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A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020 B Created or organization A SOCIATED STUDENTS, CALIFORNIA STATE D Employer identification number A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020 A For the 2019 calendar year, or tax year beginning CALIFORNIA STATE D Employer identification number A SOCIATED STUDENTS, CALIFORNIA STATE Trop 293800 77 - 0293800 Intervention State or province, country, and 2IP or foreign postal code B Conservention B Conservention BARERSFIELD, CA 93311 File State arrowing intervention Intervention Intervention Intervention J Website: WWW. CSUB_EDU/AST CROPARIAN Intervention Intervention Intervention Intervention J Website: WWW. CSUB_EDU/AST Intervention Intervention Intervention Intervention Intervention J Website: WWW. CSUB_EDU/AST Intervention Intervention Intervention Intervention Intervention J Website: WWW. CSUB_E	Depa	rtment	of the Treasury	-	-		
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UNIVERSITY, BARERSFIELD, INC. 77-0293800 Dring business as Number and street (or PO. box if mail is not delivered to street address) Roomsute E Telephone number 661-654-2418 Provide Water Oto or town, state or province, country, and 2IP or foreign postal code BARERSFIELD, CA 93311 BaRERSFIELD, CA 93311 H(a) Is this a group return for subordinates? Ves X No Partial Website: WWN.CSUB EDU/ASI WWN.CSUB EDU/ASI H(b) Are all subordinates? Ves X No How provide the province, country, and 2IP or foreign postal code BARERSFIELD, CA 93311 H(b) Are all subordinates? Ves X No Yebsite: WWN.CSUB EDU/ASI H(b) Are all subordinates? Ves X No How provide the province, country, and 2IP or foreign postal code Chock the subordinates? Ves X No Yebsite: WWN.CSUB EDU/ASI H(c) Are all subordinates? Ves X No Yebsite: WWN.CSUB TD/ASI H(c) Group oxemption number No Yebsite: WWN.CSUB TD/ASI L(c) Group oxemption number No Yebsite: WWN.CSUB TD/ASI L(c) Group oxemption number No Yebsite: WWW.CSUB TD/ASI L(c) Group oxemption number No Yebsite: WWW.CSUB TD/ASI State of legal dominile: CA Part I Summary If ther	B C a	⊐Addr	ASSC	CIATED STUDENTS, CALIFORNIA STATE		D Employer Identifica	tion number
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J Website: ▶ WWN. CSUB.EDU/ASI H(c) Group exemption number K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1987 M State of legal domicile: CA Part II Summary L Year of formation: 1987 M State of legal domicile: CA I Briefly describe the organization's mission or most significant activities: PROVIDE SERVICE AND SUPPORT TO THE STUDENTS OF CALIFORNIA STATE UNIVERSITY, DAKERSFIELD. 2 Check this box ▶ if the organization discontinue di soperations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) 3 25 4 Number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 6 00 7 7 total number of volunteers (estimate if necessary) 7b 0. 7 a total unrelated business revenue from Part VIII, column (O, line 12 7b 0. 7b 0. 9 Program service revenue (Part VIII, line 1h) 42, 966. 14, 298. 4, 354, 537. 4, 616, 811. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 29, 2776. 5, 595. 1, 60, 611. 10 Investment income (Part VIII, column (A), lines 3. 2, 311, 512. 2, 665, 402. 4, 682, 926. 14, 289, 926.			SAME			H(b) Are all subordinates inclu	uded? Yes No
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9 Program service revenue (Part VIII, line 2g) 4,282,295.4,596,918. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29,276.5,595. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.0.0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,354,537.4,616,811. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,331,512.2,665,402. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 276,014.289,926. 16a Professional fundraising fees (Part IX, column (D), line 25) 0.0. 17 Other expenses (Part IX, column (D), line 25) 0.1 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0.1 19 Revenue less expenses. Subtract line 18 from line 12 229,006.204,335. 20 Total assets (Part X, line 16) 229,006.204,335. 21 Total assets (Part X, line 26) 197,744.285,554. 22 Net assets or fund balances. Subtract line 21 from line 20. 1,579,416.1,783,751. Part II Signature Block							Current Year
9 Program service revenue (Part VIII, line 2g) 4 , 282, 295. 4 , 596, 918. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29, 276. 5 , 595. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4 , 354 , 537. 4 , 616 , 811. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2 , 331 , 512. 2 , 665 , 402. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 276 , 014 . 289 , 926 . 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 0. 1 , 518 , 005 . 1 , 477 , 148 . 20 Total assets (Part X, line 16) 1 , 777 , 160 . 2 , 069 , 305 . 1 , 777 , 160 . 2 , 069 , 305 . 21 Total assets (Part X, line 16) 1 , 777 , 160 . 2 , 069 , 305 . 1 , 777 , 160 . 2 , 069 , 305 . 22 Net assets	Ð	8	Contributions	and grants (Part VIII, line 1h)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 354, 537. 4, 616, 811. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2, 331, 512. 2, 665, 402. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 276, 014. 289, 926. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. b Total expenses. (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 1., 518, 005. 1, 457, 148. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4, 125, 531. 4, 412, 476. 19 Revenue less expenses. Subtract line 18 from line 12 229, 006. 204, 335. 21 Total assets (Part X, line 26) 197, 744. 285, 554. 22 Net assets or fund balances. Subtract line 21 from line 20 1, 579, 416. 1, 783, 751.	ňu	9				4,282,295.	4,596,918.
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17 Other expenses (Part IX, column (A), lines T1a-T1d, T1-24e) 11, 310, 003, 11, 437, 140. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4, 125, 531. 4, 412, 476. 19 Revenue less expenses. Subtract line 18 from line 12 229,006. 204, 335. 10 Total assets (Part X, line 16) 1, 777, 160. 2,069, 305. 21 Total liabilities (Part X, line 26) 197,744. 285,554. 22 Net assets or fund balances. Subtract line 21 from line 20 1, 579, 416. 1, 783, 751. 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	JSe					0.	0.
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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	Ass i Ba			, , ,			
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	Net Unc						
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						, ,	,,
			-		and statem	ients, and to the best of my k	nowledge and belief, it is
			, intersterniphoto				

Sign Here	Signature of officer ILARIA PESCO, EXECUTIV Type or print name and title	E DIRECTOR	Da	te
Paid	Print/Type preparer's name	Preparer's signature	Date 01/15/2	
Preparer	Firm's name 🕨 ALDRICH CPAS AND	ADVISORS, LLP		m's EIN
Use Only	Firm's address 7676 HAZARD CENT SAN DIEGO, CA 92		Ph	none no.(619) 810-4940
May the IF	RS discuss this return with the preparer shown abo			X Yes No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	ASSOCIATED STUDENTS, CALIFORNIA STATE 990 (2019) UNIVERSITY, BAKERSFIELD, INC. 77-0293	800 F
Par	t III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>
'	THE ASSOCIATED STUDENTS, INC., (ASI) OF CALIFORNIA STATE UNIVER	SITY.
	BAKERSFIELD EXISTS TO PROVIDE AN OFFICIAL VOICE THROUGH WHICH	
	STUDENTS' OPINIONS AND ISSUES MAY BE EXPRESSED REGARDING UNIVER	SITY
	AND STATEWIDE AFFAIRS.	
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 🛛
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🛛
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	-
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,368,938. including grants of \$ 2,502,258.) (Revenue \$ 3,	472,41
4a	(Code:)(Expenses 3,368,938. including grants of \$ 2,502,258.) (Revenue \$ 3, INTERCOLLEGIATE ATHLETICS - SUPPORTS THE ATHLETIC PROGRAMS OF T	
	UNIVERSITY AND PROVIDES SCHOLARSHIPS TO STUDENT ATHLETES.	
4b		254,13
	STUDENT ACTIVITIES - PROVIDES SUPPORT TO THE STUDENT BODY AND M	ORE TH
	100 STUDENT CLUBS AND ORGANIZATIONS ON CAMPUS.	
		070 20
4c	(Code:) (Expenses \$ 477,400. including grants of \$ 163,144.) (Revenue \$ STUDENT SERVICES - PROVIDES FOR PROGRAMS THAT SUPPORT LEADERSHI	870,30 D
	DEVELOPMENT, STUDENT LIFE, AND REDUCED COST CHILD CARE SERVICES	
	DEVELOPMENT, STUDENT LIFE, AND REDUCED COST CHILD CARE SERVICES	•
44	Other program services (Describe on Schedule O)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
) Form 990

ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
0	If "Yes," complete Schedule A	1	<u>л</u>	x
2 3	Did the organization required to complete schedule b, schedule of commutors?	2		
3	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		х
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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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	110		<u> </u>
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	x	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	<u>л</u>	x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	a		<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
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Form 990 (2019)

Part IV Checklist of Required Schedules

4

Form	<u>990 (2019)</u> UNIVERSITY, BAKERSFIELD, INC. 77-0293	800	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete	00		x
24.2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 22
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	x	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
0.	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pal				X
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 95		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	x	
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5 2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

Form 990 (2019) ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			×									
0-	Enter the number of employees reported on Ferm W.2. Transmittel of Wage and Tay Statements		Yes	No								
Za	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											
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b										
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20										
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х								
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b										
ia	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х								
b	b If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х								
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
	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?	6a		Х								
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).											
а	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?	7a		X								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37								
	to file Form 8282?	7c		X								
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f										
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h										
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8										
9	sponsoring organization have excess business holdings at any time during the year?											
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
а	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:											
а	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.)											
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.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
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											
	Enter the amount of reserves on hand 13c	14-		X								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- 27								
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b										
15	excess parachute payment(s) during the year?	15		x								
	If "Yes," see instructions and file Form 4720, Schedule N.	15										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х								
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2019)

932005 01-20-20

ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, INC.

Form 990 (2019)

77-0293800 Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	tion A. Governing Body and Management					_
					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	25	2		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25	2		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with	any other			l
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					Ι
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		I
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		1
6	Did the organization have members or stockholders?			6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					1
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			14		1
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		Ì
		-	-	0.0	x	1
a	The governing body?			8a	X	1
D	Each committee with authority to act on behalf of the governing body?			8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_
bec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			٦
					Yes	_
	Did the organization have local chapters, branches, or affiliates?			10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$			10b		_
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	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 ris	e to con	flicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe]
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	1
14	Did the organization have a written document retention and destruction policy?			14	X	1
15	Did the process for determining compensation of the following persons include a review and approv					1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaone			
а	The organization's CEO, Executive Director, or top management official			15a	x	1
	Other officers or key employees of the organization			15a	X	1
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150		ł
10-						
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10-		1
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n's			1
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					_
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					_
0	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	0-T (Section 501(c)(3)s only	/) avai	ł
18	for public inspection. Indicate how you made these available. Check all that apply.					
18		n on Sc	hedule O)			
18	Own website Another's website X Upon request Other <i>(explain</i>		of interest policy a	nd fina	ncial	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	conflict	or interest policy, a			
18		conflict	or interest pointy, a			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	ooks ar	nd records 🕨			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records 🕨			_
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b QUEEN E. KING, AVP FINANCIAL SERVICES & CONTROLLER	ooks ar	nd records 🕨	251	1 990	_

77-0293800	Page 7
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Form 990 (2019)	UNIVERSITY,	BAKERSFIELD,	INC.	77-0
Part VII	Compensation	of Officers, Direc	tors, Trustees, Key	Employees,	Highest Compensated
-	Employees, an	d Independent Co	ntractors		

UNIVERSITY, BAKERSFIELD, INC.

Check if Schedule O contains a response or note to any line 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	l	411120		C)	npoi	iout	(D)	(E)	(F)
م) Name and title	Average			Pos		1		Reportable	Reportable	Estimated
Name and the	hours per	(do	not c	heck	more	than is bot	one h an	compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC)	from the
	related	itee oi	trustee			ensat		(W-2/1099-MISC)		organization
	organizations	ll trus	nal tr		loyee	duo				and related
	below	Individual trustee or director	Institutional 1	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lnst	Offi	Key	Hig	For			
(1) AARON WAN	10.00									0
PRESIDENT	2.50	Х		Х				0.	0.	0.
(2) ROXANNE ESPARZA	10.00									
EXECUTIVE VICE PRESIDENT		Х		Х				0.	0.	0.
(3) KRYSTAL MAE RAYNES	10.00								_	_
VICE-PRESIDENT OF UNIVERSITY AFFAIRS		Х		Х				0.	0.	0.
(4) ULYSES RODRIGUEZ	10.00									
VICE-PRESIDENT OF FINANCE		Х		Х				0.	0.	0.
(5) JOSELITO FLORES	10.00									
VICE-PRESIDENT OF CAMPUS LIFE		Х		Х				0.	0.	0.
(6) LAFAY CRAWFORD	2.00									
DIRECTOR		X						0.	0.	0.
(7) MATTHEW ANDERSON-SPAULDING	2.00									
DIRECTOR		X						0.	0.	0.
(8) JORGE ZAMORA	2.00									
DIRECTOR		X						0.	0.	0.
(9) AALIYAH BEED	2.00									
DIRECTOR		X						0.	0.	0.
(10) ANTHONY QUINTINO	2.00									
DIRECTOR		X						0.	0.	0.
(11) DESIREE LORELLI	2.00									
DIRECTOR		X						0.	0.	0.
(12) NADIA MENDOZA-MENDEZ	2.00									
DIRECTOR		X						0.	0.	0.
(13) DIVYANG MOTAVAR	2.00									
DIRECTOR		X						0.	0.	0.
(14) SNEHA GUDURU	2.00									
DIRECTOR		X						0.	0.	0.
(15) MYLES HOWARD	2.00									
DIRECTOR		x						0.	0.	0.
(16) RANIA ELHOSSINY	2.00									
DIRECTOR		x						0.	0.	0.
(17) PARMBIR SIDHU	2.00									
DIRECTOR		x						0.	0.	0.
932007 01-20-20									1	Form 990 (2019)
						~				

11200115 310575 20067.002

8 2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

UNIVERSITY, BAKERSFIELD, INC.

77-0293800 Page 8

Form 990 (2019) UNIVERSI	FY, BAKI	ER;	SF:	IEI	D_	, :	ΙN	С.	77-029	3800	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A)	(B)			<u>(</u>		<u> </u>		(D)	(E)	Т	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	F,	stimated
	hours per			check ess pe					compensation		nount of
	week	offi	cer ar	nd a d	irecto	or/trus	stee)	from	from related		other
	(list any	tor						the	organizations	corr	pensation
	hours for	direc				Ð		organization	(W-2/1099-MISC)		rom the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(anization
	organizations	trust	al tru		yee	mpe		· · · · · · · · · · · · · · · · · · ·		Ĭ	d related
	below	Individual trustee or director	Institutional trustee	5	nplo	est co o yee	er			org	anizations
	line)	Indiv	In stit	Officer	Key employee	Highest compensated employee	Former			_	
(18) ELYSIA AGUAYO	2.00				_					1	
DIRECTOR		X						0.	0		Ο.
(19) SERENITY SANCHEZ	2.00									+	
DIRECTOR		x						0.	0		0.
(20) GURNAAZ DEOL	2.00										0.
	2.00	•						0.	0		0.
DIRECTOR	2 00	X	-			<u> </u>		0.	0	•	0.
(21) AARON ARAGON	2.00	l							•		0
DIRECTOR		Х						0.	0	•	0.
(22) MARIA ESPINOZA	2.00										
DIRECTOR		Х						0.	0	•	0.
(23) STEPHANIE MAGANA	2.00										
DIRECTOR		x						0.	0		Ο.
(24) JASON BALDWIN	2.00					\vdash				-	
DIRECTOR		x						0.	0		0.
(25) VANESSA CHICAIZA	2.00	1	\vdash	$\left \right $		\vdash			0	·	0.
	2.00							0	0		0
DIRECTOR		X						0.	0	•	0.
(26) DANIEL TAPIA	2.00	l									•
DIRECTOR		Х						0.	0		0.
1b Subtotal								0.	0		0.
c Total from continuation sheets to Part VI	I, Section A							72,446.	0		1,574.
d Total (add lines 1b and 1c)								72,446.	0	. 3	1,574.
2 Total number of individuals (including but n								received more than \$100	,000 of reportable		
compensation from the organization						,			· ·		0
S											Yes No
3 Did the organization list any former officer,	director trust	ا مم	kovi	omnl	love		r hic	nhest compensated emp	lovee on		
										3	X
line 1a? If "Yes," complete Schedule J for s	uch manual						 d. at	har componentian from t	the ergenization	3	
4 For any individual listed on line 1a, is the su											X
and related organizations greater than \$150										4	A
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedul	le J i	for s	uch	pers	son				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of comper	isation ⁻	from
the organization. Report compensation for	the calendar y	'ear	endi	ing w	vith	or w	vithi	n the organization's tax y	/ear.		
(A)								(B)		(0	C)
Name and business	address							Description of s	ervices	Compe	ensation
WESTERN ATHLETIC CONFEREN	NCE , 92	25(0 1	Ε							
COSTILLA AVE SUITE 300, 1	ENGLEWO	DC	, (CO				OFFICIATING	FEES	21	1,500.
·											,
							-				
							_				
							_				
2 Total number of independent contractors (i	ncluding but r	not li	mite	d to	tho	se li	sted	d above) who received m	ore than		
\$100,000 of compensation from the organi	zation 🕨				-	1					
SEE PART VII, SECTION		ΓII	NUZ	AT]	[0]	NS	SH	EETS	· ·	Form	990 (2019)
932008 01-20-20											/

