Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A	For the	2017 calendar year, or tax year beginning JUL 1, 2017 and ending	JUN 30, 2018	
	Check if	C Name of organization	D Employer identific	eation number
	applicable	UNIVERSITY STUDENT UNION	D Employer identific	
	Addre			
	chang Name	-		201050
	chang Initial	Doing business as		321859
	return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		
	Final return/		818-	677-2491
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	16,703,094.
	Ameno return	NORTHRIDGE, CA 91330-8272	H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: DEBRA L. HAMMOND	for subordinates	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	
$\overline{}$	Tayley		¬ ` '	list. (see instructions)
		te: NWW.CSUN.EDU/USU		
		·	H(c) Group exemptio	
			ar of formation: 19/3 N	1 State of legal domicile: CA
	art I	Summary		
a	1	Briefly describe the organization's mission or most significant activities: SEE SCHED	OPE O	
5				
Governance	2	Check this box if the organization discontinued its operations or disposed of mo	re than 25% of its net ass	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
		Number of independent voting members of the governing body (Part VI, line 1b)	4	0
Q U	5 5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	677
<u>ة</u> .	6	Total number of volunteers (estimate if necessary)		0
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		269,323.
ă	۱ ' آ	Net unrelated business taxable income from Form 990-T, line 34		-62,855.
_	 	Net unrelated business taxable income norm of orm 950-1, line 54	Prior Year	Current Year
	_	Contributions and sweets (Dort VIII line 11s)	0.	36,210 .
4	8	Contributions and grants (Part VIII, line 1h)		
Revenue	9	Program service revenue (Part VIII, line 2g)	14,939,499.	16,354,442.
٥	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,642.	61,632.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	497,955.	244,097.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,475,096.	16,696,381.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,988.	64,554.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
u	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,699,179.	9,571,702.
Fynenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
٥	Ь	Total fundraising expenses (Part IX, column (D), line 25)		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,899,145.	6,369,392.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,653,312.	16,005,648.
	1	Revenue less expenses. Subtract line 18 from line 12	821,784.	690,733.
_	19	·	-	
Net Assets or			Beginning of Current Year	End of Year
SSe	면 20	Total assets (Part X, line 16)	5,686,322.	6,840,807.
Jt.	21	Total liabilities (Part X, line 26)	3,793,665.	4,819,053.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	1,892,657.	2,021,754.
	art II	Signature Block		
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	
Sig	jn	Signature of officer	Date	
Не	re	DEBRA L. HAMMOND, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d		03/14/19 self-employ	P00043433
	parer	Firm's name COHNREZNICK LLP	Firm's EIN ▶	22-1478099
	Only	Firm's address 400 CAPITOL MALL, SUITE 1200	I IIIII 3 LIIV	
030	Unity	SACRAMENTO, CA 95814	Dhana na Q1	6-442-9100
N 4 -	+b - 'F	· · · · · · · · · · · · · · · · · · ·	Priorite fio. 3 1	
		RS discuss this return with the preparer shown above? (see instructions)		
732	001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2017)

4d	Other program services (Describe in S	ichedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	14,570,854.		
				Form 990 (2017)
32002	11-28-17			, ,
5_562				

Form 990 (2017) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		- 22
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	3		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
D		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	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,			
	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		Х
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			
	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,"			
	complete Schedule G. Part III	19	000	X

Form 990 (2017)
Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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		
С	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		
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			3,7
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		37	
	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			
	instructions for applicable filing thresholds, conditions, and exceptions):			7
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
	director, trustee, or direct or indirect owner? 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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? f "Yes." complete	31		 ^ `
JZ		32		x
33	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			
٠.	Part V, line 1	34	х	
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	000		
	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?	100		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
٠.	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?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_		-

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

						NI.		
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	53		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 re		ole gaming					
	(gambling) winnings to prize winners?			1c	х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	677					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	ıuthori	ty over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a		<u> X</u>		
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 Ad	ccoun	ts (FBAR).			Х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					Х		
L	any contributions that were not tax deductible as charitable contributions?			6a				
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		giits	6b				
7	Organizations that may receive deductible contributions under section 170(c).			OD				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the navor?	7a		Х		
		•	payor.	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?			7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	?	7e		<u>X</u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	9					
_	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.			0-				
a	, , , , , , , , , , , , , , , , , , , ,			9a 9b				
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90				
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		•					
	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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	ı	1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c		4.		v		
				14a		_X_		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> 0</u>		14b				

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

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			21
000	tion 7. doverning body and management		Voc	No
4.	Enter the number of voting members of the governing body at the end of the tax year 2	0	Yes	No
ıa	, , , , , , , , , , , , , , , , , , , ,	Ч		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	۸		
b	Enter the number of voting members included in line 1a, above, who are independent	<u>0</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	. 3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies not required by the internal nevertice dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
		12a	Х	
12a b	, g	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 120	22	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	- 1	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JOSEPH C. ILLUMINATE - 818-677-2251			_
	18111 NORDHOFF STREET, NORTHRIDGE, CA 91330-8272			

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

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.

