	A	
	C	Indirect public	support	(not included on line 1a)	.,	7 c		7070		
	d	Government co	ontributio	ons (grants) (not included on li	ne 1a)	1d			4	_
	٦	la through 1d) (cas	h \$	noncash	\$)		10		<u>0.</u>
	2	Program service	ce reven	ue including government fees	and contracts (from Pai	rt VII, I	ine 93)			
	3	•		assessments						<u>,028.</u>
	4 Interest on savings and temporary cash investments							4	37	,691.
	5			from securities						
	6 a	Gross rents .				6 a		9100		
	b Less: rental expenses						GU EN	1		
	ء	Net rental inco	me or (I	oss). Subtract line 6b from line	e 6a , ,			6	<u> </u>	
R	7	Other investme	ent incor	me (describe >) 7		
REVER	l			es of assets other	(A) Securities		(B) Othe	er		
Ė	°°	than inventory	110/11 501	62 01 9226/2 0(IIC)		82			A .	
ÿ	l b			sis and sales expenses		8ь		23,418		
_						8 c				
	c Gain or (loss) (attach schedule)							8	a	
				ivities (attach schedule). If any					 	
				luding \$			-			
									A .	
	l b	Less: direct ex	penses	other than fundraising expense	s	9b		1000		
	c	Net income or	(loss) fr	om special events. Subtract lin	e 9b from line 9a			9	c]	
	10 a	Gross sales of	invento	ry, less returns and allowances		10 a				
	l b	Less: cost of g	joods so	ld		10Ь		1300		
				ales of inventory (attach schedule). Sub				10	c	
	11			art VII, line 103)					1	
	12			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,					2,057	7,719.
_	13			n line 44, column (B))						,971.
X	14	-	-	eral (from line 44, column (C))						,959.
Ē	15	_								
EXPENSES	15 Fundraising (from line 44, column (D))									
E	17	-		nes 16 and 44, column (A)					2 097	930.
	18			the year. Subtract line 17 from						, 211.
N S	19			ances at beginning of year (fro						0,984.
N S E T				ances at beginning or year (no assets or fund balances (atlach					1,433	, ,04.
Ţ	20				,				1 450	772
	21	net assets or t	rund bala	ances at end of year. Combine	lines 18, 19, and 20 .			<u> 21</u>		<u>, 773.</u>

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	Marie Autor	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach sch)					
	(cash \$	İ				建 多可以及 是 第二次
	non-cash \$)					经验证的
	If this amount includes foreign grants, check here	22 a				对于1000
22 b	Other grants and allocations (att sch)					
	(cash \$					
	non-cash \$)				Control Service Service	第一月月
	If this amount includes foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24			的现在分 数	
25 a	Compensation of current officers,					
	directors, key employees, etc listed in Part V-A (attach sch).	25 a	0.	0.	0.	0.
b	Compensation of former officers,					
	directors, key employees, etc listed in Part V-B (attach sch)	25 b	0.	0.	0.	0.
c	Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B) (attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on					
	lines 25a - 27	28				
29 30	Payroll taxes Professional fundraising fees	29 30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35 36				
36 37	Occupancy	36_			<u> </u>	
38	Printing and publications	38				
39	Travel.	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize):	42				
	Gen & Admin	43 a	179,959.		179,959.	
	Intercollegiate Athletic	43b	1,770,891.	1,770,891.	2.2/3	
	Other Programs	43 c	32,370.	32,370.		
(Student Government	43 d	33,557.	33,557.		
6	Student Services	43 e	81,153.	81,153.		
f		431				
ć	⁾	43 g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) · (D), carry these totals to lines 13 · 15)	44	2,097,930.	1,917,971.	179,959.	0.
Join	t Costs. Check. ► if you are following	SOP 9				
	any joint costs from a combined education					
If 'Y∈	es,' enter (i) the aggregate amount of these; ; (iii) the amount all				mount allocated to Prog ; and (iv) the	
	; (III) the amount all	ocatet	to management and ge		; and (iv) th	e amount anocated
	···-·					