9

11200115 310575 20067.002 2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

ASSOCIATED	STUDENTS,	CALIFORNIA	STATE
UNIVERSITY	. BAKERSFIE	ELD, INC.	

77-0293800

Form 990 UNIVERSI	ГҮ, ВАКН	ERS	SFI	EI	LD ,	,]	INC	C.	77-029	3800
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl	heck		ition that		lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ILARIA PESCO	40.00									
EXECUTIVE DIRECTOR				Х				72,446.	Ο.	31,574.
Total to Part VII, Section A, line 1c								72,446.		31,574.

932201 04-01-19

Form 990 (2019)

ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, INC.

77-0293800 Page 9

Pa	rt V	/111	Statement of Rev	ver	nue						
			Check if Schedule O c	onta	ains a re	esponse	or note to any li				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibuti grant abov	ions) ts, and /e 1a-1f	1a 1b 1c 1d 1e 1f 1g \$	1	14,298.			
							Business Code				
Program Service Revenue	2		STUDENT FEES		~ ~ ~			4,464,541.	4,464,541.		ļ
verv		b	AUXILIARY SER	VI	CES		611710	132,377.	132,377.		
en C		с									
lev ev		d									
Вщ		е									
д		f	All other program service r	reve	nue						
			Total. Add lines 2a-2f					4,596,918.			
	3 4 5		Investment income (includ other similar amounts) Income from investment o Royalties	f ta>	k-exemp	ot bond p	proceeds	5,595.			5,595.
	Ŭ		nogunioo		1	Real	(ii) Personal				
	6		Gross rents	6a				-			
			Less: rental expenses	6b				-			
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss)				🕨				
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
/en		с		7c							
Revenue			Net gain or (loss)								
Other F	8		Gross income from fundraisin including \$	ig ev	rents (no	of					
			contributions reported on								
			Part IV, line 18					-			
			Less: direct expenses								
			Net income or (loss) from f		-		<u>,</u>				
	9	а	Gross income from gaming	g ac	tivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from g	gam	ing acti	vities	►				
	10	а	Gross sales of inventory, le	ess	returns						
			and allowances								
		b	Less: cost of goods sold					-			
			Net income or (loss) from s								
		<u> </u>		Juic	0 01 11 10		Business Code				
Miscellaneous Revenue	11	2					2000000000				
nec											
ven		b									
Be		с									
Ϊ			All other revenue								
		е	Total. Add lines 11a-11d					4 616 011			
	12		Total revenue. See instructio	ns			🕨	4,616,811.	4,590,918.	0.	
93200	9 01	-20-	20					1 1			Form 990 (2019)

11200115 310575 20067.002

11

2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, INC.

77-0293800 Page 10

Part IX Statement of Functional Expenses

Form 990 (2019)

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 respons mounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and o	ther assistance to domestic organizations		·		·
and domestic	c governments. See Part IV, line 21	163,144.	163,144.		
2 Grants and	other assistance to domestic				
individuals.	See Part IV, line 22	2,502,258.	2,502,258.		
3 Grants and	other assistance to foreign				
organizatio	ns, foreign governments, and foreign				
individuals.	See Part IV, lines 15 and 16				
4 Benefits pa	id to or for members				
5 Compensat	tion of current officers, directors,				
trustees, ar	nd key employees	97,431.		97,431.	
6 Compensatio	on not included above to disqualified				
	defined under section 4958(f)(1)) and				
	cribed in section 4958(c)(3)(B)				
	es and wages	110,495.	79,982.	30,513.	
	accruals and contributions (include				
	k) and 403(b) employer contributions)	23,231.		23,231.	
	oyee benefits	58,769.	29,587.	29,182.	
	es				
	rvices (nonemployees):				
a Manageme	nt				
b Legal					
c Accounting	·	15,500.		15,500.	
	fundraising services. See Part IV, line 17				
	management fees				
-	e 11g amount exceeds 10% of line 25,				
	mount, list line 11g expenses on Sch 0.)	400	400		
	and promotion	408.	408.	1 000	
	nses	3,953.	2,854.	1,099.	
	technology	2,169.		2,169.	
		25 260		20 275	
16 Occupancy	′	35,360.	6,985.	28,375.	
		705,248.	662,009.	43,239.	
2	of travel or entertainment expenses				
-	eral, state, or local public officials		1 605	2 6 1 0	
	es, conventions, and meetings	4,244.	1,625.	2,619.	
	o affiliates	22 202	10 160	1 211	
	n, depletion, and amortization	22,383. 7,810.	18,169.	4,214. 7,810.	
23 Insurance		1,010.		/,010.	
above (List n	es. Itemize expenses not covered niscellaneous expenses on line 24e. If unt exceeds 10% of line 25, column (A)				
	ine 24e expenses on Schedule O.)			F2 646	^
a SUPPLI		560,312.	506,666.	53,646.	0
	LANEOUS	53,200.	23,000.	30,200.	0
c DUES A	ND SUBSCRIPTIONS	46,561.	45,278.	1,283.	0
d	-				
e All other ex					
	nal expenses. Add lines 1 through 24e	4,412,476.	4,041,965.	370,511.	0
	Complete this line only if the organization				
	olumn (B) joint costs from a combined				
	ampaign and fundraising solicitation.				
Check here 🕨	if following SOP 98-2 (ASC 958-720)				Eorm 990 (201

932010 01-20-20

11200115 310575 20067.002

12

Form **990** (2019)

2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

932011 01-20-20

ASSOCIATED STUDENTS, CALIFORNIA STATE

		UNIVERSITY, BA		SFIELD, INC.		77-	0293800 Page 11
1 u			o to or	w line in this Dart V			
		Check if Schedule O contains a response or not	.e to ai		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,274,613.	1	1,592,817.
	2	Savings and temporary cash investments			12,354.	2	0.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			213,721.	4	136,630.
	5	Loans and other receivables from any current of					
	ľ	trustee, key employee, creator or founder, subsi					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	308,727.			
	b	Less: accumulated depreciation	10b	297,107.	34,003.	10c	11,620.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			242,469.	12	328,238.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,777,160.	16	2,069,305.
	17	Accounts payable and accrued expenses			59,104.	17	130,881.
	18	Grants payable				18	
	19	Deferred revenue			100,224.	19	115,684.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or forn	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs					
.iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines		· · ·	38,416.	~-	20 000
		of Schedule D		E E E E E E E E E E E E E E E E E E E	197,744.	25	38,989. 285,554.
	26	Total liabilities. Add lines 17 through 25			197,744.	26	205,554.
es		Organizations that follow FASB ASC 958, che	ck ner				
anc	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			1,579,416.	27	1,783,751.
Bala	28	Net assets with donor restrictions			1,5,5,11200	28	1,100,1010
lpu	20	Organizations that do not follow FASB ASC 9				20	
Fu		and complete lines 29 through 33.	00, 011				
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	1
As	31	Retained earnings, endowment, accumulated in		E E E E E E E E E E E E E E E E E E E		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,579,416.	32	1,783,751.
	33	Total liabilities and net assets/fund balances			1,777,160.	33	2,069,305.
-					1,777,160.		