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

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

(A)	(B)	1			C)	<u>.p.c.</u>		(D)	(E)	(F)
Name and Title	Average			Position lo not check more than one lox, unless person is both an				Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	or dire	ao			rted		organization	(W-2/1099-MISC)	from the
	related	stee	truste		9	bens		(W-2/1099-MISC)		organization
	organizations below	ual tri	tional		yoldr	t com	_			and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMBER PERKINS	1.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(2) ARRAH ENAW	1.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(3) BHERNARD TILA	1.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(4) DEBRA L. HAMMOND	40.00									
EXECUTIVE DIRECTOR		Х		Х				150,336.	0.	15,042.
(5) DONALD STEWART	1.00							_	_	_
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(6) DR. MARQUITA GAMMAGE	1.00									
UNIV FACULTY BOARD REPRESENTATIVE	40.00	Х						0.	84,382.	48,190.
(7) DR. SHELLEY RUELAS-BISCHOFF	1.00									
DIV OF STUDENT AFFAIRS REPRESENTATIV	40.00	Х						0.	154,676.	62,251.
(8) FRANK BENKOVIC	1.00									
STUDENT REPRESENTATIVE	1 00	Х						0.	0.	0.
(9) HABIBA NAQVI	1.00									
STUDENT REPRESENTATIVE	1 00	Х						0.	0.	0.
(10) IRIS RAMIREZ	1.00									
CHAIR/STUDENT REPRESENTATIVE	1 00	Х		X				0.	0.	0.
(11) JAZMIN HERNANDEZ	1.00									•
STUDENT REPRESENTATIVE	1 00	Х						0.	0.	0.
(12) JESUS SUAREZ	1.00								_	0
STUDENT REPRESENTATIVE	1 00	Х						0.	0.	0.
(13) MARIA ELIZONDO	1.00	3,7							40 710	20 502
UNIVERSITY STAFF REPRESENTATIVE	40.00	Х						0.	48,710.	30,592.
(14) MICHAEL ODINLO	1.00	37		٦,				0.	0	0
VICE CHAIR/STUDENT REPRESENTATIVE (15) MICHELLE OLMEDO TORRES	1.00	Х		Х				0.	0.	0.
STUDENT REPRESENTATIVE	1.00	Х						0.	0.	0.
(16) RAOUEL TAMAYO	1.00	Λ	\vdash					0.	0.	<u></u>
STUDENT REPRESENTATIVE	1.00	Х						0.	0.	0.
(17) SHANNON ASHFORD	1.00	^						0.	0.	
STUDENT REPRESENTATIVE	1.00	Х						0.	0.	0.
STOPHAL MULMUDUALMITATIVE		Λ						1 0.	U •	U •

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unles cer an	Posi heck i	more rson i	than dis both	n an	(D) Reportable compensation from	compensation	(E) Reportable ompensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	ns	com fr orga	pensation the anization related	e ion ed
(18) SHARON EICHTEN PRESIDENT'S BOARD REPRESENTATIVE	1.00	х						0.	144,9	88.	6:	2,25	53.
(19) STEPHANIE FLORES-TEMIX STUDENT REPRESENTATIVE	1.00	х						0.		0.			0.
(20) TONEE SHERRILL	1.00	Λ											<u> </u>
ALUMNI REPRESENTATIVE		Х						0.		0.			0.
							L	150 226	122.7	E 6	21	0 2	20
1b Sub-total c Total from continuation sheets to Part VI								150,336.	432,7	0.	210	8,32	<u> </u>
d Total (add lines 1b and 1c)								150,336.	432,7	_	21	8,32	
Total number of individuals (including but not a continuous)							o re	eceived more than \$100,	000 of reportabl	e			
compensation from the organization												V	1
3 Did the organization list any former officer,	director or tri	istee	- ke	v en	nnlo	WEE	or	highest compensated er	nnlovee on	1		Yes	No
line 1a? If "Yes," complete Schedule J for si	•			•	•	•		•	. ,		3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	piete Scriedule	. J /(OI SL	ICIT L	Jers	OH							
Complete this table for your five highest conthe organization. Report compensation for the organization.										pensa	tion fro	m	
(A)					1011	<u> </u>		(B)			(C		
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		Comper	nsation	<u> </u>
2 Total number of independent contractors (in	•	ot lin	nited	d to t	_	_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				(000	