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's prin All organizations must describ clients served, publications issue izations and 4947(a)(1) nonex	nary exempt purpose? See their exempt purpose achieved, etc. Discuss achievements thempt charitable trusts must all	ee Statement 1 vements in a clear and concise manner at are not measurable. (Section 501 (c)(3) so enter the amount of grants and alloc	. State the number of and (4) organizations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a ASI provides a Bakersfield ran	multitude of service	es to the students of CS ling, free access to athl	ַ	
(Grants and allocations	\$) If this amount includes foreign grants,	check here ►	1,917,971.
b				
(Grants and allocations	\$) If this amount includes foreign grants,	check here ►	
c				
(Grants and allocations	\$) If this amount includes foreign grants,	check here	
d				
(Grants and allocations	\$) If this amount includes foreign grants,	check here ►	
e Other program services .		N 16 this amount includes favoir	oback basa 🕞 🗖	
(Grants and allocations f Total of Program Service) If this amount includes foreign grants, 44, column (B), Program services)		1,917,971.
		, (-/,		=,==:,=;=:

BAA

Form 990 (2006)

Form 990 (2006) CSUB Associated Students, Inc. 77-0293800 Page 4 Part IV Balance Sheets (See the instructions.) (B) End of year Note: Where required, attached schedules and amounts within the description Beginning of year column should be for end-of-year amounts only. 1,373,787 274,428. 45 Cash — non-interest-bearing. 283,794 321,485. 46 Savings and temporary cash investments..... 46 47 a 46,161 **b** Less: allowance for doubtful accounts 47 b 17,134 47 c 46,161. 48 a **b** Less: allowance for doubtful accounts 48 b 48 c 49 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) 50 a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) (attach schedule)...... 50 h 51 a Other notes and loans receivable (attach schedule) 51 a 51 b 51 c 52 Inventories for sale or use......... 52 53 Prepaid expenses and deferred charges........ 53 54 a 54a Investments — publicly-traded securities..... Cost **IFM**∨ Cost **b** Investments — other securities (attach sch)..... FMV 54 b $10\overline{7},474$ 55 a Investments — land, buildings, & equipment: basis... 55 a b Less: accumulated depreciation (attach schedule)Statement. 2.... 20,203 55 b 73,908 33,566 55 c 56 Investments - other (attach schedule) 56 57 a b Less: accumulated depreciation 57b 57 c (attach schedule) Other assets, including program-related investments 58 Total assets (must equal line 74). Add lines 45 through 58 1,694,918 59 675,640 215,867 194,934 Accounts payable and accrued expenses..... 60 61 62

Â	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
וַ בָּ	64 a	Tax-exempt bond liabilities (attach schedule)		64 a	
<u>i</u>	b	Mortgages and other notes payable (attach schedule)		64 b	
Š	65	Other liabilities (describe).		65	
		Total liabilities. Add lines 60 through 65	194,934.	66	215,867.
		anizations that follow SFAS 117, check here X and complete lines 67			
E N		through 69 and lines 73 and 74.			
A S	67	Unrestricted	1,499,984.	67	1,459,773.
S	68	Temporarily restricted		68	
Ţ	69	Permanently restricted		69	
OR R	Orga	anizations that do not follow SFAS 117, check here and complete lines			
_		70 through 74.			
- DZD	70	Capital stock, trust principal, or current funds		70	
- 1	7 1	Paid-in or capital surplus, or land, building, and equipment fund		71	
8 A B	72	Retained earnings, endowment, accumulated income, or other funds		72	
AND ZIN	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,499,984.	73	1,459,773.

BAA

74

1,694,918.

Total liabilities and net assets/fund balances. Add lines 66 and 73....

