

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.

A For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9001 STOCKDALE HIGHWAY City, town, or post office, state, and ZIP code BAKERSFIELD, CA 93311 F Name and address of principal officer: DOUGLAS S. WADE SAME AS C ABOVE	D Employer identification number 77-0293800 E Telephone number 661-664-2418 G Gross receipts \$ 2,849,647. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CSUB.EDU/ASI		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																									
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 25 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 30 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">2,661,669.</td> <td style="text-align: right;">2,837,543.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">9,424.</td> <td style="text-align: right;">8,199.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">20,616.</td> <td style="text-align: right;">3,905.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,691,709.</td> <td style="text-align: right;">2,849,647.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	0.	0.	9 Program service revenue (Part VIII, line 2g)	2,661,669.	2,837,543.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,424.	8,199.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,616.	3,905.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,691,709.	2,849,647.						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer NAVDEEP KAUR, VICE PRESIDENT OF FINANCE Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name NANCY C. BELTON, CPA	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P01234207
	Firm's name ▶ DANIELLS PHILLIPS VAUGHAN & BOCK Firm's address ▶ 300 NEW STINE ROAD BAKERSFIELD, CA 93309	Firm's EIN ▶ 95-2972229 Phone no. 661-834-7411

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
TO ESTABLISH REPRESENTATIVE GOVERNMENT AND IMPROVE THE QUALITY OF
STUDENT LIFE BY PROMOTING STUDENT INTELLECTUAL, CULTURAL, PHYSICAL,
AND SOCIAL WELL BEING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,849,781. including grants of \$ 1,755,375.) (Revenue \$ 2,620,555.)
INTERCOLLEGIATE ATHLETICS - SUPPORTS THE ATHLETIC PROGRAMS OF THE
UNIVERSITY AND PROVIDES SCHOLARSHIPS TO STUDENT ATHLETES.

4b (Code:) (Expenses \$ 33,318. including grants of \$) (Revenue \$ 33,318.)
STUDENT ACTIVITIES - PROVIDES SUPPORT TO THE STUDENT BODY AND MORE THAN
90 STUDENT CLUBS AND ORGANIZATIONS ON CAMPUS.

4c (Code:) (Expenses \$ 187,575. including grants of \$) (Revenue \$ 187,575.)
STUDENT SERVICES - PROVIDES FOR PROGRAMS THAT SUPPORT LEADERSHIP
DEVELOPMENT, STUDENT LIFE, AND REDUCED COST CHILD CARE SERVICES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,070,674.**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	25		
b Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** _____
DOUGLAS S. WADE - 661-654-2251
9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HERNAN HERNANDEZ PRESIDENT	10.00	X		X				900.	0.	90.
(2) SAHRO NUR EXECUTIVE VICE PRESIDENT	10.00	X		X				825.	0.	90.
(3) HILDA NIEBLAS V.P. PROGRAMMING & PUBLICITY	10.00	X		X				0.	0.	90.
(4) EMILY SCHNELL VICE PRESIDENT-EXTERNAL AF	10.00	X		X				825.	0.	90.
(5) NAVDEEP KAUR VICE PRESIDENT-FINANCE	10.00	X		X				870.	0.	90.
(6) LAUREN GOODSI PRESIDENT	10.00	X						3,300.	0.	90.
(7) BEN ROBB EXECUTIVE VICE PRESIDENT	10.00	X						1,943.	0.	90.
(8) EDUARDO VARGAS V.P. PROGRAMMING & PUBLICITY	10.00	X						3,025.	0.	90.
(9) JESUS PEREZ VICE PRESIDENT-EXTERNAL AF	10.00	X						3,025.	0.	90.
(10) JUAN SOTO VICE PRESIDENT-FINANCE	10.00	X						3,025.	0.	90.
(11) ASHLEY CRIPPEN DIRECTOR, BPA	0.10	X						0.	0.	0.
(12) KHADIJAH SHEIKH DIRECTOR, BPA	0.10	X						0.	0.	0.
(13) NICK SMITH DIRECTOR, SOCIAL SCIENCES & EDUCATIO	0.10	X						0.	0.	0.
(14) JOEY SANCHEZ DIRECTOR, SOCIAL SCIENCES & EDUCATIO	0.10	X						0.	0.	0.
(15) SAVANNAH ANDREWS DIRECTOR, ARTS & HUMANITIES	0.10	X						0.	0.	0.
(16) ADAM DIAZ DIRECTOR, NTL SCIENCE & MATH	0.10	X						0.	0.	0.
(17) JENNY TORRES DIRECTOR, NTL SCIENCE & MATH	0.10	X						0.	0.	0.

**ASSOCIATED STUDENTS CALIFORNIA STATE
UNIVERSITY BAKERSFIELD**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PARMEET SIDHU DIRECTOR, GENERAL STUDIES	0.10	X						0.	0.	0.
(19) AFAF ALDHULAY DIRECTOR, GENERAL STUDIES	0.10	X						0.	0.	0.
(20) SONIA KAUR DIRECTOR, MULTICULTURAL AFFAIRS	0.10	X						0.	0.	0.
(21) DHIRAJ KUMAR DIRECTOR, LOWER DIVISION	0.10	X						0.	0.	0.
(22) KAREL WAHBA DIRECTOR, LOWER DIVISION	0.10	X						0.	0.	0.
(23) NKIRUKA ORAGWAM DIRECTOR, LOWER DIVISION	0.10	X						0.	0.	0.
(24) MADAWA ALQAHTANI DIRECTOR, UPPER DIVISION	0.10	X						0.	0.	0.
(25) YASMIN RAMIREZ DIRECTOR, UPPER DIVISION	0.10	X						0.	0.	0.
(26) JEANETTE ORTIZ DIRECTOR, UPPER DIVISION	0.10	X						0.	0.	0.
1b Sub-total								17,738.	0.	900.
c Total from continuation sheets to Part VII, Section A								1,200.	54,877.	0.
d Total (add lines 1b and 1c)								18,938.	54,877.	900.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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**ASSOCIATED STUDENTS CALIFORNIA STATE
UNIVERSITY BAKERSFIELD**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KAMALNEEL SINGH DIRECTOR, UPPER DIVISION	0.10	X					0.	0.	0.	
(28) AMANDEEP KAUR DIRECTOR, UPPER DIVISION	0.10	X					0.	0.	0.	
(29) BRENDA DEL RIEGO DIRECTOR, ANTLEOPE VALLEY	0.10	X					0.	0.	0.	
(30) TAMMY DIETRICH DIRECTOR, ANTLEOPE VALLEY	0.10	X					1,200.	0.	0.	
(31) TAREN MULHAUSE EXECUTIVE DIRECTOR, ASI	40.00			X			0.	54,877.	0.	
Total to Part VII, Section A, line 1c							1,200.	54,877.		

