California Exempt Organization Annual Information Return

202	0 Annual Information Re	turn					199	
	ar 2020 or fiscal year beginning (mm/dd/yyyy) <u>07/01/202</u>	0	, and endir		-			
Corporation/	Organization name			California	a corpora	ation nu	ımber	
	TY STUDENT UNION, CALIFORNIA STATE UNIVERSIT	Y, NORTHRIDG	E	0684	279			
Additional in	formation. See instructions.			FEIN				
Ctroot addro	as (suite as record)			23-7	32185	59 PMB r		
	ss (suite or room)					PIVID	10.	
City	NORDHOFF STREET				State	Zip cod		
NORTHR	IDCE					•	30-8272	
Foreign cour		ign province/state	e/county				n postal code	
3		3	····· ,			3	,	
	rn		Did the organization h	ave any chang	es to its	guide	elines ● □ Yes 🗹 No	
	d return●□		If exempt under R&T(Section 2370	illolla Idhae	the or	manization	
	ion 4947(a)(1) trust	Yes No	engaged in political ac	ctivities? See ir	nstructio	ns	Yes ✓ No	
	rmation return?	K	Is the organization ex					
	ssolved □ Surrendered (Withdrawn) □ Merged/Reorg te: (mm/dd/yyyy) ● / /		If "Yes," enter the gro	•				
	counting method: (1) \(\subseteq \text{Cash} \) (2) \(\blace \text{ Accrual} \) (3) \(\subseteq \text{ Accrual} \)	L	Is the organization a li	imited liability	compan	y?	● □ Yes 🗹 No	
	eturn filed? (1) $lacktriangle$ 990T (2) $lacktriangle$ 990PF (3) $lacktriangle$. IVI	Did the organization fi	le Form 100 o	r Form 1	109 to	report	
	her 990 series	` '	taxable income? Is the organization un					
` '	group filing? See instructions		audited in a prior year	der addit by til ?	ie iko di		nie iks ● □ Yes ✓ No	
	ganization in a group exemption							
If "Yes,"	what is the parent's name?	1103	Date filed with IRS					
Part I Co	omplete Part I unless not required to file this form. See	General Inform	nation B and C.					
	1 Gross sales or receipts from other sources. From Sid				_	1	15,610,107 00	
	2 Gross dues and assessments from members and affi	liates				2	00	
	3 Gross contributions, gifts, grants, and similar amoun						382,916 00	
Receipts	4 Total gross receipts for filing requirement test. Add lin						15 000 000 000	
and Revenues	This line must be completed. If the result is less tha					4	15,993,023 00	
11010111100	5 Cost of goods sold				0			
	6 Cost or other basis, and sales expenses of assets solo 7 Total costs. Add line 5 and line 6	a				7	00	
	8 Total gross income. Subtract line 7 from line 4						15,993,023 00	
Expenses	9 Total expenses and disbursements. From Side 2, Part						14,000,381 00	
Lyheiises	10 Excess of receipts over expenses and disbursements						1,992,642 00	
	11 Total payments				•	11	00	
i i	12 Use tax. See General Information K					12	00	
	13 Payments balance. If line 11 is more than line 12, sub					13	00	
•	14 Use tax balance. If line 12 is more than line 11, subtra 15 Penalties and Interest. See General Information J					14	00	
1	16 Balance due. Add line 12 and line 15. Then subtract						00	
	Under penalties of perjury, I declare that I have examined this ref	turn, including acc	companying schedules and	d statements, and	d to the b	est of m		
Sign	true, correct, and complete. Declaration of preparer (other than to	axpayer) is based Title		n preparer has ar Date	-	dge. Teleph	none	
Here	Signature of officer			Duic		тогорг	ione	
	of officer	FYECOIT	VE DIRECTO Date	Check if self-		PTIN		
	Preparer's signature		03/14/2022				43433	
Paid			037 117 2022	employed 🕨 🗀		Firm's		
Preparer's	Firm's name (or yours, if self-employed) COHNREZNICK LLP						478099	
Use Only	and address				•	Telephone		
	400 CAPITOL MALL	, SUITE 1	200, SACRAME	NTO, CA		•) 442-9110	
	May the FTB discuss this return with the preparer sh	nown above? S	See instructions			V Ye	es 🗆 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.