Form 990 (2017)
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	······					
ية ق	c	Fundraising events						
rts	d	.		36,210.				
j G	e	Government grants (contribution						
Sin		All other contributions, gifts, grant						
rti je	•	similar amounts not included above						
흔	_							
no nd	g	Noncash contributions included in lines 1	-		36,210.			
Oa	n	Total. Add lines 1a-1f		Business Code	30,210.			
_	0.0	STUDENT ACTIVITY FEES		900099	14,332,669.	14,332,669.		
ice	2 a	RENTAL INCOME		900099	753,222.	753,222.		
er ue	b	RECREATION CENTER INCOM		900099	699,323.	433,413.	265,910.	
Program Service Revenue	С.		<u></u>	900099			203,310.	
Jrai Re	d	PROGRAM REVENUE			489,325.	489,325.		
rog	е	COMMISSION REVENUE		900099	79,903.	79,903.		
<u>п</u>	f	All other program service rever	nue		16 254 442			
	g				16,354,442.			
	3	Investment income (including			60.245			60.245
		other similar amounts)			68,345.			68,345.
	4	Income from investment of tax		: F				
	5	Royalties	1					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		1				
	b	Less: cost or other basis						
		and sales expenses		6,713.				
	С	Gain or (loss)		-6,713.				
	d	Net gain or (loss)			-6,713.			-6,713.
Ð	8 a	Gross income from fundraising	g events (not					
anue		including \$	of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a	·				
the	b	Less: direct expenses	k					
٥	С	Net income or (loss) from fund	raising events					
	9 a	Gross income from gaming ac						
		Part IV, line 19	a	1				
	b	Less: direct expenses	k	·				
	С	Net income or (loss) from gam	ing activities .	.,				
	10 a	Gross sales of inventory, less i	returns					
		and allowances	a	ı				
	b	Less: cost of goods sold	k					
	С	Net income or (loss) from sales	s of inventory .					
ľ		Miscellaneous Revenue		Business Code				
	11 a	OTHER INCOME		900099	240,684.	240,684.		
	b	CATERING REVENUE		721000	3,413.		3,413.	
	С							
	d	All other revenue						
		-		•	244,097.			
	10	Total revenue See instructions			16 696 381.	16 329 216.	269 323.	61 632.

Form 990 (2017) Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	64,554.	64,554.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ŀ	Benefits paid to or for members				
5	Compensation of current officers, directors,	165 250	150 500	14 060	
	trustees, and key employees	165,378.	150,509.	14,869.	
•	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	7 420 000	6 700 170	622 624	
7	Other salaries and wages	7,430,802.	6,798,178.	632,624.	
3	Pension plan accruals and contributions (include	610 125	526 160	93 065	
_	section 401(k) and 403(b) employer contributions)	610,125. 938,912.	526,160. 809,699.	83,965. 129,213.	
9	Other employee benefits	426,485.	367,792.	58,693.	
)	Payroll taxes	440,400.	301,192.	50,033.	
1	Fees for services (non-employees):				
a	Management	8,991.	8,252.	739.	
b	Legal	29,145.	26,750.	2,395.	
	Accounting	27,143.	20,730.	2,355.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	684,575.	628,329.	56,246.	
2	Advertising and promotion	160,605.	147,409.	13,196.	
- }	Office expenses	129,376.	118,746.	10,630.	
ļ	Information technology	317,183.	291,123.	26,060.	
5	Royalties	•	·	·	
6	Occupancy	864,655.	793,613.	71,042.	
,	Travel	129,793.	119,129.	10,664.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	70,543.	64,747.	5,796.	
)	Interest				
	Payments to affiliates				
2	Depreciation, depletion, and amortization	177,768.	171,056.	6,712.	
}	Insurance	133,973.	122,965.	11,008.	
ļ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	2,037,792.	1,870,363.	167,429.	
b	EVENT COSTS	816,987.	749,862.	67,125.	
c	EQUIPMENT PURCHASES	427,132.	392,038.	35,094.	
d	ADMINISTRATIVE SUPPLIES	154,058.	141,400.	12,658.	
	All other expenses	226,816.	208,180.	18,636.	
_	Total functional expenses. Add lines 1 through 24e	16,005,648.	14,570,854.	1,434,794.	
	Joint costs. Complete this line only if the organization		•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

-		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	177,480.		226,483.
	2	Savings and temporary cash investments		2	5,802,931.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	22,763.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L $$		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	11,963.	8	12,427. 92,531.
	9	Prepaid expenses and deferred charges	10,962.	9	92,531.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,284,39	8.		
	b	Less: accumulated depreciation 10b 1,600,72		10c	683,672.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	6 040 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	6,840,807.
	17	Accounts payable and accrued expenses		17	1,163,237.
	18	Grants payable		18	316,303.
	19	Deferred revenue	***	19	310,303.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Liabilities				22	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	2,440,151.	25	3,339,513.
	26	Total liabilities. Add lines 17 through 25	3,793,665.	26	4,819,053.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X ar			, ,
w		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	1,892,657.	27	2,021,754.
alar	28	Temporarily restricted net assets		28	
ä	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
o.		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,892,657.	33	2,021,754.
	34	Total liabilities and net assets/fund balances	5,686,322.	34	6,840,807.

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Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,00	5,6	<u>48.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		0,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,892,657.		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-56	1,6	36.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,02	1,7	<u>54.</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					X
				Yes	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	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 X Both consolidated and separate basis				
С	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?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
За	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	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 in Schedule O and describe any steps taken to undergo such audits		3b		