Pa	instructions.)	e per Audited Financial		with r	—————	turi	
а	Total revenue, gains, and other support	ner audited financial stateme	nts			a	2,057,719.
b	Amounts included on line a but not on P					WIN.	<u> </u>
•	1 Net unrealized gains on investments.			ь1			
	2Donated services and use of facilities						
	3Recoveries of prior year grants						
	4Other (specify):						
				b4			
	Add lines b1 through b4					ь	
С	Subtract line b from line a					C	2,057,719.
d	Amounts included on Part I, line 12, but	not on line a:					
	1 Investment expenses not included on Pa	rt I, line 6b		d1			
	2Other (specify):						
				d2			
	Add lines d1 and d2					d	
е	Total revenue (Part I, line 12). Add lines	c and d	<u></u>			e	2,057,719.
P	art IV-B Reconciliation of Expense	es per Audited Financia	<u>al Statements</u>	<u>with</u>	Expenses per	Retu	ırn
						ΙI	
a	Total expenses and losses per audited for					a	<u>2,097,930.</u>
b	Amounts included on line a but not on P			1		1	
	1Donated services and use of facilities						
	2Prior year adjustments reported on Part						
	3Losses reported on Part I, line 20			b3		100	
	4Other (specify):						
				b4		-	
_	Add lines b1 through b4					-	2,097,930.
d	Amounts included on Part I, line 17, but			,		-	2,001,930.
a	1 Investment expenses not included on Pa		1	41			
	2Other (specify):						
			ľ	d2		2.30	
	Add lines d1 and d2					d	
e	Total expenses (Part I, line 17). Add line					-	2,097,930.
P	or key employee at any time du	s, Trustees, and Key E	mployees (L	st each	person who was a	ın off	
	or key employee at any time du	ring the year even if they wei	re not compensa	ited.) (see the instructions	s.)	
	CAN Name and address	(B) Title and average hours per week devoted	(C) Compens (if not pai	ation d,	emplovee benet	fit l	(E) Expense account and other
	(A) Name and address	to position	елter -0-)	plans and deferr compensation pla	ed	allowances
_					compensation pie	ans	
	ee Statement 3			0.		0.	0.
<u> </u>	e statement s			0.		Ť	
_							
Ξ.							
_				_		\rightarrow	
			I				

Form 990 (2006) CSUB Associated Studen	nts, Inc.		77-0293800	<u> </u>	Р	age 6
Part V-A Current Officers, Directors, Tru	stees, and Key Er	mployees (continue	d)		Yes	No
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organiza	tion business as board meeting	¤. ► <u>30</u>	154415		
b Are any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	nsated professional an gh family or business	d other independent cor	ntractors listed in Schedule	75 b		Х
c Do any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compet	oloyees listed in form	id other independent coi	ntractors listed in Schedule			
A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'						
If 'Yes,' attach a statement that includes the in		•	,,,,,,	75c		X
d Does the organization have a written conflict of						
Part V-B Former Officers, Directors, Tru- Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emp	plovee received compen	sation or other benefits (des	cribed	below) e
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit ac plans and deferred compensation plans	(E) Ex count allow		ther
None						
Part VI Other Information (See the inst	ructions.)				Yes	No
76 Did the organization make a change in its acti	vities or methods of co	onducting activities?		2768		
If 'Yes,' attach a detailed slatement of each of	-				<u> </u>	X
77 Were any changes made in the organizing or If 'Yes,' attach a conformed copy of the change		but not reported to the I	KS/	77		X
78a Did the organization have unrelated business		0 or more during the ve	ar covered by this return?	78 a		Х
b If 'Yes,' has it filed a tax return on Form 990-1			=	78 b	N/	Ά
79 Was there a liquidation, dissolution, termination	on, or substantial conti	raction during the				
year? If 'Yes,' attach a statement			., .,	79	eru Din	Х
80 a Is the organization related (other than by asso	ciation with a statewic	de or nationwide organiz	ation) through common	20-	V	
membership, governing bodies, trustees, offic b If 'Yes,' enter the name of the organization >	CSIIR - Founda	ation		80 a	Х	
The res, enter the hand of the organization	and c	heck whether it is X e	xempt or nonexempt.			5
81a Enter direct and indirect political expenditures	. (See line 81 instruct	ons.)	81a 0.	10 PS		
b Did the organization file Form 1120-POL for the	is year?			81 b		X

TEEA0106L 01/18/07

Form 990 (2006)

BAA

Form 990 (2006) CSUB ASSOCIATED Students, Inc. 17-029380	<u>U</u>	_	age 7
Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Χ_	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N,	/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	N,	/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N,	/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members			
d Section 162(e) lobbying and political expenditures 85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	71010002590		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f2	85 g	N,	/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N,	/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		1936	
line 12	TARREST STATE		
b Gross receipts, included on line 12, for public use of club facilities	100100310		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88 a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	88 b		Х
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000	2000	
section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .	Sallis		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement			
explaining each transaction	89Ь	MINISTER.	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	TO 100 W. W. W.	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during			
the year?	89 g		<u>X</u>
90 a List the states with which a copy of this return is filed ► <u>CA</u> b Number of employees employed in the pay period that includes March 12, 2006			
(See instructions.).	90Ь		1
91a The books are in care of Associated Students Telephone number (661) 664- Located at 9001 Stockdale Highway, Bakersfield CA ZIP + 4 9331	<u> 2418</u> 1		
h At one has device the extender upon and the exceptanter have a life and a second second second second second	ſ	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
BAA	Form	990 (2006)