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
	Program Service Revenue	2 a STUDENT FEES	Business Code 611710	2,837,543.	2,837,543.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			2,837,543.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,199.		8,199.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	611710	3,905.	3,905.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		3,905.				
12 Total revenue. See instructions.		2,849,647.	2,841,448.	0.	8,199.	

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UNIVERSITY BAKERSFIELD**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,755,375.	1,755,375.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,715.		74,715.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,940.	11,500.	19,440.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	49,990.	4,465.	45,525.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,250.		10,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,699.	6,080.	619.	
12 Advertising and promotion	2,055.		2,055.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	23,964.	1,362.	22,602.	
17 Travel	16,717.	530.	16,187.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,609.	6,099.	510.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,946.		27,946.	
23 Insurance	9,209.	2,279.	6,930.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	201,285.	177,426.	23,859.	
b SERVICES FROM OTHER AGENCY	132,826.	104,121.	28,705.	
c SCHOLARSHIPS	30,225.		30,225.	
d DUES & SUBSCRIPTIONS	4,029.		4,029.	
e All other expenses	7,873.	1,437.	6,436.	
25 Total functional expenses. Add lines 1 through 24e	2,390,707.	2,070,674.	320,033.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**ASSOCIATED STUDENTS CALIFORNIA STATE
UNIVERSITY BAKERSFIELD**

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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1	73,941.	
	2 Savings and temporary cash investments	812,055.	2	1,352,507.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	98,990.	4	41,724.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	311,014.			
	b Less: accumulated depreciation	135,854.	10c	175,160.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,114,151.	16	1,643,332.		
Liabilities	17 Accounts payable and accrued expenses	99,255.	17	260,873.	
	18 Grants payable	108,712.	18	13,931.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	118,855.	25	122,259.	
	26 Total liabilities. Add lines 17 through 25	326,822.	26	397,063.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	787,329.	27	1,246,269.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	787,329.	33	1,246,269.		
34 Total liabilities and net assets/fund balances	1,114,151.	34	1,643,332.		

Form **990** (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,849,647.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,390,707.
3	Revenue less expenses. Subtract line 2 from line 1	3	458,940.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	787,329.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,246,269.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD** Employer identification number **77-0293800**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,417,314.	2,621,138.	2,476,861.	2,657,913.	2,894,809.	13,068,035.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,417,314.	2,621,138.	2,476,861.	2,657,913.	2,894,809.	13,068,035.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						13,068,035.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,417,314.	2,621,138.	2,476,861.	2,657,913.	2,894,809.	13,068,035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,633.	9,057.	8,360.	9,424.	8,199.	73,673.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	955.	599.	118,734.	20,616.	3,905.	144,809.
11 Total support. Add lines 7 through 10						13,286,517.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.36	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.70	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA STATE
UNIVERSITY BAKERSFIELD**

Employer identification number
77-0293800

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		254,852.	83,353.	171,499.
d Equipment		56,162.	52,501.	3,661.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				175,160.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ACCOUNTS	122,259.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	122,259.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,849,647.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,849,647.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,849,647.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,390,707.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,390,707.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,390,707.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ASSOCIATED STUDENTS ADOPTED THE ACCOUNTING

STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES

THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE

CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THIS GUIDANCE, THE ASSOCIATED STUDENTS MAY RECOGNIZE THE TAX BENEFIT

FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE

TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED

ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN

Part XIII Supplemental Information (continued)

THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE ASSOCIATED STUDENTS' TAX POSITIONS AND CONCLUDED THAT THEY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD** Employer identification number **77-0293800**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**ASSOCIATED STUDENTS CALIFORNIA STATE
UNIVERSITY BAKERSFIELD**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	197	1,755,375.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: REQUESTS ARE TRANSFERRED TO THE OFFICE OF
FINANCIAL AID. THE FINANCIAL AID OFFICE MATCHES SPECIFIC SCHOLARSHIPS WITH
REQUESTS THEN FUNDS ARE DISTRIBUTED WITHIN COMPLIANCE OF DONOR INTENT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD	Employer identification number	77-0293800
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ASSOCIATED STUDENTS, INC., (ASI) OF CALIFORNIA STATE UNIVERSITY,
BAKERSFIELD EXISTS TO PROVIDE AN OFFICIAL VOICE THROUGH WHICH STUDENTS'
OPINIONS AND ISSUES MAY BE EXPRESSED REGARDING UNIVERSITY AND STATEWIDE
AFFAIRS. ASI SEEKS TO ASSIST IN THE PROTECTION OF THE RIGHTS AND
INTERESTS OF INDIVIDUAL STUDENTS AND THE STUDENT BODY AS A WHOLE. ASI
PROVIDES RESOURCES AND PROGRAMS THAT ENCOURAGE LEADERSHIP DEVELOPMENT
AND BROADEN SOCIAL, EDUCATIONAL, POLITICAL AND CULTURAL AWARENESS FOR
THE BETTERMENT OF THE STUDENTS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO SUBMISSION, THE ASI
OFFICERS REVIEWED THE INFORMATION ELECTRONICALLY AND THE CSUB GENERAL
ACCOUNTING STAFF CHECK AND VERIFY THE INFORMATION REPORTED IN THE TAX
RETURN FOR ACCURACY AND COMPLETENESS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ASI EXECUTIVE DIRECTOR MAKES
SURE THAT KEY OFFICERS OF THE ORGANIZATION HAVE AN ACCOMPLISHED CONFLICT OF
INTEREST FORMS ON FILE. THE FORMS ON FILE ARE REVIEWED ON A REGULAR BASIS
AND THE VENDORS WHO THEY DEAL WITH ARE MONITORED TO MAKE SURE THAT ASI IS
IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT ALL TIMES.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTORS AND KEY
STAFF'S PERFORMANCE ARE EVALUATED YEARLY BY THE EXECUTIVE OFFICERS. SALARY
INCREASE RECOMMENDATIONS ARE REVIEWED AND APPROVED BY THE EXECUTIVE BOARD
MEMBERS.