Form **990** (2019)

13 2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

11200115 310575 20067.002

Form selo (2019) UNIVERSITY, BAKERSFIELD, INC. 77-0293800 Page 12 Part XI Reconciliation of Net Assets		ASSOCIATED STUDENTS, CALIFORNIA STATE				
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 4, 616, 811. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 412, 476. 3 Revenue less expenses. Subtract line 2 from line 1 3 2044, 335. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 579, 416. 5 Donated services and use of facilities 6 7 7 8 Pior period adjustments 8 0 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 783, 751. Part XII Financial Statements and Reporting Check if Schedule 0 contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 788 No 1 Accounting from a prior year or checked "Other," explain in Schedule 0. 2a X X 1 Accounting method used to prepare the Form 990: <td< th=""><th></th><th></th><th>77-02</th><th>93800</th><th>Pa</th><th>ge 12</th></td<>			77-02	93800	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4, 616, 811. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 412, 4776. 3 Revenue less expenses. Subtract line 2 from line 1 3 204, 335. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 5779, 416. 5 Net unrealized gain (boses) on investments 6 6 7 8 6 7 8 9 0. 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 783, 751. Part XII Financial Statements and Reporting 7 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a <t< th=""><th>Pa</th><th>rt XI Reconciliation of Net Assets</th><th></th><th></th><th></th><th></th></t<>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 412, 476. 3 Revenue less expenses. Subtract line 2 from line 1 3 204, 335. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 579, 416. 5 Total expenses 5 6 6 7 1 6 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 1, 783, 751. Year XII Total expenses Check if Schedule O contains a response or note to any line in this Part XII Yes Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If 'Yes,' check a box below to indicate whether the financicial statements for the year were compiled		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 412, 476. 3 Revenue less expenses. Subtract line 2 from line 1 3 204, 335. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 579, 416. 5 Total expenses 5 6 6 7 1 6 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 1, 783, 751. Year XII Total expenses Check if Schedule O contains a response or note to any line in this Part XII Yes Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If 'Yes,' check a box below to indicate whether the financicial statements for the year were compiled						
3 Revenue less expenses. Subtract line 2 from line 1 3 204,335. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,579,416. 5 B 6 6 6 7 8 7 8 8 9 0. 9 0. 10 Net assets or fund balances of fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,783,751. Part XII Financial Statements and Reporting 10 1,783,751. Check if Schedule O contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accountary: "yes No 1 1 Accounting method used to barge on thetod of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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: 2a X 2a S X S 2b X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,579,416. 5 5 5 6 0onated services and use of facilities 5 7 8 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 783, 751. Part XII Financial Statements and Reporting 1 7 8 Check if Schedule O contains a response or note to any line in this Part XII Vers No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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 Both consolidated and separate basis 2b X 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: 2b X 2c X	2	Total expenses (must equal Part IX, column (A), line 25)	2			
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6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,783,751. Part XIII Financial Statements and Reporting 10 1,783,751. Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis B both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis B both con	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,57	9,4	16.
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9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 783, 751. Part XII Financial Statements and Reporting 1, 783, 751. Check if Schedule O contains a response or note to any line in this Part XII Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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: 2b X I 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: 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or solidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or solidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization	8		8			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis 2b X 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: 2b X Separate basis Consolidated basis X Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation or dis financial statements and selection of an independent accountant? 2c X If the orga	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a 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? 3a X b If "Yes," did the organization undergo the required audit or audits?	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
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: Separate basis Consolidated basis B Both consolidated and separate basis b 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: Separate basis Consolidated basis 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: Separate basis Consolidated basis 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 on Schedule O. 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? B					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X 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: 2b X 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: 2b X 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: 2b X Separate basis Consolidated basis X Both consolidated and separate basis 2b X c 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 process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
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: Image: Consolidated basis Image: Consolidated basis						
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b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis Consolidated basis X 2b X c 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 4		separate basis, consolidated basis, or both:				
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: Image: Consolidated basis Image:						
 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c 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 on Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
 Separate basis Consolidated basis Both consolidated and separate basis 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 on Schedule O. 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b						
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 on Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		Separate basis Consolidated basis X Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
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 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits. or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b	3a		ngle Audit			1
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a		Х
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

932012 01-20-20

SCHEDULE A (Form 990 or 990-EZ)	omplete if the organ	rity Status an	1(c)(3) org	anization			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		47(a)(1) nonexempt cha Attach to Form 990 or F	orm 990-	EZ.			Open to Public Inspection
		/Form990 for instruction DENTS,CALIF				Employer	identification number
		KERSFIELD, I					7-0293800
Part I Reason for Public						S.	
The organization is not a private foun							
1 A church, convention of cl					1)(A)(i).		
2 A school described in sec							
 3 A hospital or a cooperative 4 A medical research organi 					-	Viii) Entor	the heapital's name
city, and state:		njunction with a nospita	ruescribed	a in Sectio			ine nospital s name,
5 An organization operated	for the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit describ	ed in
section 170(b)(1)(A)(iv).				iou oy u g	overninentar		
6 A federal, state, or local go		nental unit described in a	section 17	70(b)(1)(A)	(v).		
7 An organization that norm	0				. ,	he general	public described in
section 170(b)(1)(A)(vi). (0	Complete Part II.)						
8 A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 An agricultural research or	rganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
or university or a non-land	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
university:							
5							
activities related to its exe income and unrelated bus							
See section 509(a)(2). (Co				.5505 2090		ganization	
11 An organization organized		ively to test for public sa	afety. See s	section 50)9(a)(4).		
12 An organization organized	-		-			arry out the	purposes of one or
more publicly supported o	organizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section	5 09(a)(3). C	heck the box in
lines 12a through 12d that	t describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
a Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
the supported organizat			a majority (of the dire	ctors or truste	ees of the s	upporting
organization. You must	•						
b Type II. A supporting or	-				÷		-
control or management organization(s). You mu			ame perso	JIS IIAL CU		age the sup	poned
c Type III functionally int	•		in connec	tion with.	and functiona	llv integrate	ed with
its supported organizatio							
d Type III non-functional	ly integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
that is not functionally in	tegrated. The organiz	zation generally must sat	tisfy a disti	ribution re	quirement an	d an attenti	veness
requirement (see instruc	tions). You must cor	nplete Part IV, Sections	A and D,	, and Part	V.		
e Check this box if the org					а Туре I, Туре	II, Type III	
functionally integrated, o	• •	nally integrated support	ing organiz	zation.			
f Enter the number of supported							
g Provide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir		support (see instructions)
Total							
LHA For Paperwork Reduction Act	Notice, see the Instr	ructions for Form 990 o	r 990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019

11200115 310575 20067.002 2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

ASSOCIATED STUDENTS, CALIFORNIA STATE Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY, BAKERSFIELD, INC.

77-0293800 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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.						
Se	ction B. Total Support		•	•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)		•	12	•
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	bhere					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (line 6, column (f) d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatior	ו			
k	33 1/3% support test - 2018. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop I	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
k	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	
18	Private foundation. If the organization						
						edule A (Form 990	

11200115 310575 20067.002

Schedule A (Form 990 or 990 EZ) 2019 UNIVERSITY, BAKERSFIELD, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

77-0293800 Page 3

(Complete only if you checked the box on line 10 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.)