Form 990 (2006)

Form 990 (2006) CSUB Associated S	tudents, Inc			77-0293	800 Page 8
Part VI Other Information (continu					Yes No
c At any time during the calendar year, d	lid the organization	maintain an offic	e outside of the Uni	ted States?	
If 'Yes,' enter the name of the foreign coul	_				
92 Section 4947(a)(1) nonexempt charitab	le trusts filing Form	990 in lieu of Fo	orm 1041 - Check h	ere	. N/A . •
and enter the amount of tax-exempt in					
Part VII Analysis of Income-Produ					
	Unrelated bus	siness income	Excluded by sect	ion 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
ab		-			
c					
d					
e					
f Medicare/Medicaid payments					
${f g}$ Fees & contracts from government agencies					
94 Membership dues and assessments.					2,020,028.
95 Interest on savings & temporary cash invmnts.			14	37,691.	
96 Dividends & interest from securities.					
97 Net rental income or (loss) from real estate:	A TRACTOR HAVE	Alexander of the control of the cont		語為學術學	公司等的公司
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a			计算机器的数据		
b	200				
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			10000000000000000000000000000000000000	37,691.	2,020,028.
105 Total (add line 104, columns (B), (D)	, and (E))			· · · · · · · · · · · · · · · · · · ·	2,057,719.
Note: Line 105 plus line 1e, Part I, should ed					
Part VIII Relationship of Activities	to the Accompl	ishment of Ex	cempt Purposes	(See the instruc	tions.)
Explain how each activity for who of the organization's exempt pur	ich income is report	ted in column (E)	of Part VII contribu	ited importantly to the	accomplishment
94 Activity conducted p					
Part IX Information Regarding Ta		ries and Disre	garded Entities	(See the instruct	ions.)
(A)	(B)		(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature o	f activities	Total income	End-of-year assets
N/A	96				
	8				
	%				_
	Se Se				
Part X Information Regarding Tr	ansfers Associa	ated with Pers	onal Benefit Co	ntracts (See the	instructions.)
a Did the organization, during the year, receive any					Yes X No
b Did the organization, during the year, p	ay premiums, direc	tly or indirectly,	on a personal benefi	it contract?	
Note: If 'Yes' to (b), file Form 8870 and I	Form 4720 (see inst	ructions).			

Par	t XI	Information Regarding Transfers To an organization is a controlling organization	d From Controlled En	tities. Comp	olete only if t	he		
		organization is a controlling organization	ras demice in section	7372(0)(10)	<u>, </u>		Yes	No
106	Did 'Yes	the reporting organization make any transfers to a s, complete the schedule below for each controlled	controlled entity as defined	d in section 51:		Code? If		Х
		(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) iption of nsfer	Amount	D) of trans	sfer
а								
b								
c								
		Totals	The space of	新花园				
107	Did	the reporting organization receive any transfers fr	om a controlled entity as de	efined in sectio	on 512(b)(13) of	the Code? If	Yes	No
	16	s,' complete the schedule below for each controlled (A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of insfer	Amount (D) of trans	X sfer
а								
b								
с								
		Totals	Here a new arrange				_	
108	Did	the organization have a binding written contract in juities described in question 107 above?	effect on August 17, 2006,	covering the ii	nterest, rents, re	oyalties, and	Yes	No X
Plea Sign Here	se	Under penalties of perjury, I declare that I have examined this returned, correct, and complete. Declaration of preparer (other than off Signature of officer					elief, it is	
Paid Pre-		Type or print name and title. Preparer's signature Eric Xin	Date	1-12-07	Check of self-employed	Preparer's SSN General Instruction	or PTIN (S	See
pare Use Only	r's	Errn's name (or yours if self-employed), address, and 2IP + 4 BROWN ARMSTRONG ACCOUNTY AVE STE 3 BAKERSFIELD, CA 93309	300	N	EIN ► N/A Phone no. ► (6		4071	
BAA		Diagnot Tunny on 75505			Trible no (O		990 (2	2006)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under **Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number CSUB Associated Students, Inc. 77-0293800 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred compensation (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances None Total number of other employees paid over \$50,000. Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None,') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services. Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None,' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Total number of other contractors receiving