Name of the organization ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Employer identification number 77-0293800

FORM 990, PART VI, SECTION C, LINE 19: THE BY-LAWS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE ASI'S WEBSITE.

Multiple horizontal lines for additional text entry.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD** Employer identification number **77-0293800**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY BAKERSFIELD - 77-0314545, 9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	UNIVERSITY	CALIFORNIA	501(C)(3)	170(B)(1) (A)(II)	N/A		X
CSUB - FOUNDATION - 95-2643086 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	UNIVERSITY ADVANCEMENT	CALIFORNIA	501(C)(3)	170(B)(1) (A)(II)	N/A		X
CSUB - STUDENT UNION - 77-0375841 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	STUDENT SERVICES	CALIFORNIA	501(C)(3)	170(B)(1) (A)(II)	N/A		X

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**ASSOCIATED STUDENTS CALIFORNIA STATE
UNIVERSITY BAKERSFIELD**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROGRAM FEES REIMBURSEMENT PAID TO CALIFORNIA STATE UNIVERSITY BAKERSFIELD AND CALIFORNIA STATE UNIVERSITY	P	1,923,520.	CASH
(2) BAKERSFIELD FOUNDATION		0.	
(3) STUDENT FEES ASSESSED THROUGH CALIFORNIA STATE UNIVERSITY BAKERSFIELD	S	2,837,543.	CASH
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD	Employer identification number 77-0293800
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Name and title of officer
**NAVDEEP KAUR
VICE PRESIDENT OF FINANCE**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2849647</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DANIELLS PHILLIPS VAUGHAN & BOCK to enter my PIN 03090
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77601893309
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

..... June 30, 2013

Prepared for	Associated Students California State University Bakersfield 9001 Stockdale Highway Bakersfield, CA 93311
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Amount due or refund	Balance due of \$10
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	<p>The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.</p> <p>Your payment should be made as instructed below on or before November 15, 2013.</p> <p>Separately mail California Form FTB 3586 with a check or money order for \$ 10, payable to Franchise Tax Board.</p> <p>Mail to: Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531</p> <p>Include the corporation number or FEIN and "2012 FTB 3586" on the check or money order.</p>

California Exempt Organization
Annual Information Return

Calendar Year 2012 or fiscal year beginning month **JULY** day **1** year **2012**, and ending month **JUNE** day **30** year **2013**.

Corporation/Organization Name ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD		California corporation number C1603917
Address (suite, room, or PMB no.) 9001 STOCKDALE HIGHWAY		FEIN 77-0293800
City BAKERSFIELD	State CA	ZIP Code 93311

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	--

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,849,647.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,849,647.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	2,849,647.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,390,707.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	458,940.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer VICE PRESIDENT	Title	Date	Telephone 661-654-2011
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01234207
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA 93309			FEIN 95-2972229
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Telephone 661-834-7411

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00	
	2	Interest	2	8,199.00	
	3	Dividends	3	00	
	4	Gross rents	4	00	
	5	Gross royalties	5	00	
	6	Gross amount received from sale of assets (See Instructions)	6	00	
	7	Other income SEE STATEMENT 1	7	2,841,448.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	2,849,647.00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 2	9	1,755,375.00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	74,715.00	
	12	Other salaries and wages	12	30,940.00	
	Expenses and Disbursements	13	Interest	13	00
		14	Taxes	14	00
		15	Rents	15	23,964.00
		16	Depreciation and depletion (See instructions)	16	27,946.00
		17	Other Expenses and Disbursements SEE STATEMENT 4	17	477,767.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,390,707.00

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Schedule L Balance Sheets				
Assets				
1	Cash	812,055.		1,426,448.
2	Net accounts receivable	98,990.		41,724.
3	Net notes receivable			
4	Inventories			
5	Federal and state government obligations			
6	Investments in other bonds			
7	Investments in stock			
8	Mortgage loans			
9	Other investments			
10 a	Depreciable assets	311,014.	311,014.	
b	Less accumulated depreciation	(107,908.)	(135,854.)	175,160.
11	Land			
12	Other assets			
13	Total assets	1,114,151.		1,643,332.
Liabilities and net worth				
14	Accounts payable	99,255.		260,873.
15	Contributions, gifts, or grants payable	108,712.		13,931.
16	Bonds and notes payable			
17	Mortgages payable			
18	Other liabilities STMT 5	118,855.		122,259.
19	Capital stock or principle fund			
20	Paid-in or capital surplus. Attach reconciliation			
21	Retained earnings or income fund	787,329.		1,246,269.
22	Total liabilities and net worth	1,114,151.		1,643,332.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	458,940.	7	Income recorded on books this year not included in this return.	
2	Federal income tax		8	Deductions in this return not charged against book income this year	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return			Subtract line 9 from line 6	458,940.
6	Total. Add line 1 through line 5	458,940.			

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
MISCELLANEOUS		3,905.	
STUDENT FEES		2,837,543.	
TOTAL TO FORM 199, PART II, LINE 7		2,841,448.	