(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
			42,966.	14,298.	57,264.
3362799.	3591895.	3927977.	4282295.	4596918.	19761884.
3362799.	3591895.	3927977.	4325261.	4611216.	19819148.
					0.
					0.
					0.
					19819148.
(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
3362799.	3591895.	3927977.	4325261.	4611216.	19819148.
7 750	7 107	14 772	20 276		
1,150.	1,131.	14,//3.	29,270.	5,595.	64,531.
7,750.	7,137.	14,773.	29,276.	5,595.	64,531.
3370549.	3599032.	3942750.	4354537.	4616811.	19883679.
the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
ic Support Pe	rcentage				
ine 8, column (f), d	ivided by line 13,	column (f))		15	99.68 %
				16	99.60 %
stment Incom	e Percentage				
19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.32 %
				18	.40 %
organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	► X
organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	orted organization	▶∟_
n did not check a	box on line 14, 19	a, or 19b, check th			
		17	Sche	edule A (Form 990) or 990-EZ) 2019
	3362799. 3362799. 3362799. (a) 2015 3362799. 7,750. 7,750. 7,750. 7,750. 7,750. 19 (line 10c, colum 2018 Schedule A, Part Schedule A, Part 19 (line 10c, colum 2018 Schedule A, I organization did n constant Income 19 (line 10c, colum 2018 Schedule A, Part Schedule	3362799. 3591895. 3362799. 3591895. 3362799. 3591895. 3362799. 3591895. (a) 2015 (b) 2016 3362799. 3591895. 7,750. 7,137. 7,750. 7,137. 7,750. 7,137. 3370549. 3599032. the organization's first, second, thir ic Support Percentage ine 8, column (f), divided by line 13, ischedule A, Part III, line 15 stment Income Percentage 19 (line 10c, column (f), divided by line 13, ischedule A, Part III, line 15 ind stop here. The organization qualifier organization did not check the box on check the box on ck this box and stop here. The organization qualifier	3362799. 3591895. 3927977. 3362799. 3591895. 3927977. 3362799. 3591895. 3927977. 3362799. 3591895. 3927977. (a) 2015 (b) 2016 (c) 2017 3362799. 3591895. 3927977. 7,750. 7,137. 14,773. 7,750. 7,137. 14,773. 7,750. 7,137. 14,773. 3370549. 3599032. 3942750. the organization's first, second, third, fourth, or fifth te inc c Support Percentage inc ine 8, column (f), divided by line 13, column (f)) schedule A, Part III, line 15 stment Income Percentage ing line 10c, column (f), divided by line 13, column (f)) 2018 Schedule A, Part III, line 17 organization did not check the box on line 14, and line fod stop here. The organization qualifies as a publicly so organization did not check a box on line 14 or line 19a ck this box and stop here. The organization qualifies as a publicly so organization did not check a box on line 14, ing or 19b, check th the formation qualifies and indid not check a box on line 14, ing or 19b, check the the formation qualifies and indid not check a box on line 14, ing or 19b, check the the formation qualifies and indid not check a box on line 14, ing or 19b, check the box	3362799.3591895.3927977.4282295. 3362799.3591895.3927977.4282295. 3362799.3591895.3927977.4325261. 3362799.3591895.3927977.4325261. (a) 2015 (b) 2016 (c) 2017 (d) 2018 3362799.3591895.3927977.4325261. (a) 2015 (b) 2016 (c) 2017 (d) 2018 3362799.3591895.3927977.4325261. 7,750.7,137.14,773.29,276. 7,750.7,137.14,773.29,276. 3370549.3599032.3942750.4354537. the organization's first, second, third, fourth, or fifth tax year as a section is first, second, third, fourth, or fifth tax year as a section is Schedule A, Part III, line 13. Schedule A, Part III, line 15. stment Income Percentage 19 (line 10c, column (f), divided by line 13, column (f)) 018 Schedule A, Part III, line 15. stment Income Percentage 19 (line 10c, column (f), divided by line 13, column (f)) 018 Schedule A, Part III, line 15. stment Income Percentage 19 (line 10c, column (f), divided by line 13, column (f)) 018 Schedule A, Part III, line 15. stment Income Percentage 19 (line 10c, column (f), divided by line 13, column (f)) 019 Schedule A, Part III, line 17. <td< td=""><td>3362799.3591895.3927977.4282295.4596918. 3362799.3591895.3927977.4282295.4596918. 3362799.3591895.3927977.4325261.4611216. 3362799.3591895.3927977.4325261.4611216. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (a) 2019 3591895.3927977.4325261.4611216. 7,750.7,137.14,773.29,276.5,595. 7,750.7,137.14,773.29,276.5,595. 7,750.7,137.14,773.29,276.5,595. 3370549.3599032.3942750.4354537.4616811. the organization (i, divided by line 13, column (f) (c) Schedule A, Part III, line 15 (c) B, Column (f), divided by line 13, column (f) (c) B, Column (f), divided by line 13, column (f) (c) B, Column (f), divided by line 13, column (f) (c)</td></td<>	3362799.3591895.3927977.4282295.4596918. 3362799.3591895.3927977.4282295.4596918. 3362799.3591895.3927977.4325261.4611216. 3362799.3591895.3927977.4325261.4611216. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (a) 2019 3591895.3927977.4325261.4611216. 7,750.7,137.14,773.29,276.5,595. 7,750.7,137.14,773.29,276.5,595. 7,750.7,137.14,773.29,276.5,595. 3370549.3599032.3942750.4354537.4616811. the organization (i, divided by line 13, column (f) (c) Schedule A, Part III, line 15 (c) B, Column (f), divided by line 13, column (f) (c) B, Column (f), divided by line 13, column (f) (c) B, Column (f), divided by line 13, column (f) (c)

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2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY, BAKERSFIELD, INC.

77-0293800 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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18 2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

Schedule A (Form 990 or 990 EZ) 2019 UNIVERSITY, BAKERSFIELD, INC.

77-0293800 Page 5

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations	TIC		
000	aon B. Type Toupporting Organizations		Yes	No
	Did the divertees tweeters as more band in of one of any source of a second and a second band the source to		res	INO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NU
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
2	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

11200115 310575 20067.002 2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

ASSOCIATED STUDENTS, CALIFORNIA STATE Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY, BAKERSFIELD, INC.

77-0293800 Page	- 6	Page	0	0	8	3	9	2	- 0	7-	7
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Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	od Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

ASSOCIATED STUDENTS, CALIFORNIA STATE Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY, BAKERSFIELD, INC.

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

11200115 310575 20067.002

Schedule A	(Form 990 or 990-EZ) 2019	ASSOCIATED UNIVERSITY	STUDENT	S, CALIFOR	RNIA STATE C.	77-0293800 _{Pa}
Part VI	Supplemental Inform Part IV, Section A, lines 1,	mation. Provide the 2, 3b, 3c, 4b, 4c, 5a, ines 2 and 3; Part IV, 5	explanations re 6, 9a, 9b, 9c, 1 ⁻ Section E, lines	quired by Part II, lin la, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and	ie 10; Part II, line 17 art IV, Section B, lin 3b; Part V, line 1; P	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, 'art V, Section B, line 1e; Part V
32028 09-25-1	9				Sche	edule A (Form 990 or 990-EZ)
	310575 20067.	0.0.0 0.0.1	0 05020	22		5, CALIFO 20067_

