Form **9** 

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Jnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

Depa Interr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest infor									Open to Public Inspection	
-	A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN										
	Check if	C Name o	f organization					D Employer ide	ntific	ation number	
а	pplicabl	ASSOCI	ATED STUDENTS	OF CALIFORN	NIA STATE						
	Addre chang	e UNIVER	RSITY, SACRAMEN	ТО							
	Name Chang										
	Initial return	Number	Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number								
	Final return	, 6000 J	J STREET			·		916-278-7	917		
	termin ated	City or t	town, state or provir	nce, country, a	nd ZIP or forei	gn postal code		<b>G</b> Gross receipts \$		13,155,124.	
	Amenorial	ded SACRAM	MENTO, CA 9581	9	H(a) Is this a gro	up re	turn				
	Applic tion	F Name a	and address of princ	ipal officer: HO	AN NGUYEN			for subordin	ates	? Yes 🛽 No	
	pendir	ISAME AS	C ABOVE					H(b) Are all subordina	ates ind	cluded? Yes No	
<u>  1</u>	ax-ex	empt status: [	X 501(c)(3)	] 501(c) (	) (insert r	no.) 4947(a)(1)	or 527	If "No," atta	ch a l	list. See instructions	
	Nebsi		SI.CSUS.EDU					H(c) Group exem	ptior	n number	
			X Corporation	Trust	Association	Other	L Year	of formation: 1956	M	State of legal domicile: CA	
Pa	art I	Summary									
đ	1	Briefly describ	be the organization's	s mission or me	ost significant	activities: PROVID	E EXPERIE	NTIAL EDUCATI	ON,		
Governance		LEADERSHIP	DEVELOPMENT AN	ND CAMPUS L	IFE PROGRAM	AS.					
srne	2	Check this bo	x if the o	rganization dis	continued its o	operations or dispo	sed of more	than 25% of its ne	t ass	ets.	
Ň	3		ting members of the	<b>°</b>		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	14	
		Number of inc	4	13							
es		Total number	5	489							
Activities &			of volunteers (estim						6	592	
Act			d business revenue		7a	834,372.					
	b	Net unrelated	business taxable in	come from For	rm 990-T, Part	I, line 11			7b	0.	
		<b>.</b>						Prior Year		Current Year	
ne	8		and grants (Part VII					2,297,1		2,863,010.	
Revenue	9		ice revenue (Part VII			8,646,7	9,113,174.				
Be	10		come (Part VIII, colu					229,9		470,046.	
			e (Part VIII, column (					364,4 11,538,2		295,402.	
			- add lines 8 throug					751,9		<u>    12,741,632.</u> 763,551.	
			milar amounts paid					,51,5	0.	,03,331.	
	45		to or for members (			(A) linco 5 10		6,970,1		8,062,069.	
Expenses	15 16a		r compensation, em undraising fees (Par					5,5,0,1	0.	0,002,009.	
en en	h h		ing expenses (Part I				0.			••	
Ă	17		es (Part IX, column i					2,892,0	94.	3,060,607.	
			es. Add lines 13-17 (			Δ) line 25)		10,614,1		11,886,227.	
			expenses. Subtract					924,0	_	855,405.	
JC N								, ginning of Current Y		End of Year	
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)					17,101,8	_	18,009,945.	
Ass	21		s (Part X, line 26)					4,101,0		4,153,721.	
Net	22		et assets or fund balances. Subtract line 21 from line 20							13,856,224.	
Pa	art II	Signatur	e Block								
Und	er pena	lities of perjury,	I declare that I have ex	xamined this retu	urn, including ac	companying schedule	s and stateme	ents, and to the best o	of my	knowledge and belief, it is	
true	, correc	t, and complete	by: Declaration of prepar	rer (other than of	fficer) is based o	on all information of wl	hich preparer	has any knowledge,	1/2		
		1100000 10	mujere						1/21	JZ 3	
Sig	n	Signatese 360	<b>8164</b> 51					Date			
Her	е		N, EXECUTIVE DI	IRECTOR							
		Type or print r	nama and titla								