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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ACTIVITY CLASSIFICATION: SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ABDUL AHMED	8200 KROLL WAY - BAKERSFIELD, CA 93311	VARSITY ATHLETE	30,133.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ADAM YOUNG	91 E. AGATE AVE. - LAS VEGAS, NV 89123	VARSITY ATHLETE	22,345.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ADRIANNA CARDOZA	4326 OAKFIELD AVE - SANTA ANA, CA 92703	VARSITY ATHLETE	8,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEXANDER BROWN	45 BARGARY WAY - RENO, NV 89511	VARSITY ATHLETE	1,200.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEXANDER DANEKE	8200 N LAURELGLEN APT 1414 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	9,169.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALEXANDRA BAYER	8101 CAMINO MEDIA, APARTMENT # 204 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	6,709.
ALEXANDRA LINDBERG	8101 CAMINO MEDIA APT. 213 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	5,862.
ALEXIS FLORES	15018 OSWALD ST - SYLMAR, CA 91342	VARSITY ATHLETE	8,209.
ALLI GILLESPIE	6609 REXFORD WAY - BAKERSFIELD, CA 93309	VARSITY ATHLETE	13,209.
ALYSSA PAGE	4808 PLANZ RD - BAKERSFIELD, CA 93309	VARSITY ATHLETE	8,000.
ALYSSA SHANNON	1612 HAMPTON PARK WAY - BAKERSFIELD, CA 93314	VARSITY ATHLETE	15,610.
AMANDA DUKET	2300 BUENA VISTA ST - BAKERSFIELD, CA 93304	VARSITY ATHLETE	3,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMANDA NESBIT	3300 GOSFORD ROAD APT 50 - BAKERSFIELD, CA 93309	VARSITY ATHLETE	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMANDA STEPP	8201 CAMINO MEDIA APT 126 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	1,659.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMBER MILLS	1106 W MINARETS AVE - FRESNO, CA 93650	VARSITY ATHLETE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMBER WILLIAMS	15062 COYOTE CT - FONTANA, CA 92336	VARSITY ATHLETE	18,311.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMIE BIRKS	1112 HAVEN AVE - BAKERSFIELD, CA 93308	VARSITY ATHLETE	400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMY RICCIARDI	14292 LAUREL WOOD LN - CHINO HILLS, CA 91709	VARSITY ATHLETE	8,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANAIZ ORTIZ	36650 45TH ST E - PALMDALE, CA 93552	VARSITY ATHLETE	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANDREW ATZHORN	3900 RIVERLAKES DR #7J - BAKERSFIELD, CA 93312	VARSITY ATHLETE	6,450.
ANDREW DEVLIN	5107 SHADOW LAKE DRIVE - BAKERSFIELD, CA 93313	VARSITY ATHLETE	7,627.
ANTHONY PEREZ	9377 FRANKFORT AVE. - FONTANA, CA 92335	VARSITY ATHLETE	7,207.
ANTIONETTE GARRETT	2601 FREMONT ST. #106 - BAKERSFIELD, CA 93304	VARSITY ATHLETE	17,445.
ASHLEY CARTER	21104 OAKMOUNT CT - TEHACHAPI, CA 93561	VARSITY ATHLETE	2,000.
AUDRENA HARLAN	4853 HIGHLANDS WAY - ANTIOCH, CA 94531	VARSITY ATHLETE	8,742.
AUSTIN DAVIS	8200 KROLL WAY #25 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BATABE ZEMPARÉ	9825 N 70TH STREET APT # 227 - PARADISE VALLEY, AZ 85253	VARSITY ATHLETE	18,269.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRANDON BARNES	8101 CAMINO MEDIA APT 214 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	16,885.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRANDON VAN DAM	10703 VILLA HERMOSA DR. - BAKERSFIELD, CA 93311	VARSITY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRETT EMERY	9736 SNOWBERRY WAY - ORANGEVALE, CA 95662	VARSITY ATHLETE	1,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BROOKE CARTER	8200 KROLL WAY APT #128 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	5,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BROOKLYNN HINKENS	9907 BATTERSEA PARK DRIVE - BAKERSFIELD, CA 93312	VARSITY ATHLETE	21,171.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAEL BROCKMEYER	159 LAKE STREET - VINEYARD HAVEN, MA 02568	VARSITY ATHLETE	7,060.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAITLYN HILL	5802 PINE CANYON - BAKERSFIELD, CA 93313	VARSIY ATHLETE	1,200.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAITLYN LOZANO	10357 GLORIA AVE - GRANADA HILLS, CA 91344	VARSIY ATHLETE	3,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CANDACE NICHOLS	1013 SAN VICENTE DR - BAKERSFIELD, CA 93307	VARSIY ATHLETE	3,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CECILIA LOPEZ	501 BELMONT AVE. SPACE#11 - BAKERSFIELD, CA 93308	VARSIY ATHLETE	7,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHANCE GUSBETH	1035 E NEWGROVE ST. - LANCASTER, CA 93535	VARSIY ATHLETE	7,213.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHARLES YUHAS	954 FEATHER PEAK DR. - CORONA, CA 92882	VARSIY ATHLETE	1,250.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHIYEKO MORISAKI	5802 PINE CANYON - BAKERSFIELD, CA 93313	VARSIY ATHLETE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRISTIAN DUARTE	2630 SWIFT CREEK DR - LEAGUE CITY, TX 77573	VARSITY ATHLETE	12,709.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRISTOPHER MALLON	8966 WOODALE AVE - ARLETA, CA 91331	VARSITY ATHLETE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRISY VO	1948 SW MONTMORE WAY - TROUTDALE, OR 97060	VARSITY ATHLETE	2,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CIARRA FORD	90 W DAMERON ST - LONG BEACH, CA 90805	VARSITY ATHLETE	18,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLLIN ELLIS	11318 JUDY AVENUE - BAKERSFIELD, CA 93312	VARSITY ATHLETE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COREY HALL	125 HOBBS CIR - SANTA PAULA, CA 93060	VARSITY ATHLETE	18,849.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COREY MASON	1636 W 113TH ST - LOS ANGELES, CA 90047	VARSITY ATHLETE	8,569.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DAISY VAZQUEZ	1022 JONES CT. - REDWOOD CITY, CA 94063	VARSITY ATHLETE	2,463.
DAJYANAH VINES	1117 W HILL ST - OXNARD, CA 93030	VARSITY ATHLETE	18,492.
DANIEL WICKENSHEIMER	8200 N. LAURELGLEN BLVD. APT #411 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	3,000.
DANIKA YOUNGBLOOD	8200 N LAURELGLEN BLVD APT 416 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	13,495.
DANTE NINO	8200 KROLL WAY - BAKERSFIELD, CA 93311	VARSITY ATHLETE	11,539.
DAVID MITCHELL	4305 TRUMBULL DR - BAKERSFIELD, CA 93311	VARSITY ATHLETE	6,709.
DEBORA ARAUJO	10714 PRAIRIE STONE PLACE - BAKERSFIELD, CA 93311	VARSITY ATHLETE	19,998.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DELISE BATIZA	64 SHAW PL - SAN RAMON, CA 94583	VARSIY ATHLETE	12,509.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DENNIS CASSIDY	15414 LODOSA DRIVE - WHITTIER, CA 90605	VARSIY ATHLETE	2,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DEREK STOTLER	9051 STOCKDALE HWY. - BAKERSFIELD, CA 93311	VARSIY ATHLETE	2,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DYLAN CHRISTENSEN	11 SANTA SOPHIA - RANCHO SANTA MARGARITA, CA 92688	VARSIY ATHLETE	4,828.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EDUARDO CALZADA	1624 E 81ST ST - LOS ANGELES, CA 90001	VARSIY ATHLETE	7,207.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EMILY BLISS	10655 VANALDEN AVE - PORTER RANCH, CA 91326	VARSIY ATHLETE	1,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EMILY NOETHE	3017 PATTI ROSE AVE - ROSAMOND, CA 93560	VARSIY ATHLETE	6,709.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERIC SHANNON	31180 CHERRY DR - CASTAIC, CA 91384	VARSITY ATHLETE	2,637.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERICA SHELTON	4711 GRANITE MOUNTAIN CT - BAKERSFIELD, CA 93311	VARSITY ATHLETE	3,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERICA WILCOX	9013 CAYMUS CT - BAKERSFIELD, CA 93312	VARSITY ATHLETE	1,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERIK KINNEY	8200 N. LAURELGLEN BLVD. APT # 601 - BAKERSFIELD, CA 93311	VARSITY ATHLETE	19,497.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERIKA WILLIAMS	4000 SCENIC RIVER LN APT#8C - BAKERSFIELD, CA 93308	VARSITY ATHLETE	15,593.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERNESTO HINOJOSA	5107 SHADOW LAKE DR. - BAKERSFIELD, CA 93313	VARSITY ATHLETE	6,748.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FERNANDA GONCALVES	10714 PRAIRIE STONE PLACE - BAKERSFIELD, CA 93311	VARSITY ATHLETE	18,782.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRAN CVERLE	6500 WHITE LN APT 5 - BAKERSFIELD, CA 93309	VARSITY ATHLETE	7,925.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRANCISCO MARTINEZ	8830 45TH ST - RIVERSIDE, CA 92509	VARSITY ATHLETE	6,982.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GABRIEL BERTRAND	6500 WHITE LANE #23 - BAKERSFIELD, CA 93309	VARSITY ATHLETE	7,925.