over \$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006	CSUB Asso	ciated:	Students,	Inc.	77-029380	0	Р	² age 2
Part III Statements About Acti	i vities (See in	structions	s.)				Yes	No
1 During the year, has the organization to influence public opinion on a legisl or incurred in connection with the lob (Must equal amounts on line 38, Part	lative matter or in obying activities :	referendum? ►\$? If 'Yes,' enter	r the total expens N/A	ses paid	1		х
Organizations that made an election organizations checking 'Yes' must co lobbying activities.	under section 50 implete Part VI-8	01(h) by filin 3 AND attacl	g Form 5768 n h a statement	nust complete Pa giving a detailed	art VI-A. Other description of the			
2 During the year, has the organization substantial contributors, trustees, dire taxable organization with which any se beneficiary? (If the answer to any que	ectors, officers, such person is a	creators, key ffiliated as a	y employees, d in officer, direc	or members of the	eir families, or with any ority owner, or principal			Tanil 3441 2441
a Sale, exchange, or leasing of propert	ty?					_2a		Х
b Lending of money or other extension	of credit?			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	2b		Х
c Furnishing of goods, services, or faci	lities?				• • • • • • • • • • • • • • • • • • • •	2 c		Х
d Payment of compensation (or payme	ent or reimbursei	ment of expe	enses if more	than \$1,000)?		2 d		Х
e Transfer of any part of its income or	assets?				• • • • • • • • • • • • • • • • • • • •	2 e		Х
3a Did the organization make grants for explanation of how the organization of	scholarships, fe determines that	llowships, st recipients qu	tudent loans, e ualify to receiv	etc? (If 'Yes,' atta e payments.)	ech an	3 a		Х
b Did the organization have a section 4	103(b) annuity pl	an for its en	nployees?			3ь		Х
c Did the organization receive or hold a to preserve open space, the environr 'Yes,' attach a detailed statement	ment historic lar	nd areas or l	distoric structu	res? If		_3c		Х
d Did the organization provide credit co	ounseling, debt r	nanagemen	t, credit repair,	or debt negotia	tion services?	3 d		х
4a Did the organization maintain any do 4f and 4g	nor advised fund	ds? If 'Yes,'	complete lines	4b through 4g.	If 'No,' complete lines	_4a		Х
b Did the organization make any taxab	le distributions u	ınder sectior	1 4966?			4ь	N,	/A
c Did the organization make a distribut	ion to a donor, o	donor adviso	or, or related p	erson?	,	4c	N,	/A
d Enter the total number of donor advis	sed funds owned	d at the end	of the tax year	c				N/A
e Enter the aggregate value of assets t	held in all donor	advised fun	ds owned at th	ne end of the tax	year ,. ,. ,►			N/A
f Enter the total number of separate fur funds included on line 4d) where don amounts in such funds or accounts.	ors have the rig	ht to provide	e advice on the	e distribution or n	nvestment of			0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . >

