TAXABLE YEAR

2018

California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ar 2018 or fiscal year beginning (mm/dd/yyyy) 07/01	/2018		, and er	nding (mm/dd/y	yyy)_06 <i>i</i>	/30/2	2019							
Corporation	oration/Organization name California corp							poration number							
UNIVERSITY STUDENT UNION, CALIFORNIA STATE UNIVERSITY, NORTHRIDGE 0 6 8						5 8 4	1 2	7 9)						
Additional information. See instructions.															
					2	3 7	3	2	1	8	5	9			
Street addre	ess (suite or room)						PMB					_			
18111	NORDHOFF STREET														
City						State	Zip co	ode							
NORTHR	IDGE					CA	913	30-8	8272						
Foreign country name Foreign province/state/county							Forei	gn posta	al code						
J				•			,	,							
	urn			If exempt under R&T	C Section 237	'01d, has	s the c	rganiz	ation			—— Z			
B Amende	d Return	■ Yes	×No	engaged in political a	activities? See	instructi	ions			'∟Ye	S L				
C IRC Sect	Is the organization ex	xempt under F	R&IC Se	ction 2	23/01g	J? ■	Ye Ye	s 🗷	≤No						
D Final Info	ormation Return?			If "Yes," enter the gr					ices	Φ					
■ Dissolved Surrendered (Withdrawn) Merged/Reorganized Enter date: (mm/dd/yyyy) ■// Herged/Reorganized Check box. No filing fee is required						ia fee exi	ceptio	n.							
E Check ac	counting method: (1) 🗆 Cash (2) 🗷 Accrual (3) 🔲 Othei	r m	Is the organization a							s 🔀	No			
F Federal return filed? (1) ● 🗵 990T (2) ● □ 990PF (3) ● □ Sch H (990) (4) 🗵 Other 990 series							109 to	repor	†			□No			
` '	group filing? See instructions	-	-	Is the organization u	nder audit by t	the IRS o	or has	the IR	S			≤ No			
H Is this organization in a group exemption															
It "Yes,"	what is the parent's name?			Date filed with IRS _						⊥ Ye	S L	2 IVO			
		_		Date filed with IRS _											
not reno	organization have any changes to its guidelines rted to the FTB? See instructions	●□Yes	⊠No												
Part I C	omplete Part I unless not required to file this form							1		0.50		T			
	1 Gross sales or receipts from other sources. From								17	,250,	743	-			
Receipts and	2 Gross dues and assessments from members an									40	021	100			
	3 Gross contributions, gifts, grants, and similar at						■ 3			40,	931	100			
	4 Total gross receipts for filing requirement test. A This line must be completed. If the result is les				R		4		17	291,	674	00			
Revenues	5 Cost of goods sold				<u>υ</u>		00					100			
	6 Cost or other basis, and sales expenses of asset			6			00								
	7 Total costs. Add line 5 and line 6						-					00			
	8 Total gross income. Subtract line 7 from line 4.								17	,291,	674	00			
Expenses	9 Total expenses and disbursements. From Side 2	. Part II, lir	ne 18				● 9								
ryheiises	10 Excess of receipts over expenses and disbursen	nents. Subt	tract line s	9 from line 8			● 10			128,	833	4 00 1 00 3 00 00 00			
	11 Total payments						● 11					$\overline{}$			
							$\overline{}$								
												00 00 00 00 00 00 00 00 00 00 00 00 00			
Filing Fee	14 Use tax balance. If line 12 is more than line 11,										1.0				
	15 Filing fee \$10 or \$25. See General Information F										10	$\overline{}$			
	16 Penalties and Interest. See General Information 17 Balance due. Add line 12, line 15, and line 16.						. <u>16</u>				1.0				
	Under penalties of perjury, I declare that I have examined	this return, in	ncluding ac	companying schedules a	nd statements, a	nd to the	best of	my kno	wledge	and be	lief, it i	is			
Sign Here	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an						ledge.		Ü						
	Title Da					l'	• Telephone								
	Signature of officer	EX	KECUTIV	E DIRECTOR Date		()							
Doid	Preparer's	Check if self-	_ [PTIN	-		2		_						
	signature ► 0 2 / 1 7 / 2 0 employed ► □								0 4	<u>ع</u> 4	1 3				
Paid Preparer's	Firm's name (or yours, COHNREZNICK LI	г.р						n's FEIN		0 -		^			
Use Only	if self-employed)	<u></u>						1	4 7	8 0	9	9			
	and address 400 CAPITOL MA	T.T. Q 111	rጥፑ 1ን	ОО САСБАМЕМП	רט פג		● Tele _l								
		<u>-</u>						5) 4		100					
	May the FTB discuss this return with the preparer shown above? See instructions						■ ¥ Yes □ No								