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GABRIEL HOLLAND	11705 CACTUS FLOWER AVE - BAKERSFIELD, CA 93311	VARSITY ATHLETE	6,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GARRETT PIERCE	6601 NORRIS RD - BAKERSFIELD, CA 93308	VARSITY ATHLETE	3,102.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GINA HENDERSON	2153 BRODERICK AVE - DUARTE, CA 91010	VARSITY ATHLETE	6,093.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GYASI ZARDES	21800 S AVALON #429 - CARSON, CA 90745	VARSITY ATHLETE	4,386.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HAYDEN CARTER	9204 DUNCANSON DRIVE - BAKERSFIELD, CA 93311	VARSIY ATHLETE	6,709.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ISSIAH GRAYSON	8101 CAMINO MEDIA APT 80 - BAKERSFIELD, CA 93311	VARSIY ATHLETE	20,534.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IVAN MATIP MA OUM	8200 KROLL WAY APT 116 - BAKERSFIELD, CA 93311	VARSIY ATHLETE	6,973.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JAMARA SCOTT	2215 LESTER ST - BAKERSFIELD, CA 93304	VARSIY ATHLETE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JAMES BARRAGAN	12402 PARKERHILL DR - BAKERSFIELD, CA 93311	VARSIY ATHLETE	7,109.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JAMES GARCES	4400 SUGAR CANE AVENUE - BAKERSFIELD, CA 93313	VARSIY ATHLETE	6,709.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JANA SMITH	8101 CAMINO MEDIA APT 41 - BAKERSFIELD, CA 93311	VARSIY ATHLETE	6,871.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JANAE COFFEE	7748 N SPALDING AVE - FRESNO, CA 93720	VARSIY ATHLETE	15,837.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JANELLE SHELBY	810 HACIENDA DR. - EL CAJON, CA 92020	VARSIY ATHLETE	11,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JAVONTE MAYNOR	13404 PROVIDENCE PLACE - BAKERSFIELD, CA 93314	VARSIY ATHLETE	21,285.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JAZMIN LOPEZ	11805 STURGEON CREEK DRIVE - BAKERSFIELD, CA 93311	VARSIY ATHLETE	10,100.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JAZMINE IRVIN	7401 CIBOLA DR - BAKERSFIELD, CA 93309	VARSIY ATHLETE	7,999.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JEANETTE DOVE	7718 CREIGHTON CT - FONTANA, CA 92336	VARSIY ATHLETE	4,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JEFFREY MCKENZIE	2779 KING EDWARD DR - EL DORADO HILLS, CA 95762	VARSIY ATHLETE	6,374.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JENNA BUNAG	2410 ALGEHRO DRIVE - DELANO, CA 93215	VARSIY ATHLETE	1,332.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JESSICA BROWNING	8200 N LAURELGLEN BLVD APT 1613 - BAKERSFIELD, CA 93311	VARSIY ATHLETE	11,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JESSICA CASTANEDA	4215 RIO VIEJO DR - BAKERSFIELD, CA 93313	VARSIY ATHLETE	7,759.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JESSICA PAVLETICH	17458 STOCKDALE HWY - BAKERSFIELD, CA 93314	VARSIY ATHLETE	1,200.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JESSICA SITARZ	3100 ASHE RD APT 159 - BAKERSFIELD, CA 93309	VARSIY ATHLETE	9,133.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JESUS SANCHEZ	5107 SHADOW LAKE DR. - BAKERSFIELD, CA 93313	VARSIY ATHLETE	4,237.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOANNA ORTIZ	3001 JORIE AVE - BAKERSFIELD, CA 93304	VARSIY ATHLETE	12,295.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOELLE MILHOLM	2919 FORDHAM STREET - BAKERSFIELD, CA 93305	VARSIY ATHLETE	11,382.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JONATHAN MONTOYA	17821 CASSIDY PL - CHINO HILLS, CA 91709	VARSIY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JORDAN REED	11800 STONINGTON ST - BAKERSFIELD, CA 93312	VARSIY ATHLETE	1,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JORDON HEIN	13127 E LUPINE AVE - SCOTTSDALE, AZ 85259	VARSIY ATHLETE	8,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOREY BRAUGHTON	9403 CHANTILLY LN - BAKERSFIELD, CA 93312	VARSIY ATHLETE	1,335.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOSEPH MASUMIYA	4612 LADOGA AVE. - LAKEWOOD, CA 90713	VARSIY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOSHUA RODRIGUEZ	1100 MONDAVI WAY APT. M8 - BAKERSFIELD, CA 93312	VARSIY ATHLETE	7,281.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JULIA BOWEN	3006 TRESSELWYCK LANE - BAKERSFIELD, CA 93311	VARSIY ATHLETE	19,849.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JUSTIN FINCH	5909 CHURCH DOME CT - BAKERSFIELD, CA 93313	VARSIY ATHLETE	7,629.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KAMEN SARRATT	4801 FRUITVALE AVE APT 245 - BAKERSFIELD, CA 93308	VARSIY ATHLETE	2,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KARA FRANKHOUSER	11407 DARLINGTON AVE - BAKERSFIELD, CA 93312	VARSIY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KARISSA VEIGA	26741 HEMET ST - HEMET, CA 92544	VARSIY ATHLETE	9,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KARLEE RODGERS	2837 CASTY CT. - SANGER, CA 93657	VARSIY ATHLETE	3,684.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KARNELL GRIMES	5000 BELLE TERRACE APT 26 - BAKERSFIELD, CA 93309	VARSIY ATHLETE	2,496.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KATELYNN WEBB	12303 MACLURE DRIVE - BAKERSFIELD, CA 93311	VARSITY ATHLETE	1,332.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KAYLEE MOYER	2516 VIOLET CT - BAKERSFIELD, CA 93308	VARSITY ATHLETE	6,709.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KELSEE SAWYER	10714 PRAIRIE STONE PL - BAKERSFIELD, CA 93311	VARSITY ATHLETE	18,509.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KELSEY LANGE	6207 HENARES ST - BAKERSFIELD, CA 93311	VARSITY ATHLETE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KELSIE MONROE	708 COASTAL CT - LOS BANOS, CA 93635	VARSITY ATHLETE	9,900.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KEVIN YOUNGER	2001 WILLOW BROOK ST - BAKERSFIELD, CA 93314	VARSITY ATHLETE	3,102.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KIARA BURKETT	1474 BULB AVE - SANTA CRUZ, CA 95062	VARSITY ATHLETE	4,093.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KORY KINDLE	6600 COLUMBIA LN. - BAKERSFIELD, CA 93309	VARSIITY ATHLETE	2,837.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KREGG JONES	8200 KROLL WAY EDGEWATER - BAKERSFIELD, CA 93311	VARSIITY ATHLETE	21,329.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAURA KING	409 WINSTON DRIVE APT. B - BAKERSFIELD, CA 93309	VARSIITY ATHLETE	9,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAUREN CARTER	6860 AUBURN CIR - MOORPARK, CA 93021	VARSIITY ATHLETE	12,648.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAUREN KAUFMAN	9411 TAHITI AVE - BAKERSFIELD, CA 93311	VARSIITY ATHLETE	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LEILANI SKINNER	8200 KROLL WAY, APT #157 - BAKERSFIELD, CA 93311	VARSIITY ATHLETE	10,445.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LILY DONOHUE	3004 WHISPER OAK WAY - BAKERSFIELD, CA 93311	VARSIITY ATHLETE	12,945.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LISA BARTSCH	3006 TRESSELWYCK LN - BAKERSFIELD, CA 93311	VARSITY ATHLETE	26,117.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOUISE WESTERGREN	VASTANVAG 88 - MALMO, SWEDEN 21616	VARSITY ATHLETE	10,505.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LUCAS DALL'ORSO	4512 FOXBORO - BAKERSFIELD, CA 93311	VARSITY ATHLETE	11,602.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MADISON BUNDY	1019 D AVENUE - ANACORTES, WA 98221	VARSITY ATHLETE	7,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARILYN NADERHOFF	9434 PIKE RD - SANTEE, CA 92071	VARSITY ATHLETE	18,432.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MATTHEW TURKINGTON	8910 CUMBERLAND CT - BAKERSFIELD, CA 93312	VARSITY ATHLETE	6,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MAURICE HUGHLEY	196-17-118AVE - ST.ALBANS, NY 11412	VARSITY ATHLETE	33,998.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEGAN PEZZOLLA	1565 W ARROW HWY SP- SPC A14 - UPLAND, CA 91786	VARSITY ATHLETE	4,805.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEGAN THOMPSON	23351 ARNOLD AVE - FELLOWS, CA 93224	VARSITY ATHLETE	7,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEGAN TODD	8200 KROLL WAY - BAKERSFIELD, CA 93311	VARSITY ATHLETE	11,508.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MELISA CRUZ CONTRERAS	2300 SCARBOROUGH LN - BAKERSFIELD, CA 93309	VARSITY ATHLETE	3,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MELISSA SWEAT	6119 CALABRIA DR - BAKERSFIELD, CA 93308	VARSITY ATHLETE	5,648.