	Type of print na										
	Print/Type preparer's name			Preparer's signature		Date		Check	PTIN		
Paid	SARAH HINTZ			SARAH HINTZ		04/21/2	5	self-employed	P00492291		
Preparer	Firm's name	CLIFTONLARSONALLEN	LLP				Firm's	SEIN 41-	0746749		
Use Only	Firm's address	8390 EAST CRESCENT									
	GREENWOOD VILLAGE, CO 80111 Phone no. (303)										
May the IRS discuss this return with the preparer shown above? See instructions											
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	ASSOCIATED STUDENTS OF CALIFORNIA STATE		
Form	990 (2023) UNIVERSITY, SACRAMENTO	94-1347023	Page <b>2</b>
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	PROVIDE EXPERIENTIAL EDUCATION, LEADERSHIP DEVELOPMENT OPPORTUNITIES,		
	STUDENT REPRESENTATION, VARIOUS BUSINESS AND RECREATIONAL SERVICES,		
	AND CAMPUS LIFE PROGRAMS TO SACRAMENTO STATE AND COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the	[	v v
	prior Form 990 or 990-EZ?		Yes 🛛 No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🔼 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$9,655,576. including grants of \$763,551. ) (Revenue ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY (ASI) PROVIDES CHILD	\$C	),278,802.
	CARE, RECREATION AND CAMPUS LIFE PROGRAMS BENEFITTING APPROXIMATELY		
	30,196 STUDENTS. ASI ALSO SUPPORTS CAMPUS FINE ARTS, CULTURAL EVENTS,		
	AND EDUCATIONAL PROGRAMS WHICH BENEFIT THE CAMPUS COMMUNITY.		
	AND EDUCATIONAL PROGRAMS WHICH BENEFIT THE CAMPUS COMMONITY.		
41			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
A -!	Other program convince (Deceribe on Selecture O)		
4d	Other program services (Describe on Schedule O.)	X	
<b>A</b> -	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses     9,655,576.	)	
4e	Total program service expenses 9,655,576.		orm <b>990</b> (2023)
0005-		FC	(2023)
332002	2 12-21-23 <b>)</b>		

ASSOCIATED STUDENTS OF CALIFORNIA STATE

	990 (2023) UNIVERSITY, SACRAMENTO 94-13470	23	Р	age <b>3</b>
Par	t 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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			
-	similar amounts as defined in Rev. Proc. 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			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	х	
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<u> </u>
10	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, 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			
	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	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			x
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17		17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions			<u> </u>
10	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? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	х	
332003	12-21-23		990	(2023)

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<sup>3</sup> 2023.05070 ASSOCIATED STUDENTS OF CA A8119181

ASSOCIATED STUDENTS OF CALIFORNIA STATE

Form	990 (2023) UNIVERSITY, SACRAMENTO 94-13470	23	P	age <b>4</b>
Par	t 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	Х	<u> </u>
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		х	
04-	Schedule J	23	Δ	
248	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
h	Schedule K. If "No," go to line 25a 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		
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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	Х	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<u>30</u> 31		x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		<u> </u>
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	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			
	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		x
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 on Schedule O for Part VI, lines 11b and 19?	1		
Det	Note: All Form 990 filers are required to complete Schedule 0           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>	-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
32000	(gambling) winnings to prize winners?	1c		(2023)
JJ2004				()

ASSOCIATED	STUDENTS	OF	CALIFORNIA	STATE
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Form	990 (2023) UNIVERSITY, SACRAMENTO t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	94-1347023	3	P	<sub>age</sub> 5				
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ſ		103					
20	filed for the calendar year ending with or within the year covered by this return 2a	489							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х					
			3a	х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	х					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х				
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	a 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?		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								
	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 gi	ifts							
	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 pro-	vided to the payor?	7a		Х				
b	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 require	ed							
	to file Form 8282?		7c		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 contract?		7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	a Form 1098-C?	7h						
8	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?								
9	Sponsoring organizations maintaining donor advised funds.								
а	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								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
a	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.)		40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a						
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	····· -	ISa						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
<u>د</u>	Enter the amount of reserves on hand								
с 14а		1	14a		x				
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b						
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
.5	excess parachute payment(s) during the year?		15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	?	16		х				
.5	If "Yes," complete Form 4720, Schedule O.	· · · · · · · · · · · · · · · · · · ·							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.	····· -							
332005	; 12-21-23		Form	990	(2023)				

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5 2023.05070 Associated students of CA A8119181

#### ASSOCIATED STUDENTS OF CALIFORNIA STATE

-			94-134702	2	_	6					
Form Par	990 (2023) UNIVERSITY, SACRAMENTO				Р	age <b>6</b>					
T ai				"No" r	espon	se					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See	nstructions.								
0	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X					
Sec	tion A. Governing Body and Management										
		I	I		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	14	-							
	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 0.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		X					
3											
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		X					
6	Did the organization have members or stockholders?			6	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or								
	persons other than the governing body?			7b	х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe								
	on Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	Х						
b	Other officers or key employees of the organization			15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith 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	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	's								
	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 filedCA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3)	s only) a	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			l financ	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 boo	ks and	d records								
	HOAN NGUYEN - 916-278-7917										
	6000 J STREET, SACRAMENTO, CA 95819										
332006	12-21-23			Form	990	(2023)					
	б					. /					