SC	HEDULE D	Supr	olementa	al Financial	Statemen	ts	ł	OMB No. 1	545-0047
(Forr	n 990)	Com	plete if the org	anization answered	I "Yes" on Form 9	90,		20	79
Depart	ment of the Treasury	Part IV, lir		, 11a, 11b, 11c, 11d Attach to Form 990		12b.			o Public
Interna	Revenue Service			90 for instructions		rmation.		Inspect	
Nam	e of the organization	on ASSOCIATED UNIVERSITY,		-				identificatio	
Pa	t I Organiza	ations Maintaining De				ds or A			
1 0		n answered "Yes" on Form					ccounts.	Joinpiere II r	ne
	organization			(a) Donor ac	lvised funds	()	o) Funds and	l other acco	unts
1	Total number at en	nd of year					-		
2		f contributions to (during ye							
3	Aggregate value of	f grants from (during year)							
4	Aggregate value at	t end of year							
5	-	on inform all donors and dor		-					
		n's property, subject to the						Yes	No No
6	-	on inform all grantees, dono		-	•		-		
		oses and not for the benefi		,	<i>,</i> , ,		0		
Pa	t II Conserva	ate benefit? ation Easements. Cor	mploto if the or	appization answord	"Vos" on Form 00	0 Part IV	lino 7	Yes	NoNo
1		servation easements held b				u, Faitiv,			
		of land for public use (for e	, ,	· ·	Preservation	of a histo	rically impor	tant land are	a
		f natural habitat	skample, reeree		Preservation				
		of open space							
2	Complete lines 2a	through 2d if the organizati	ion held a quali	fied conservation co	ntribution in the fo	rm of a co	nservation e	asement on	the last
	day of the tax year	·. ·					Held a	t the End of t	he Tax Year
а	Total number of co	onservation easements					2a		
b	Total acreage restr	ricted by conservation ease	ements				2b		
С	Number of conserv	vation easements on a certi	ified historic str	ructure included in (a	l)		2c		
d		vation easements included							
		al Register					2d		
3		vation easements modified,	, transferred, re	leased, extinguished	I, or terminated by	the organ	ization durin	g the tax	
4	year								
4 5		where property subject to c							
5	-	tion have a written policy re orcement of the conservation		-				Yes	No
6		r hours devoted to monitori							
Ũ			ing, inepeeting,	narialing of violation	io, and onioroning o	onconvan		o daning tho	your
7	Amount of expense	es incurred in monitoring, ir	nspecting, hand	dling of violations, ar	d enforcing conse	rvation ea	sements dur	ing the year	
	▶\$			-	-				
8	Does each conserv	vation easement reported o	on line 2(d) abo	ve satisfy the require	ments of section 1	70(h)(4)(B)(i)		
		(4)(B)(ii)?						Yes	No No
9	In Part XIII, describ	be how the organization rep	orts conservat	ion easements in its	revenue and exper	nse stater	nent and		
	,	d include, if applicable, the		note to the organizat	ion's financial state	ements th	at describes	the	
Der		ounting for conservation ea			Tuessa	Othors	Dimilar Ac		
Pa		ations Maintaining Co			Treasures, or	Other :	Similar As	isets.	
		the organization answered				at and hal	anaa ahaat u	vorko	
Ia		elected, as permitted unde easures, or other similar ass							
		Part XIII the text of the foot	•						
b		elected, as permitted unde					e sheet work	sof	
		ures, or other similar assets							
		ng amounts relating to thes	•		,			,	
	•	ded on Form 990, Part VIII,					▶ \$		
		ed in Form 990, Part X							
2		received or held works of a							
	the following amou	ints required to be reported	d under FASB A	ASC 958 relating to t	hese items:				
а	Revenue included	on Form 990, Part VIII, line	1				▶ \$		
-		Form 990, Part X					▶ \$		
LHA	For Paperwork Re	eduction Act Notice, see t	he Instruction	s for Form 990.			Scheo	lule D (Form	n 990) 201 9
93205	1 10-02-19			~~					
				23					

11200115 310575 20067.002 2019.05020 ASSOCIATED STUDENTS, CALIFO 20067_21

		ED STUDEN				FATE			
		TY, BAKER						0293800 Pag	je 2
Par	t III Organizations Maintaining Co	lections of A	rt, Hist	torical Tr	reasures, o	or Other	Similar As	sets(continued)	
3	Using the organization's acquisition, accession	, and other record	ls, checł	k any of the	following tha	t make sign	ificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	d	ı 🛄 ı	Loan or exc	change progra	ım			
b	Scholarly research	e	. [] (Other					
с	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	the organizati	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or re-								
	to be sold to raise funds rather than to be main								No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	on answered '	'Yes" on Fo	rm 990, Parl	: IV, line 9, or	
	reported an amount on Form 990, Part >	(, line 21.							
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other as	sets not inc	luded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing t	table:					
								Amount	
с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Forr)	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C	neck here if the ex	xplanatic	on has beer	n provided on	Part XIII			
Par	t V Endowment Funds. Complete if the	ne organization an	nswered	"Yes" on Fe	orm 990, Part	IV, line 10.			
		a) Current year	(b) P	rior year	(c) Two year	s back (d)	Three years b	ack (e) Four years ba	ack
1a	Beginning of year balance								
	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the currer	t year end baland	e (line 1)	g, column (a)) held as:			•	
а	Board designated or quasi-endowment	,	%	0, (,,				
b	Permanent endowment	%							
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.							
3a	Are there endowment funds not in the possess		ation tha	at are held a	and administe	red for the	organization		
	by:	5					5		No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requi	red on S	chedule B?	>			3b	
4	Describe in Part XIII the intended uses of the or								
	t VI Land, Buildings, and Equipme			iunuo.					
	Complete if the organization answered "		0. Part IV	/. line 11a. 9	See Form 990	. Part X. line	e 10.		
	Description of property	(a) Cost or o			t or other	(c) Accu		(d) Book value	
	Description of property	basis (investr			(other)	depred		(a) Book value	
19	Land					2.010.00			
	Buildings								
	Leasehold improvements			25	54,852.	24	6,753.	8,09	9.
	Equipment				53,875.		0,354.	3,52	
	Other						-,	5,52	
	Add lines 1a through 1e. (Column (d) must equ	al Form 990 Port	X colur	nn (R) line '	10c)			11,62	0 -
TULA	\cdot \neg uu intes ta through te. (Column (u) must equ	an 0111 330, Fall	л, сощн	, III (D), III I E				±±,02	<u> </u>

Schedule D (Form 990) 2019

932052 10-02-19

ASSOCIATED	STUDENTS,	CAL	IFORNIA	STATE
UNIVERSITY	. BAKERSFII	ELD,	INC.	

77-0293800 Page 3

	ule D (Form 990) 2019		BAKERSFIELD,	INC.		77-	-0293800	Page 3
Part		Other Securities.						
			on Form 990, Part IV, line					
(a) D	escription of security or categorial	Ory (including name of security)	(b) Book value	(c) Method	of valuatio	n: Cost or end	-of-year market va	alue
(1) Fin	ancial derivatives							
	osely held equity interests							
(3) Ot								
(A)	CSU CONSOLIDA							
(B)	INVESTMENT PO	JOL	328,238.	END-OF	'-YEAR	MARKET	VALUE	
(C)								
(D)								
(E)								
(F)								
(G)								
(H)			220 220					
	Col. (b) must equal Form 990,		328,238.					
Part	VIII Investments - I	-						
			on Form 990, Part IV, line	11c. See Form 9	990, Part X	, line 13.	-of-year market va	
	(a) Description of i	nvestment	(b) Book value	(C) Method	of valuatio	n: Cost or end	-or-year market va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	Col. (b) must equal Form 990,	Dart V. col. (D) line 12)						
Part								
. are		anization answered "Yes"	on Form 990, Part IV, line	11d See Form 9	990 Part X	line 15		
			Description			,	(b) Book val	ue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	(Column (b) must equal Fo	rm 990, Part X, col. (B) lin	e 15.)			►		
Part			· · ·			•		
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See	Form 990,	Part X, line 25.		
1.	(a) De	scription of liability					(b) Book val	ue
(1)	Federal income taxes							
(2)	DUE TO RELATI	ED PARTIES					38,	989.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total.	(Column (b) must equal Fo	rm 990, Part X, col. (B) lin	e 25.)				38,	989.
2. Lia	bility for uncertain tax pos	itions. In Part XIII, provide	e the text of the footnote to	the organizatio	n's financia	al statements t	hat reports the	
org	ganization's liability for unc	ertain tax positions unde	r FASB ASC 740. Check he	ere if the text of	the footnot	te has been pro	ovided in Part XII	I X

Schedule D (Form 990) 2019

932053 10-02-19

	ASSOCIATED STUDENTS, CAI			
-	dule D (Form 990) 2019 UNIVERSITY, BAKERSFIELD,			0293800 Page 4
Pal	t XI Reconciliation of Revenue per Audited Financial Stat		nue per Return	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	i	1 616 011
1			1	4,616,811.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			4,616,811.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,616,811.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		ii	
1	Total expenses and losses per audited financial statements		1	4,412,476.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,412,476.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			4,412,476.
Pa	t XIII Supplemental Information.			

