

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

Corporation/Organization name
**UNIVERSITY STUDENT UNION
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE**

California corporation number
0684279

Additional information. See instructions.
FEIN
23-7321859

Street address (suite or room)
18111 NORDHOFF STREET

PMB no.

City
NORTHRIDGE

State
CA

ZIP code
91330-8272

Foreign country name

Foreign province/state/county

Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ Yes No

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	15,999,842	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	476,896	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	16,476,738	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	16,476,738	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	15,477,161	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	999,577	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title EXECUTIVE DIRE	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	LISA M. CUMMINGS, CPA	Date 03/01/23	Check if self-employed <input type="checkbox"/>	• PTIN P00043433
	Firm's name (or yours, if self-employed) and address	COHNREZNICK LLP 621 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814			• Firm's FEIN 22-1478099
					• Telephone 916-442-9100
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	59,309	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income	•	7	15,940,533	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	15,999,842	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	131,094	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	213,669	00
	12	Other salaries and wages	•	12	7,670,436	00
	13	Interest	•	13		00
	14	Taxes	•	14	443,481	00
	15	Rents	•	15	893,655	00
	16	Depreciation and depletion (See instructions)	•	16	156,876	00
	17	Other expenses and disbursements	•	17	5,967,950	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	15,477,161	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		9,291,003		10,463,194
2	Net accounts receivable		37,549		17,809
3	Net notes receivable				
4	Inventories		12,669		6,582
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets	2,471,787		2,455,552	
b	Less accumulated depreciation	(1,947,671)	524,116	(2,054,786)	400,766
11	Land				
12	Other assets		94,178		93,530
13	Total assets		9,959,515		10,981,881
Liabilities and net worth					
14	Accounts payable		1,412,208		1,139,286
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities		3,280,540		2,514,816
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		5,266,767		7,327,779
22	Total liabilities and net worth		9,959,515		10,981,881

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	999,577
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	Total. Add line 1 through line 5		999,577
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		999,577

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CAL STATE UNIVERSITY, NORTHRIDGE	18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	06/30/22	476,896.
TOTAL INCLUDED ON LINE 3			476,896.

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
STUDENT ACTIVITY FEES	14,205,060.
PROGRAM REVENUE	300,095.
RECREATION CENTER INCOME	310,394.
RENTAL INCOME	539,099.
OTHER INCOME	585,885.
TOTAL TO FORM 199, PART II, LINE 7	15,940,533.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 3

ACTIVITY CLASSIFICATION: SCHOLARSHIPS/GRANTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCHOLARSHIPS/GRANTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330-8272	STUDENTS	61,968.

TOTAL FOR THIS ACTIVITY	61,968.
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ACTIVITY CLASSIFICATION: AFFILIATE CONTRIBUTION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330-8272	AFFILIATE	69,126.

TOTAL FOR THIS ACTIVITY	69,126.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9

131,094.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
DR. EDITH WINTERHALTER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	UNIVERSITY REPRESENTATIVE 1.00	0.
DR. SHELLEY RUELAS-BISCHOFF 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT AFFAIRS REP (OUTGO 1.00	0.
DEBRA L. HAMMOND 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	EXECUTIVE DIRECTOR 40.00	213,669.
DR. TADEH ZIRAKIAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	FACULTY REPRESENTATIVE (OU 1.00	0.
BENJAMIN PLOTKIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STAFF REPRESENTATIVE 1.00	0.
DR. FREDDIE SANCHEZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT AFFAIRS REPRESENTA 1.00	0.
ALBERTO MARTINEZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	CHAIR/STUDENT REP (OUTGOIN 1.00	0.
ANA ZAPATA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE (OU 1.00	0.
AYANA GALVES 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE (OU 1.00	0.
BRYANT GARCIA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE (OU 1.00	0.
CHARLIE RODRIGUEZ SALAZAR 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE (OU 1.00	0.

CHRISTIAN LIPTON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	VICE CHAIR/STUDENT REP 1.00	0.
DR. CARROLL BROWN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	ALUMNI REPRESENTATIVE (OUT 1.00	0.
FREDY PEREZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE (OU 1.00	0.
GISSELLE OLEMDO-TORRES 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	VICE CHAIR/STUDENT REP 1.00	0.
JACOB AKOPNIK 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	CHAIR/STUDENT REP (OUTGOIN 1.00	0.
JASSMINE GUERRERO 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE 1.00	0.
KARINA PEREZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE (OU 1.00	0.
MISHELL DE LEON 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE 1.00	0.
ROBERT JACOME 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE (OU 1.00	0.
TIFFANY CASTELLANOS 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	ALUMNI REPRESENTATIVE 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

213,669.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
REPAIRS & MAINTENANCE		1,272,549.
PROGRAM COSTS		480,952.
ADMINISTRATIVE SUPPLIES		186,784.
EQUIPMENT RENTAL		174,819.
PENSION PLAN CONTRIBUTIONS		383,182.
OTHER EMPLOYEE BENEFITS		1,776,616.
LEGAL FEES		1,289.
ACCOUNTING FEES		32,027.
OTHER PROFESSIONAL FEES		736,317.
ADVERTISING AND PROMOTION		58,086.
OFFICE EXPENSES		168,376.
INFORMATION TECHNOLOGY		242,853.
TRAVEL		68,562.
CONFERENCES AND CONVENTIONS		49,886.
INSURANCE		106,675.
ALL OTHER EXPENSES		228,977.
TOTAL TO FORM 199, PART II, LINE 17		5,967,950.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	94,178.	93,530.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	94,178.	93,530.

CA 199	OTHER LIABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
POST-RETIREMENT BENEFIT PAYABLE	3,185,145.	2,256,841.
DEPOSITS HELD IN CUSTODY	2,695.	1,571.
DEFERRED REVENUE	92,700.	256,404.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,280,540.	2,514,816.

CA 199

FUND BALANCES

STATEMENT 8

DESCRIPTION

BEG. OF YEAR

END OF YEAR

NET ASSETS WITHOUT DONOR RESTRICTIONS

5,266,767.

7,327,779.

TOTAL TO FORM 199, SCHEDULE L, LINE 21

5,266,767.

7,327,779.