ASSOCIATED STUDENTS OF CALIFORNIA STATE

Form 990 (2	023) UNIVERSITY, SACRAMENTO	94-1347023	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the 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)		(C)					(D)	(E)	(F)			
Name and title	Average	(do	Positio			(do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	box, unless		box, unless person is both officer and a director/trust					compensation	compensation	amount of	
	week							from	from related	other			
	(list any	ndividual trustee or director						the	organizations	compensation			
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the			
	related organizations	rustee	l trustee		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related			
	below	dual ti	ıtiona		nploy	st cor	5	1000 NEO)		organizations			
	line)	In divid	Institutional t	Officer	Key employee	Highest compensated employee	Former			e.gamzanene			
(1) REGINA CURRY	12.00												
UNIVERSITY CFO'S DESIGNEE	28.00			х				0.	176,196.	76,027.			
(2) SANDRA GALLARDO	40.00												
ASI EXEC DIR (THRU 04/24)	0.00			х				152,933.	0.	58,062.			
(3) MYRA MAKELIM	40.00												
HUMAN RESOURCES DIRECTOR	0.00					x		118,206.	0.	37,937.			
(4) HUMBERTO PEREZ	40.00												
ACCOUNTING MANAGER	0.00					X		101,888.	0.	35,821.			
(5) BRIAN DULGAR	40.00												
AQUATIC CENTER DIRECTOR	0.00					X		101,122.	0.	19,350.			
(6) HOAN NGUYEN	40.00												
ASI INTER EXEC DIR (AS OF 04/24)/DIR	0.00			X				40,679.	0.	9,939.			
(7) SHAWKI MOORE	12.00												
UNIVERSITY PRESIDENT'S DESIGNEE	28.00	Х						0.	28,160.	1,747.			
(8) NATALY ANDRADE-DOMINGUEZ	25.00												
PRESIDENT	0.00	Х		X				0.	0.	0.			
(9) SHACHEE R. BARAIYA	20.00												
VP OF FINANCE	0.00	Х		X				0.	0.	0.			
(10) VERONICA BOULOS	20.00												
EXECUTIVE VICE PRESIDENT	0.00	Х		х				0.	0.	0.			
(11) BERTHA VEGA CASTELLANOS	20.00												
VP OF ACADEMIC AFFAIRS	0.00	Х		х				0.	0.	0.			
(12) GABRIEL CONEJO GALLEGOS	20.00												
VP OF UNIVERSITY AFFAIRS	0.00	X		X				0.	0.	0.			
(13) TINKAL AMBALIYA	12.00												
DIRECTOR OF UNDECLARED	0.00	Х						0.	0.	0.			
(14) JENNIE ESCALANTE	12.00												
DIRECTOR OF ARTS AND LETTERS	0.00	Х						0.	0.	0.			
(15) ZAINAB GHANI	12.00												
DIRECTOR OF NATURAL SCIENCES/MATH	0.00	Х						0.	0.	0.			
(16) ISABELLA JIMENEZ	12.00												
DIRECTOR OF SOCIAL SCI & INTERDISCS	0.00	Х						0.	0.	0.			
(17) ROSA COLIN VASQUEZ	12.00												
DIRECTOR OF HEALTH/HUMAN SERVICES	0.00	Х						0.	0.	0.			

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Form 990 (2023)

#### ASSOCIATED STUDENTS OF CALIFORNIA STATE

Form 990 (2023) UNIVERSITY, S	SACRAMENTO								94-134	7023	3	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	1	<b>(F</b> Estim amou oth	ated nt of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	>/	comper from organi: and re organiz	the zation lated
(18) SARAY AGUIRRE	12.00											
DIRECTOR OF EDUCATION	0.00	X						0.		0.		0.
(19) BELEN TORRES DIRECTOR OF BUSINESS ADMINISTRATION	12.00	x						0.		٥.		0.
(20) HASHEM JABER	12.00											<u> </u>
DIRECTOR OF ENG./COMP. SCIENCE	0.00	x						0.		0.		0.
										$\dashv$		
										$\square$		
		-										
										+		
1b Subtotal	l	L	L		L			514,828.	204,3	56.	23	8,883.
c Total from continuation sheets to Part VI								0.	204 21	0.	22	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>								514,828.	204,3	20.	23	8,883.
compensation from the organization		030	11310	u ac		<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						5
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on	Γ	Ye	es No
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	-								-		4 X	
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>										···	4 X	
rendered to the organization? If "Yes," com											5	X
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for	-	-								nsati	on from	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	Co	<b>(C)</b> ompensa	tion
							_					
2 Total number of independent contractors (ii	ncluding but p	ot lin	niter	t to t	thos	se lie	ted	above) who received my	ore than			
\$100.000 of compensation from the organiz	•					0						

\$100,000 of compensation from the organization

Form **990** (2023)