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 ORGANIZATION FOLLOWS US GAAP RELATED TO THE RECOGNITION OF UNCERTAIN

TAX POSITIONS. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES

ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENTS OF

ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE

ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2020 AND 2019 AND

THEREFORE, NO AMOUNTS HAVE BEEN ACCRUED.

932054 10-02-19

11200115 310575 20067.002

SCHEDULE I (Form 990)		G GO G	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22}	Id Other Assistance to Organizations, its, and Individuals in the United State anization answered "Yes" on Form 990, Part IV, line 21 o	ce to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. the latest inform	ation.		Open to Public Inspection
Name of the organization	ASSOCIATED S UNIVERSITY,	STUDENTS, CAL BAKERSFIELD,	、H	IA STATE				Employer identification number $77-0293800$
Part I General Infor	General Information on Grants and Assistance	sistance						
1 Does the organizati	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	stantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	
	criteria used to award the grants or assistance?	5						X Yes No
S-	Describe in Part IV the organization's procedures for monitoring the use	res tor monit	oring the use of grant f	of grant tunds in the United States	l States.			
Part II Grants and C	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	estic Organiz	zations and Domestic	Governments. Co	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	ess of organization ((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 noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY BAKERSFIELD, STUDENT-CENTER ENTERPRISES, INC - 9001 STO HIGHWAY - BAKERSFIELD, CA 9	ED CKDALE 3311	77-0375841	501(C)(3)	163,144.				TRANSFER CHILDREN'S CENTER STUDENT FEE REVENUE
2 Enter total number3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	vernment org d in the line 1	janizations listed in the table	e line 1 table				0
⊲	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	he Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

27

Schedule I (Form 990) (2019) UNIVERSITY, BAK	STUDENTS, CAL BAKERSFIELD,	IFORNIA INC.	STATE		77-0293800 Page 2
r Assistance to Domestic Ind plicated if additional space is n	s. Complete if the	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 noncash assistance
SCHOLARSHIPS FOR STUDENTS AT CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	276	2,502,258.	.0		
Part IV Supplemental Information. Provide the information required in	quired in Part I, lin	ie 2; Part III, columr	Part I, line 2; Part III, column (b); and any other additional information	dditional information.	
PART I, LINE 2:					
REQUESTS ARE TRANSFERRED TO THE OF	OFFICE OF	FINANCIAL	AID. THE	FINANCIAL AID	
OFFICE MATCHES SPECIFIC SCHOLARSHIPS	НТIW	REQUESTS 1	THEN FUNDS	ARE	
DISTRIBUTED WITHIN COMPLIANCE OF D	DONOR INTENT	ENT.			
932102 10-26-19		28			Schedule I (Form 990) (2019)

SCHEDULE L	ſ	Fransaction	ns V	Vith	Interested	1 P	ersons			0	/IB No.	1545-0	047
(Form 990 or 990-EZ)	Complete if t	he organization an						26, 27	, 2 8a,		20	10)
					-EZ, Part V, line 38 990 or Form 990-E		40b.						J
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Fe					est information.				oen T spect		DIIC
Name of the organization		TED STUDEN						Em	ploye	r ident	ificati	on nu	ımber
		ITY, BAKEF						77	-02	2938	00		
Part I Excess Ben	efit Transa	actions (section 5	01(c)(3	s), sect	ion 501(c)(4), and s	ectic	on 501(c)(29) orga	anizati	ions c	only).			
Complete if the	organization	answered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25	ib, o	r Form 990-EZ, P	art V,	line 4	0b.			
1 (a) Name of disqualified	person	(b) Relationship bet			lified	(c) D	escription of tran	sactio	n		(d)	Corre	ected?
		person and o	rganiza	ation	`	•, •					Y	es	No
											_		
												\rightarrow	
											-		
2 Enter the amount of tax	incurred by t	he organization mar	nagers	or dise	qualified persons du	uring	the year under						
									▶ \$				
3 Enter the amount of tax	k, if any, on lin	e 2, above, reimburs	sed by	the or	ganization				▶ \$				
Part II Loans to an	d/or From	Interested Per	eone										
		answered "Yes" on			/ Dart V line 29a ar	For	n 000 Dort IV lin	- <u>26</u> .	or if t	ho orac	nizoti	o n	
	÷	990, Part X, line 5,			, Fait V, III e 30a 01	1 011	11990, Fait IV, III	e 20,		ne orga	unzau	UII	
(a) Name of	(b) Relations		(d) Lo	an to or	(e) Original	(1	f) Balance due	(g)) In	(h) Ap	oroved	(i) V	/ritten
interested person	with organiza			n the zation?	principal amount		,		ault?	bý bo comm		agree	ement?
			То	From				Yes	No	Yes	No	Yes	No
													<u> </u>
						\vdash							
						+							
						+							
Total					🕨 \$								
		Benefiting Inte											
	0	answered "Yes" on					1						
(a) Name of interested	person	(b) Relationship interested per the organiz	son an		(c) Amount of assistance		(d) Type assistan) Purp assista		f
		OFFICERS C		DCA	27.00		SCHOLARS	מדם	C T	INA	NOT	<u>7 T</u>	
		OFFICERS (RGA	57,90		SCHOLARS	пть	<u> </u>	TINA	NCI	АЦ	AID
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LHA For Paperwork Reduc	ction Act Not	ice, see the Instruc	ctions	tor Fo	rm 990 or 990-EZ.		Sche	edule	L (Fo	rm 990	or 99	90-EZ	.) 2019

SEE PART V FOR CONTINUATIONS

932131 10-21-19

29

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77-	02	93	800) Page 2
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Business Transactio	ons Involving Inter	ested Persons.	
(Form 990 or 990-EZ) 2019	UNIVERSITY,	BAKERSFIELD,	INC

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's 1ues?
				Yes	No

Part V Supplemental Information.

Schedule L (F

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICERS OF ORGANIZATION

(C) AMOUNT OF GRANT \$ 37,905.

(D) TYPE OF ASSISTANCE: SCHOLARSHIPS

(E) PURPOSE OF ASSISTANCE: FINANCIAL AID

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

11200115 310575 20067.002

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, INC. EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

77-0293800

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 V QUESTION 2A-B:

ASI DID NOT FILE ANY FORM W-2'S IN 2019. ALL PAYROLL IS PROCESSED BY

THE RELATED ORGANIZATION, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, AND

IS REPORTED UNDER THEIR EIN. ASI REIMBURSES THE RELATED ORGANIZATION

FOR PAYROLL EXPENSES.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO SUBMISSION, THE ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, INC. OFFICERS REVIEWED THE INFORMATION ELECTRONICALLY AND THE CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, INC. 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: EACH BOARD MEMBER IS REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY FOLLOWING BOARD ORIENTATION AND FORMS ARE KEPT ON FILE FOR REVIEW.

 FORM 990, PART VI, SECTION B, LINE 15:

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

 932211 09-06-19

 31

Schedule O (Form 990 or 9				Page 2
Name of the organization	ASSOCIATED UNIVERSITY,		STATE	Employer identification number $77 - 0293800$

THE EXECUTIVE DIRECTORS AND KEY STAFF'S PERFORMANCE ARE EVALUATED YEARLY BY

THE EXECUTIVE OFFICER. SALARY INCREASE RECOMMENDATIONS ARE REVIEWED AND

APPROVED BY THE EXECUTIVE BOARD MEMBERS.

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.