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MICHAELA PAIGE	113 SOUTH U STREET - LOMPOC, CA 93436	VARSITY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MITCHELL HUXHOLD	6500 WHITE LANE #23 - BAKERSFIELD, CA 93309	VARSITY ATHLETE	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MITCHELL WURM	326 W. EDGEMONT AVE - PHOENIX, AZ 85003	VARSITY ATHLETE	2,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MOLLY O'HAGAN	3006 TRESSELWYCK LANE - BAKERSFIELD, CA 93311	VARSITY ATHLETE	18,818.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MONICA GUZMAN	4708 BASQUE ST - BAKERSFIELD, CA 93313	VARSITY ATHLETE	7,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MYLZ JONES	38264 HILLCREST DR - PALMDALE, CA 93551	VARSITY ATHLETE	7,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MYSHAYLA FRYER	487 BLUEGRASS ST - SAN DIEGO, CA 92114	VARSITY ATHLETE	14,377.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NICHOLAS VEHLWALD	3609 PINEHURST DR - BAKERSFIELD, CA 93306	VARSITY ATHLETE	7,613.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NICOLA BARRETT	9612 NORTH HALFMOON #D - BAKERSFIELD, CA 93309	VARSITY ATHLETE	13,925.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NICOLETTE GONCALVES	7420 INDIAN GULCH - BAKERSFIELD, CA 93313	VARSITY ATHLETE	16,493.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NIKI DE LEON	728 N 2ND ST - MONTEBELLO, CA 90640	VARSITY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NYDIA MORALES ALVAREZ	DICIEMBRE #127 - SANTA CATARINA, NUEVA LEON, MEXICO 66370	VARSITY ATHLETE	3,226.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OSCAR SANAY	9204 DUNCANSON DR - BAKERSFIELD, CA 93311	VARSITY ATHLETE	7,207.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PAIGE TSURUDA	5802 PINE CANYON - BAKERSFIELD, CA 93313	VARSITY ATHLETE	3,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PATRICK HIGASHI	9601 THOREAU - BAKERSFIELD, CA 93311	VARSITY ATHLETE	6,044.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RANDY MEDELLIN	16931 HARTLAND ST - LAKE BALBOA, CA 91406	VARSITY ATHLETE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RASHAD SAVAGE	8201 CAMINO MEDIA APT 100 - BAKERSFIELD, CA 93311	VARSIY ATHLETE	27,739.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REBECCA ELLIS	517 JOELYLE ST - BAKERSFIELD, CA 93314	VARSIY ATHLETE	378.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHARD MAESTRE	4012 HAHN AVE - BAKERSFIELD, CA 93309	VARSIY ATHLETE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROBERT LUEDIKE	8200 KROLL RD #45 - BAKERSFIELD, CA 93311	VARSIY ATHLETE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RUDY CASTRO	12007 CACTUS FLOWER AVE - BAKERSFIELD, CA 93311	VARSIY ATHLETE	2,496.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAMANTHA ESTRADA	2808 PECANGROVE DRIVE - BAKERSFIELD, CA 93311	VARSIY ATHLETE	334.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAMANTHA PENA	3001 JORIE AVE. - BAKERSFIELD, CA 93304	VARSIY ATHLETE	8,347.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAMANTHA SHEAD	8200 N LAURELGLEN BLVD - BAKERSFIELD, CA 93311	VARSIY ATHLETE	7,925.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SARA ALOISIO	3006 TRESSELWYCK LANE - BAKERSFIELD, CA 93311	VARSIY ATHLETE	20,740.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SARA NIELSON	11805 STURGEON CREEK DR. - BAKERSFIELD, CA 93311	VARSIY ATHLETE	4,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SARAH-MARISA COOK	6508 PECAN GROVE CT - LAS VEGAS, NV 89142	VARSIY ATHLETE	17,445.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCOTT BRATTVET	21862 VIA DEL LAGO - TRABUCO CANYON, CA 92679	VARSIY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHAHANA ZEIGLER	9051 STOCKDALE HWY #169 - BAKERSFIELD, CA 93311	VARSIY ATHLETE	15,526.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHANNON MCKENZIE	5100 MING AVE E16 - BAKERSFIELD, CA 93309	VARSIY ATHLETE	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHARENA GONDER	3706 LEYBURN CT. - BAKERSFIELD, CA 93311	VARSIY ATHLETE	600.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHAYNA GUITARE	10714 PRAIRIE STONE PLACE - BAKERSFIELD, CA 93311	VARSIY ATHLETE	18,942.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA PELTCHER	8201 CAMINO MEDIA - BAKERSFIELD, CA 93311	VARSIY ATHLETE	4,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SONJA ERICSSON	8200 KROLL WAY - BAKERSFIELD, CA 93311	VARSIY ATHLETE	14,705.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STARMICHAEL TUCKER-CAMPBELL	11927 ALDERBROOK ST - MOORPARK, CA 93021	VARSIY ATHLETE	18,607.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STEPHON CARTER	2520 ASHE RD APT B - BAKERSFIELD, CA 93309	VARSIY ATHLETE	17,526.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SYDNEY RAEER	8201 CAMINO MEDIA APT. 207 - BAKERSFIELD, CA 93311	VARSIY ATHLETE	6,709.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAEVIONNA WILSON	5001 HUNTER AVE #2 - BAKERSFIELD, CA 93309	VARSIY ATHLETE	8,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAMAR FOWLER	11200 SOLTIERRA PL - BAKERSFIELD, CA 93311	VARSIY ATHLETE	18,599.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAYLOR AIKENHEAD	5500 PEMBROKE AVE - BAKERSFIELD, CA 93308	VARSIY ATHLETE	7,039.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAYLOR DESILVA	1050 COLUSA AVE - SUNNYVALE, CA 94085	VARSIY ATHLETE	5,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAYLOR FRENCH	517 JOE LYLE STREET - BAKERSFIELD, CA 93314	VARSIY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAYLOR HANSON	9411 TAHITI AVE - BAKERSFIELD, CA 93311	VARSIY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAYLOR JORDAN	1125 N GREENWOOD ST - TULARE, CA 93274	VARSIY ATHLETE	6,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAYLOR WHEELER	619 E LAS PALMAS DR - FULLERTON, CA 92835	VARSIY ATHLETE	3,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THOMAS BUCHANAN	4800 NARA VISTA WAY APT 102 - LAS VEGAS, NV 89103	VARSIY ATHLETE	6,709.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THOMAS JUDGE	10513 DORSEY CT - BAKERSFIELD, CA 93312	VARSIY ATHLETE	4,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TOMAS BRUCE	3801 ASHE RD. - BAKERSFIELD, CA 93309	VARSIY ATHLETE	1,200.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TORI ORNELA	1357 SIDONIA ST. - HANFORD, CA 93230	VARSIY ATHLETE	3,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TROY NEKLASON	16442 MARINE VIEW DRIVE SW - BURIEN, WA 98166	VARSIY ATHLETE	4,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TYLER COLLINS	701 COUNTRY VIEW DRIVE - BIRMINGHAM, AL 35215	VARSIY ATHLETE	15,160.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TYLER SHIRK	126 N HELIOTROPE AVE - MONROVIA, CA 91016	VARSITY ATHLETE	2,025.
TYLER SHRYOCK	26450 SKYLINE - TEHACHAPI, CA 93561	VARSITY ATHLETE	4,828.
TYONNA OUTLAND	812 EAST PINE STREET UNIT #B - COMPTON, CA 90221	VARSITY ATHLETE	18,208.
TYRONE WHITE	3287 NORTHEAST HOLMAN - PORTLAND, OR 97211	VARSITY ATHLETE	22,505.
VANCE ELMORE	7500 FEATHER RIVER DR - BAKERSFIELD, CA 93308	VARSITY ATHLETE	5,500.
WILL TYRRELL	3037 NE 14TH AVE - PORTLAND, OR 97212	VARSITY ATHLETE	2,000.
WINSTON MORA	9051 STOCKDALE HIGHWAY #OFFICE - BAKERSFIELD, CA 93311	VARSITY ATHLETE	18,188.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YUAN FU	208 SOMERFORD COURT - BAKERSFIELD, CA 93312	VARSITY ATHLETE	20,767.
ZACHARY LAMB	642 JASMINE PARK DR APT 2 - BAKERSFIELD, CA 93312	VARSITY ATHLETE	21,179.
ZECHARIAH SMITH	18 HORSESHOE LN - M-CLOUD, OK 74851	VARSITY ATHLETE	25,242.
MISC. ADJUSTMENTS	9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	ADJUSTMENTS	1,948.
TOTAL FOR THIS ACTIVITY			1,755,375.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			<u>1,755,375.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HERNAN HERNANDEZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	PRESIDENT 10.00	990.
SAHRO NUR 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EXECUTIVE VICE PRESIDENT 10.00	915.
HILDA NIEBLAS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	V.P. PROGRAMMING & PUBLICI 10.00	90.
EMILY SCHNELL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	VICE PRESIDENT-EXTERNAL AF 10.00	915.
NAVDEEP KAUR 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	VICE PRESIDENT-FINANCE 10.00	960.
LAUREN GOODSI 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	PRESIDENT 10.00	3,390.
BEN ROBB 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EXECUTIVE VICE PRESIDENT 10.00	2,033.
EDUARDO VARGAS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	V.P. PROGRAMMING & PUBLICI 10.00	3,115.
JESUS PEREZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	VICE PRESIDENT-EXTERNAL AF 10.00	3,115.
JUAN SOTO 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	VICE PRESIDENT-FINANCE 10.00	3,115.
ASHLEY CRIPPEN 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, BPA 0.10	0.