ar	Reason for Non-Private F	oundation Status (S	ee instructions.)			
cert	fy that the organization is not a private t	foundation because it is: (Please check only ONE ap	plicable box	:.)	
5	A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (A	Also complete Part V.)				
7	A hospital or a cooperative hospital	service organization. Sec	tion 170(b)(1)(A)(III).			
8	A federal, state, or local governmen	t or governmental unit. Se	ection 170(b)(1)(A)(v)			
9	A medical research organization operand state	erated in conjunction with	a hospital. Section 170(b)	(1)(A)(iu). E	nter the hospi	tal's name, city,
10	X An organization operated for the bei	nefit of a college or universile in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Sec	tion 170(b)(1)(A)(iv).
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	res a substantial part of its plete the Support Schedu	s support from a governme l e in Part IV-A.)	ntal unit or	from the gene	ral public.
11 b	A community trust. Section 170(b)(1)(A)(vi). (Also complete t	he Support Schedule in Pa	art IV-A.)		
12	An organization that normally receive from activities related to its charitable from gross investment income and corganization after June 30, 1975. See	le. etc. functions — subject	ct to certain exceptions, an	d (2) no mo	re than 33-1/3	% of its support
13		d house of the collection	and Callery Decades and a second assets			
	An organization that is not controller requirements of section 509(a)(3).	d by any disqualified pers Theck the box that describ	ons (other than foundation les the type of supporting o	managers) organization	and otherwise	meets the
	Type I Type II	Type III-Function		Type III	_	
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	out the supported organize (c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organization	d) apported on listed in aporting cation's	(e) Amount of support
				163	NO	
		_				
otal						0.
14	An organization organized and open	ated to test for public safe	oty Section 509(a)(A) Res	a instruction	c \	
BAA	1 17 organization organized and open	ated to test for public sale	509 (36610) 309(8)(4), (366			990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **(e)** Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 573,705. 581,007 561,281 592,761 3,308 754. Membership fees received. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 0. charitable, etc, purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-1,611 5,371 ization after June 30, 1975. 11,580. 9.192 27,754. Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf...... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. 0. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See . Stmt. 4 28,500. 28,500 579,076 570,473. 594,372. Total of lines 15 through 22 1,621,087. 3,365,008. 1,621,087 570,473 594,372 579,076 Line 23 minus line 17..... 3,365,008. 24 5,944. 5.791 16,211. 5,705 25 Enter 1% of line 23..... 67,300 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your 26 b c Total support for section 509(a)(1) test: Enter line 24, column (e)..... 26 c 3,365,008 <u>27,754</u>. 19 d Add: Amounts from column (e) for lines: 26 d 56,254. 308,754 26 e e Public support (line 26c minus line 26d total)...... 98.33 % Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) ____ (2003) ____ (2002) ____ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: and line 27b total..... 27 d d Add: Line 27a total . . . 27e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).. > 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... ક

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))...

ê

Page 5

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?..... 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially 32 b nondiscriminatory basis?... c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32 c with student admissions, programs, and scholarships?..... d Copies of all material used by the organization or on its behalf to solicit contributions?...... If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?.... b Admissions policies?.... c Employment of faculty or administrative staff?..... 33 c d Scholarships or other financial assistance?..... 33 d 33 e e Educational policies?..... 33 f f Use of facilities?..... g Athletic programs?. 33 g h Other extracurricular activities? 33 h If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34 a b Has the organization's right to such aid ever been revoked or suspended?...... 34 b If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

	(To be complet	ed ONLY by an eligible	organization that filed F	orm 5768)	,		N/A
Chec	ck - a if the organi	zation belongs to an at	ffiliated group. Check	b If you	checke	d 'a' and 'limited cont	rol' provisions apply
		imits on Lobbying	g Expenditures amounts paid or incurred	4.\		(a) Affiliated group totals	(b) To be completed for all electing
	•		<u> </u>	<u>′</u>			organizations
36	,		c opínion (grassroots lobb		36		
37	Total lobbying expendit	_	37		1		
38	, , ,	•	37)		38		
39			20 20		39		
40			38 and 39)		40		
41	, •		nt from the following table				
	If the amount on line 40		e lobbying nontaxable and of the amount on line 4				
),000 plus 15% of the excess ov				State of State
	· ·		5,000 plus 10% of the excess ov		41		
			5,000 plus 5% of the excess ove		41		
			000,000				
42			line 41)		42		
43		•	42 is more than line 36.		43		
44			41 is more than line 38.		44		
	Caution: If there is an	amount on either line 4	43 or line 44, you must fii	e Form 4720.			HANDELLE BANK THE
	(Some organ	izations that made a s	Averaging Period Usection 501(h) election do ee the instructions for lin	not have to con	nplete :	h) all of the five columns	s below.
			Lobbying Expend	itures During 4	-Year A	veraging Period	
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004		(d) 2003	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))	作為"基金"與"有可能 1000年初日 2000年					
47	Total lobbying expenditures	Name of Street, Street	According to the Control of the Cont				
48	Grassroots non- taxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						

expenditures. Part VI-B Lobbying Activity by Nonelecting Public Charities

		4 / 10/101/	4 24 1101101	County I GD	io olianicos	
-,	Enr rangeli	no ank hi	v proapízalioc	s that did not	complete Part VI	-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunleers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements.			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			•
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)	264		
If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