	regardless of amount of gross receipts — com	piete Fait ii or iuriiisii sut	istitute illivillativii.		
	1 Gross sales or receipts from all business ac	ctivities. See instructions			00
	2 Interest				81,476 00
Receipts	3 Dividends				00
from	4 Gross rents				00
Other	5 Gross royalties				00
Sources	6 Gross amount received from sale of assets				15 500 501
	7 Other income. Attach schedule				15,528,631 00
	8 Total gross sales or receipts from other sour	ces. Add line 1 through line	7. Enter here and on Side 1		15,610,107 00
	9 Contributions, gifts, grants, and similar am				1,424,788 00
	10 Disbursements to or for members				00
	11 Compensation of officers, directors, and tru				210,925 00
	12 Other salaries and wages				5,948,664 00
Expenses	13 Interest				00
and	14 Taxes				413,285 00
Disburse- ments	15 Rents				484,150 00
IIIOIIIO	16 Depreciation and depletion (See instruction				175,054 00
	17 Other expenses and disbursements. Attach				5,343,515 00
0.1.1.1	18 Total expenses and disbursements. Add lin	e 9 through line 17. Enter h	nere and on Side 1, Part I,	line 9 18	14,000,381 00
Schedul	e L Balance Sheet	Beginning of	taxable year		able year
Assets		(a)	(b)	(c)	(d)
			6,605,687		• 9,291,003
2 Net ac	counts receivable		26,101		37,549
3 Net no	otes receivable				•
4 Invent	tories		12,553		12,669
5 Federa	al and state government obligations				•
	ments in other bonds				•
	ments in stock				•
	age loans				•
-	investments. Attach schedule				•
	preciable assets	2,479,344		2,471,787	
	s accumulated depreciation	(1,809,341)	670,003	(1,947,671)	524,116
					•
	assets. Attach schedule		86,643		94,178
	assets		7,400,987		9,959,515
	and net worth		.,		2,722,732
	ints payable		1,140,095		1,412,208
	• •		1,110,000		• 1,112,200
	butions, gifts, or grants payable				
	and notes payable				•
•	ages payable		2 (40 025		2 200 540
	liabilities. Attach schedule		3,648,825		3,280,540
	Il stock or principal fund				•
	n or capital surplus. Attach reconciliation				
	ed earnings or income fund		2,612,067		• 5,266,767
	liabilities and net worth		7,400,987		9,959,515
Schedule	Pe M-1 Reconciliation of income per books Do not complete this schedule if the a		12 column (d) is less th	on \$50,000	
	· · · · · · · · · · · · · · · · · · ·	1			
1 Net inc	come per books	■ 1,992,642	7 Income recorded on b	ooks this year	
2 Federa	al income tax		not included in this re	turn. Attach schedule	•
3 Excess	s of capital losses over capital gains	•	8 Deductions in this ret	urn not charged	
	ne not recorded on books this year.		against book income		
	ı schedule	•			•
	ses recorded on books this year not		9 Total. Add line 7 and I		
degne.	ted in this return. Attach schedule		10 Net income per return		
	Add line 1 through line 5	1,992,642	0 11 12 01	ne 6	1,992,642

249,145.

15,528,631.

TOTAL TO FORM 199, PART II, LINE 7

OTHER INCOME

			
CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	SI	PATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CAL STATE UNIVERSITY, NORTHRIDGE	18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	06/30/21	382,916.
TOTAL INCLUDED ON LINE 3			382,916.
CA 199	OTHER INCOME	SI	CATEMENT 2
DESCRIPTION			AMOUNT
STUDENT ACTIVITY FEES PROGRAM REVENUE RECREATION CENTER INCOME RENTAL INCOME			14,614,076. 67,415. 84,777. 513,218.

CA 199	CASH CONTRIBUTIONS, GIFTS AND SIMILAR AMOUNTS P.		STATEMENT 3
ACTIVITY CLASSIFICAT	ION: SCHOLARSHIPS/GRANTS		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SCHOLARSHIPS/GRANTS	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330-8272	STUDENTS	64,248.
	TOTAL FOR THIS ACTIVITY		64,248.
	ION: AFFILIATE CONTRIBUTION		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE	18111 NORDHOFF STREET - NORTHRIDGE, CA 91330-8272	AFFILIATE	1,360,540.
	TOTAL FOR THIS ACTIVITY		1,360,540.
TOTAL INCLUDED ON FOR	RM 199, PART II, LINE 9		1,424,788.