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

	regaruie	ss of amount of gross receipts — com	hiere i air ii oi iniilisii sui	Januar Illioilliation.			
	1 Gro	ss sales or receipts from all business ac	tivities. See instructions.				00
	2 Inte	rest				58,872	00
Receipts	3 Divi	dends					00
from	4 Gro	ss rents			00		
Other	5 Gro	ss royalties			00		
Sources	6 Gro	ss amount received from sale of assets			00		
	1	er income. Attach schedule		17,191,871			
		al gross sales or receipts from other source		17,250,743			
		tributions, gifts, grants, and similar amo				117,659	00
		bursements to or for members			00		
		npensation of officers, directors, and tru		201,729	_		
		er salaries and wages		8,134,350	00		
Expenses		rest					00
and		es				480,296	
Disburse- ments		its		865,777			
incinto		reciation and depletion (See instruction				180,231	
	17 Oth	er Expenses and Disbursements. Attach	schedule			7,182,799	$\overline{}$
Calaadii		al expenses and disbursements. Add line				17,162,841]00
	lie L	Balance Sheet	·	taxable year	End of tax		
Assets			(a)	(b)	(c)	(d)	
				6,029,414		5,539,6	
2 Net ac	counts re	eceivable		22,763		● 60,0	38
3 Net no	otes recei	vable				•	
4 Invent	ories			12,427		14,2	70
5 Federa	al and sta	te government obligations				•	
6 Invest	ments in	other bonds				•	
7 Invest	ments in	stock				•	
8 Mortg	age loans	3				•	
9 Other	investme	ents. Attach schedule				•	
10 a Dep	reciable	assets	2,284,398		2,398,290		
		ulated depreciation	(1,600,726)	683 , 672 (1,688,274)	710,0	16
						•	
		ttach schedule		92,531		● 87,1	73
				6,840,807		6,411,1	48
Liabilities							
		ble		1,163,237		1,249,5	49
		gifts, or grants payable		, , , , , , ,		•	_
		es payable				•	_
		• •				•	
_		able		3,655,816		3,365,2	0.5
				3,033,010		5,303,2	
•		r principal fund				•	
		tal surplus. Attach reconciliation		2 021 754		1,796,3	0 /
		ngs or income fund		2,021,754 6,840,807		6,411,1	
22 Total I Schedu		s and net worth	with income new veture	0,040,007		0,411,1	40
Scriedu	ie m-i	Do not complete this schedule if the a		13 column (d) is less th	an \$50 000		
4 Notice	00000 75	· · · · · · · · · · · · · · · · · · ·	1				
		me per books			-	_	
		tax	•		turn. Attach schedule	•	
		al losses over capital gains	•	8 Deductions in this ret	-		
4 Incom	e not rec	orded on books this year.		against book income	this year.		
Attach	schedul	e	•	Attach schedule		•	
5 Expens	ses recor	rded on books this year not		9 Total. Add line 7 and I	ine 8		
		s return. Attach schedule	•	10 Net income per return			
		1 through line 5	128,833		ne 6	128,8	3.3
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