50 Grassroots lobbying

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	e reporting organization -	directly or in 501(c)(3) (ndirectly engage in any	of the following	ng with any other organization describiting to political organizations?	ed in secti	on 5 0	1(c)
	fers from the reporting or		•		2 1		Yes	No
	, -	_				51 a (i)		X
						a (ii)		X
	transactions:					2 (11/		
		ets with a n	oncharitable exempt or	ganization		b (i)		Х
	-		,	_		b (ii)		X
` '			, 3			b (iii)		X
						b (iv)		X
` '	•							X
. ,	•					b (v)		X
` '						b (vi)		$\frac{\hat{x}}{x}$
						c nacket vali	ue of	
the go	oods, other assets, or ser	vices given	by the reporting organi	zation. If the	lumn (b) should always show the fair r organization received less than fair ma oods, other assets, or services receive	irket value	in in	
(a)	(b)		(c) noncharitable exempt o		(d)			
Line no.	Amount involved	Name of	noncharitable exempt of	organization	Description of transfers, transactions, and	sharing arrai	ngemen	2.1
N/A								
					_			
descr	organization directly or in the disconsisted in section 501(c) of s,' complete the following	the Code (o	iliated with, or related the than section 501(c	o, one ar mar)(3)) or in sec	re tax-exempt organizations tion 527?	► Ye	s X	No
9 11 10.	(a)	j seriebule.	(b)		(c)			
	Name of organization		Type of organiz	zation	(c) Description of relation	ship		
N/A								
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CSUB Associated Students, Inc.

77-0293800

Statement 1 Form 990 , Part III Organization's Primary Exempt Purpose

To establish representative government and improve the quality of student life by promoting student intellectual, cultural, physical and social well-being.

Statement 2 Form 990, Part IV, Line 55b Investments - Land, Buildings, and Equipment

Category			Basis	_	Accum. Deprec.	 Book Value
Furniture and Fixtures	Total	\$ \$	107,474. 107,474.	\$ \$	73,908. 73,908.	\$ 33,566. 33,566.

Statement 3
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Kenneth Beurmann C/O 9001 Stockdale Highway Bakersfield, CA 93311	President O	\$ 0.	\$ 0.	\$ 0.
Jeni Rice C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President 0	0.	0.	0.
Elena Avina C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President 0	0.	0.	0.
Wendy Martinez C/O 9001 Stockdale Highway Bakersfield, CA 93311	Vice President 0	0.	0.	0.
Ali Zanial C/O 9001 Stockdale Highway Bakersfield, CA 93311	Chairman O	0.	0.	0.
Tiara Cox C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Adriana Sandoval C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.

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Statement 3 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name_and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Monika Tincher C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director \$	0.	\$ 0.	\$ 0.
Ame Phillips C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Janett Zavala C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Salman Hasan C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Kelli Groves C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Anna Reed C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Prayas Patel C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Rachael O'Brien C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Marina Avalos-Kegley C/O 9001 Stockdale Highway Bakersfield, CA 93311	Advisor 0	0.	0.	0.
Ranjanpreet Nagra C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Chris Toste C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Doug Ross C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.

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Statement 3 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Account/
Ryan Martinez C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director \$	0.	\$ 0.	\$ 0.
Jon Bristow C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Rob Knickrehm C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Chelsea Sempell C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Alberto Garcia C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Crystal Duran C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Alexis St. John C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Valerie Poynor C/O 9001 Stockdale Highway Bakersfield, CA 93311	Director 0	0.	0.	0.
Laura Elton C/O 9001 Stockdale Highway Bakersfield, CA 93311	Liaison O	0.	0.	0.
Shannon Hill C/O 9001 Stockdale Highway Bakersfield, CA 93311	Alumni Rep 0	0.	0.	0.
,	0	0.	0.	0.
	Total <u>\$</u>	0.	\$ 0.	\$ 0.

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Statement 4 Schedule A, Part IV-A, Line 22 Other Income

Description	<u>(a) 2005</u>	(b) 2004	(c) 2003	_(d) 2002	(e) Total	
Intercollegiate Athletic Revenue						
-	\$ 24,960.	\$ 0.	\$ 0.	\$ 0.	\$ 24,960.	
Miscellaneous	<u>3,540.</u>	0.	0.	0.	3,540.	
Total	\$ 28,500.	\$ 0.	\$ 0.	\$ 0.	\$ 28,500.	