KHADIJAH SHEIKH 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, BPA 0.10	0.
NICK SMITH 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, SOCIAL SCIENCES 0.10	0.
JOEY SANCHEZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, SOCIAL SCIENCES 0.10	0.
SAVANNAH ANDREWS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, ARTS & HUMANITIE 0.10	0.
ADAM DIAZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, NTL SCIENCE & MA 0.10	0.
JENNY TORRES 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, NTL SCIENCE & MA 0.10	0.
PARMEET SIDHU 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, GENERAL STUDIES 0.10	0.
AFAF ALDHULAY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, GENERAL STUDIES 0.10	0.
SONIA KAUR 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, MULTICULTURAL A 0.10	0.
DHIRAJ KUMAR 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, LOWER DIVISION 0.10	0.
KAREL WAHBA 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, LOWER DIVISION 0.10	0.
NKIRUKA ORAGWAM 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, LOWER DIVISION 0.10	0.
MADAWA ALQAHTANI 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 0.10	0.

YASMIN RAMIREZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 0.10	0.
JEANETTE ORTIZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 0.10	0.
KAMALNEEL SINGH 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 0.10	0.
AMANDEEP KAUR 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 0.10	0.
BRENDA DEL RIEGO 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, ANTLEOPE VALLEY 0.10	0.
TAMMY DIETRICH 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, ANTLEOPE VALLEY 0.10	1,200.
TAREN MULHAUSE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EXECUTIVE DIRECTOR, ASI 40.00	54,877.
TOTAL TO FORM 199, PART II, LINE 11		<u>74,715.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
SUPPLIES		201,285.	
SERVICES FROM OTHER AGE		132,826.	
SCHOLARSHIPS		30,225.	
DUES & SUBSCRIPTIONS		4,029.	
OTHER EMPLOYEE BENEFITS		49,990.	
ACCOUNTING FEES		10,250.	
OTHER PROFESSIONAL FEES		6,699.	
ADVERTISING AND PROMOTION		2,055.	
TRAVEL		16,717.	
CONFERENCES AND CONVENTIONS		6,609.	
INSURANCE		9,209.	
ALL OTHER EXPENSES		7,873.	
TOTAL TO FORM 199, PART II, LINE 17		<u>477,767.</u>	