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Orç Janiza ww.ir	ganizations and Unrelated Partnership: ation answered "Yes" on Form 990, Part IV, line 33, 34, 35k ▶ Attach to Form 990. s.gov/Form990 for instructions and the latest information.	I rtnerships line 33, 34, 35b, st information.	36, or 37.	° °	OMB No. 1545-0047 2019 Open to Public Inspection	0
ation ASSOCIATED S UNIVERSITY,	STUDENTS, CALIFORNIA BAKERSFIELD, INC.	STATE			Employer identification number $77 - 0293800$	ication numbe 8 0 0	er
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	olete if the organization answered "Yes	s" on Form 990, Part IV, line 3	ю.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had on	e or more related tax-ex	empt	
(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	Section 512(b)(13) controlled entity?	(13)
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - 77-0314545, 9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	HIGHER EDUCATION	CALIFORNIA	115		N/A		
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION - 95-2643086, 9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	UNIVERSITY ADVANCEMENT	CALIFORNIA	501(C)(3)	LINE 5	M/A	×	
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD STUDENT-CENTERED ENTERPRISES, INC., 9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	UNIVERSITY STUDENT SERVICES	CALIFORNIA	501(C)(3)	LINE 10	N/A	×	
CSU BAKERSFIELD, AUXILIARY FOR SPONSORED PROGRAMS ADMINISTRATION - 32-029166, 9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311	UNIVERSITY GRANTS AND RESEARCH SERVICES	CALIFORNIA	501(C)(3)	LINE 5	N/A	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 990.				Schedule R	Schedule R (Form 990) 2019	019

932161 09-10-19 LHA

33

ASSOCIATED STUDENTS, CALIFORNIA STATE Schedule R (Form 990) 2019 UNIVERSITY, BAKERSFIELD, INC. Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ASSOCIATED STUI UNIVERSITY, BAI ated Organizations Taxable	STUDENTS, CAL BAKERSFIELD, axable as a Partnership.(CALIFORNIA ELD, INC. ership. Complete if the	LA STATE f the organizatic	נות בידבי tion answered "Y	es" on Form 9	90, Part IV, lin	e 34, becaus	77 - 02 e it had one or m	- 0 2 9 3 8 0 0	Page 2
ions treated as a part	thership during the t	ax year.									
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(1) Share of total income	(g) Share of end-of-year assets	(n) Disproportionate allocations? Yes No	() Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	() (K) General or Percentage managing ownership Partner?
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	anizations Taxable	as a Corpo ing the tax	oration or Trust. Co year.	omplete if th	e organization ans	swered "Yes" (on Form 990, F	art IV, line 3 ⁴	4, because it hac	l one or m	ore related
(a) Name, address, and EIN of related organization	7 -	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	tity, Share of total income		(g) Share of Pr end-of-year o assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
				34			-		Schedu	lle R (Forn	Schedule R (Form 990) 2019

STATE		
CALIFORNIA	INC.	
CALIF	IELD, I	
TUDENTS,	KERSFI	
STU	, BA	
ASSOCIATED	UNIVERSITY,	
	990) 2019	
	rm 990)	
	ile R (Fc	
	Schedu	

Page 3 77-0293800

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

V V		×		X	×	×	×	×	×			1	×	×	×	×				X	X									0) 2019
202	й -		×				_			\downarrow	\downarrow		_				×	_	×											166 m.
		1 a	1b	1	₽	- P	ŧ	10	6 1	Ŧ	= ;∓	-	¥	Ŧ	<u>1</u>	4	우	1p	19	ł	1s		/olved							R (For
	n Parts II-IV?																					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.	(d) Method of determining amount involved	FMV	WV	- MV	FMV			Schedule R (Form 990) 2019
	ue: ig transactions with one or more related organizations listed in Parts II-IV?																					his line, including covered r	(c) Amount involved	2,502,258.	793,931.FMV	283,018.FMV	135,935.1			
	s with one or more r	/												anization(s)	inization(s)	ion(s)						/ho must complete 1	(b) Transaction type (a-s)	В	д	0	Ø			с С
V of this solution	of the following transaction	rent from a controlled entity	n(s)						ation(s)		d arganization(c)		Ited organization(s)	solicitations for related orga	solicitations by related orga	ssets with related organization(s))	enses	enses	on(s)	ation(s)	ructions for information on v		BAKERSFIELD	BAKERSFIELD	BAKERSFIELD	BAKERSFIELD			
e lietod in Dorte II III or I	ganization engage in any	ities, (iii) royalties, or (iv)	ion to related organizatic	ion from related organiza	r for related organization	elated organization(s)			d organization(s)		ou Olyan nzauon iyoy or other seepte to related		or other assets from rela	embership or fundraising	embership or fundraising	t, mailing lists, or other a	h related organization(s)	d organization(s) for exp∈	d organization(s) for exp	erty to related organizatio	erty from related organiz	ove is "Yes," see the insti	(a) Name of related organization	UNIVERSITY,	UNIVERSITY,	UNIVERSITY,	STATE UNIVERSITY,			
Noto: Complete line 1 if any entity is listed in Barts II. 11. or IV of this school de	 During the tax year, did the organization engage in any of the followin 	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	a Sale of assets to related organization(s)			I EXCITATIVE OF ASSETS WITH FRATED OF QUILIER OF A DUTIENT OF A DUT		k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with relat		p Reimbursement paid to related organization(s) for expenses		r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	2 If the answer to any of the abo	Name	(1) CALIFORNIA STATE	(2) CALIFORNIA STATE	(3) CALIFORNIA STATE	(4) CALIFORNIA STATE	(5)	(6)	42163 09-10-19 932163 09-10-19

Schedule R (Form 990) 2019 UNIVERSITY	ASSOCIATED STUDENTS, CALIFORNIA UNIVERSITY, BAKERSFIELD, INC.	ETELD, IN(KNLA STATE C.					77-0293800	800	Page 4
Part VI Unrelated Organizations Taxable as a Partnership. Complete if	ible as a Partnership. Cor	mplete if the organi	the organization answered "Yes" on Form 990, Part IV, line 37	' on Form	990, Part IV, line 3	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.	entity taxed as a partnersh structions regarding exclu	ip through which t sion for certain inve	the organization conducted estment partnerships.	cted more	than five percent	: of its activities (m	easured b	y total assets or (gross rev	enue)
(a) Name, address, and EIN of entity	(b) Primary activity	cile	(d) Predominant income (related, unrelated, excluded from tax under	Are all Are all 501(c)(3) 0rgs.?	(f) Share of total	(g) Share of end-of-year	Dispropor- tionate allocations?	(i) (j) (k) Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1	(j) ieneral or P nanaging cartner?	(k) ercentage wnership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065) Y	Yes No	
								Schedule R (Form 990) 2019	R (Form	990) 2019

36

932164 09-10-19

Schedule R	(Form 990)) 2019	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

932165 09-10-19

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	aanarata	application	604 04	and worker	
rile a	Separate	application	IOr ea	acn reiu	rn.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instru ASSOCIATED STUDENTS, CALIF(ORNIA	STATE	Taxpaye	r identification numb	
File by the	UNIVERSITY, BAKERSFIELD, IN	NC.			77-029380	0
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 9001 STOCKDALE HIGHWAY, NO.					
instructions.	City, town or post office, state, and ZIP code. For a for BAKERSFIELD, CA 93311	oreign add	Iress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			01
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	ooks are in the care of 9001 STOCKDALE		FINANCIAL SERVICES WAY - BAKERSFIELD,			
Teleph	one No.▶ 661-654-2251		Fax No. 🕨			
• If the c	rganization does not have an office or place of business	s in the Ur	nited States, check this box			
• If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If	this is fo	r the whole group, c	heck this
box 🕨 🛛	. If it is for part of the group, check this box $igstarrow$	and atta	ch a list with the names and TINs of	all memb	ers the extension is	for.
the ▶[quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginningJUL 1, 2019	anization's		the exem	npt organization retu	urn for
2 If th	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: 🗌 Initial return 🔲 F	Final retur	'n	
	is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069	. enter an	v refundable credits and		· ·	
	mated tax payments made. Include any prior year overp		•	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	ng EFTPS (Electronic Federal Tax Payment System). See		· · · ·	3c	\$	0.
	If you are going to make an electronic funds withdrawal				nd Form 8879-FO fc	
instruction	,	(an oot ao		100 20 4		, paymone
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (Re	ev. 1-2020)

923841 12-30-19

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