CA 199 COMPENSATION OF OFFICER	RS, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DR. EDITH WINTERHALTER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	UNIVERSITY REP	0.
DR. SHELLEY RUELAS-BISCHOFF 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT AFFAIRS REP 1.00	0.
DEBRA L. HAMMOND 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	EXECUTIVE DIRECTOR 40.00	210,925.
DR. TADEH ZIRAKIAN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	FACULTY REPRESENTATIVE 1.00	0.
BENJAMIN PLOTKIN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STAFF REPRESENTATIVE 1.00	0.
GABRIELLA NGUYEN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STAFF REP (OUTGOING) 1.00	0.
ALBERTO MARTINEZ 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	VICE CHAIR/STUDENT REP 1.00	0.
ARRAH EBOT ENAW 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REP (OUTGOING) 1.00	0.
AYANA GALVES 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE 1.00	0.
BRYANT GARCIA 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE 1.00	0.
CHARLIE RODRIGUEZ SALAZAR 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272	STUDENT REPRESENTATIVE 1.00	0.

UNIVERSITY STUDENT UNION CALIFORNIA STAT	23-7321859
CHRISTIAN LIPTON STUDENT REPRESENTATIVE 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
DR. CARROLL BROWN 18111 NORDHOFF STREET NORTHRIDGE, CA 91330-8272 ALUMNI REPRESENTATIVE 1.00	0.
GISELLE OLMEDO TORRES STUDENT REPRESENTATIVE 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
HUMBERTO LANDEROS STUDENT REP (OUTGOING) 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
JACOB AKOPNIK STUDENT REPRESENTATIVE 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
JASSMINE GUERRERO STUDENT REPRESENTATIVE 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
KARINA PEREZ STUDENT REPRESENTATIVE 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
MELANIE L ALVAREZ ROJAS CHAIR/STUDENT REP (OUTGOIN 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
ROBERT JACOME STUDENT REPRESENTATIVE 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
RYAN EDWARDS STUDENT REP (OUTGOING) 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
STEPHANIE BARBOZA STUDENT REP (OUTGOING) 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.
YESENIA MATEO STUDENT REP (OUTGOING) 18111 NORDHOFF STREET 1.00 NORTHRIDGE, CA 91330-8272	0.

TOTAL TO FORM 199, PART II, LINE 11

210,925.

CA 199 OTHER EX	KPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
REPAIRS & MAINTENANCE		676,739.
PROGRAM COSTS		389,160.
EXPENDABLE EQUIPMENT		362,202.
ADMINISTRATIVE SUPPLIES		97,859.
PENSION PLAN CONTRIBUTIONS		412,796.
OTHER EMPLOYEE BENEFITS LEGAL FEES		2,214,823. 3,329.
ACCOUNTING FEES		31,330.
OTHER PROFESSIONAL FEES		520,787.
ADVERTISING AND PROMOTION		14,711.
OFFICE EXPENSES		181,923.
INFORMATION TECHNOLOGY		264,077.
TRAVEL		260.
CONFERENCES AND CONVENTIONS		16,997.
INSURANCE		98,706.
ALL OTHER EXPENSES		57,816.
TOTAL TO FORM 199, PART II, LINE 17		5,343,515.
CA 199 OTHER A	ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	86,643.	94,178.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	86,643.	94,178.
		
CA 199 OTHER LIA	ABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
POST-RETIREMENT BENEFIT PAYABLE	3,527,394.	3,185,145.
	103,282.	0.
DUE TO CSU NORTHRIDGE		2 (05
DUE TO CSU NORTHRIDGE DEPOSITS HELD IN CUSTODY	18,149.	2,695.
	18,149.	2,695. 92,700.
DEPOSITS HELD IN CUSTODY		

CA 199 FUND BALANCES		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	2,612,067.	5,266,767.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	2,612,067.	5,266,767.