FORM 199	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
AGENCY ACCOUNTS		118,855.	122,259.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		118,855.	122,259.

FORM 199	FUND BALANCES	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		787,329.	1,246,269.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		787,329.	1,246,269.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2012 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

**Fiscal Year - See instructions.
Calendar Year - File and Pay by March 15, 2013.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

239035
12-19-12

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2012** **Payment Voucher for Corps
and Exempt Orgs e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

C160391 ASSO 77-0293800 12 FORM 3
TYB 07-01-12 TYE 06-30-13
ASSOCIATED STUDENTS CALIFORNIA STATE
UNIVERSITY BAKERSFIELD
9001 STOCKDALE HIGHWAY
BAKERSFIELD CA 93311

(661) 664-2418

Total Payment Amt 10.

TAXABLE YEAR
2012

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD	Identifying number 77-0293800
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	2,849,647	00
2 Total gross income (Form 199, line 8)	2	2,849,647	00
3 Total expenses and disbursements (Form 199, line 9)	3	2,390,707	00

Part II Settle Your Account Electronically for Taxable Year 2012

4 Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (MM/DD/YYYY)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ **7** Type of account: Checking Savings

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2012 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here		_____ Signature of Officer	_____ Date		VICE PRESIDENT OF FINANCE
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2012 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's- signature	_____ Date	Check if also paid preparer <input type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA	FEIN 95-2972229	ZIP Code 93309	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	_____ Date	Check if self- employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA	FEIN 95-2972229	P01234207 ZIP Code 93309

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2013

Prepared for	Associated Students California State University Bakersfield 9001 Stockdale Highway Bakersfield, CA 93311
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Mail tax return to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	November 15, 2013
Special Instructions	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p>

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

**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

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

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: CT <u>70359</u> ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD <small>Name of Organization</small> <u>9001 STOCKDALE HIGHWAY</u> <small>Address (Number and Street)</small> <u>BAKERSFIELD, CA 93311</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>C1603917</u> Federal Employer I.D. No. <u>77-0293800</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2012 ending 06/30/2013) list:
 Gross annual revenue \$ 2,849,647. Total assets \$ 1,643,332.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

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

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

Organization's area code and telephone number 661-664-2418

 Organization's e-mail address _____

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

NAVDEEP KAUR	VICE PRESIDENT OF FINANCE
<small>Signature of authorized officer</small>	<small>Title</small>
<small>Printed Name</small>	<small>Date</small>