ASSOCIATED STUDENTS OF CALIFORNIA STATE

UNIVERSITY, SACRAMENTO 94-1347023 Page 9 Form 990 (2023) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues c Fundraising events 1c 427,797 d Related organizations 1d 2,217,395. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 217,818 1f 14,283 g Noncash contributions included in lines 1a-1f 1g |\$ 2,863,010. h Total. Add lines 1a-1f **Business Code** 2 a STUDENT ACTIVITY FEES 611710 5,031,172. 5,031,172. Program Service Revenue 713990 3,857,924 3,023,552. 834,372 PROGRAM SERVICE FEES b FINANCIAL SERVICE FEES 611710 189,238. 189,238. С MISCELLANEOUS REVENUE 900099 34,840. 34,840. d е f All other program service revenue 9,113,174 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 470,046 470,046 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses 6c c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b 7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See Part IV, line 18 703 8a **b** Less: direct expenses 0. 8b 703. 703 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 708,191 10a and allowances b Less: cost of goods sold 413,492 10b 294,699. 294,699 c Net income or (loss) from sales of inventory **Business Code** liscellaneous 11 a Revenue b d All other revenue Total. Add lines 11a-11d е 8,278,802. 834,372, 765,448. 12,741,632. Total revenue. See instructions 12 Form 990 (2023)

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ASSOCIATED STUDENTS OF CALIFORNIA STATE

	990 (2023) UNIVERSITY, SACRA			94-134	7023 Page <b>10</b>
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	482,403.	482,403.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	281,148.	281,148.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	324,901.		324,901.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,105,657.	5,134,670.	970,987.	
8	Pension plan accruals and contributions (include	, , , , , , , , ,	, _,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	section 401(k) and 403(b) employer contributions)	392,567.	328,477.	64,090.	
9	Other employee benefits	955,302.	795,013.	160,289.	
10		283,642.	228,205.	55,437.	
11	Payroll taxes				
	Fees for services (nonemployees):				
a L	Management	15,115.		15,115.	
		97,899.		97,899.	
	Accounting	57,055.			
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	200 057	120 007	240 070	
	column (A), amount, list line 11g expenses on Sch 0.)	380,057. 40,472.	130,087.	249,970.	
12	Advertising and promotion	· · ·	33,251.	7,221.	
13	Office expenses	138,519.	137,875.	644.	
14	Information technology				
15	Royalties	412.000	200.000	01.020	
16	Occupancy	413,898.	322,668.	91,230.	
17	Travel	128,659.	105,053.	23,606.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,617.	33,165.	7,452.	
20	Interest	5,819.	5,590.	229.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	248,239.	229,781.	18,458.	
23	Insurance	187,143.	179,924.	7,219.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	600,766.	588,412.	12,354.	
b	OTHER	442,350.	388,257.	54,093.	
с	NONCAPITAL EQUIPMENT	240,135.	180,789.	59,346.	
d	VEHICLE & EQUIP COSTS	65,177.	64,610.	567.	
е	All other expenses	15,742.	6,198.	9,544.	
25	Total functional expenses. Add lines 1 through 24e	11,886,227.	9,655,576.	2,230,651.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				
00001	12.21.23				Form <b>990</b> (2023)

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Form 990 (2023)

#### 10430421 131839 A811918

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, SACRAMENTO 94-1347023 Page **11** Form 990 (2023) 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 398,792. 1 126,212. 1 Cash - non-interest-bearing 13,034,911. 14,775,860. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 718,782. 777,533. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 254,009. 170,336. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 72,255. 9 156,389. **10a** Land, buildings, and equipment: cost or other 5,422,048, 10a basis. Complete Part VI of Schedule D 4,052,069. 1,394,166. 1,369,979. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 31,542. 35,210. 14 Intangible assets 14 1,197,401. 598,426. Other assets. See Part IV, line 11 15 15 17,101,858. 18,009,945. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 1,292,021. 1,038,854. Accounts payable and accrued expenses 17 17 18 Grants payable 18 1,326,861. 1,562,886. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 1,189,319. 1,292,852. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 113,712. 77,664. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 179,126. 25 181,465. of Schedule D 4,101,039. 4,153,721. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 13,000,819. 13,856,224. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 13,000,819. 32 13,856,224. 32

18,009,945. Form 990 (2023)

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33

Total liabilities and net assets/fund balances

17,101,858.

33

Docu

isign I	Envelope ID: DF482947-EAE0-4BBF-A980-8A091D45D81F				
	ASSOCIATED STUDENTS OF CALIFORNIA STATE				
Form	990 (2023) UNIVERSITY, SACRAMENTO	94-134702	3	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	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	12	,741,	632.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,886,	227.
3	Revenue less expenses. Subtract line 2 from line 1	3		855,	405.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	,000,	819.
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 on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	,856,	224.
Pa	rt 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 on Schedule	Ο.			
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	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:				
	X Separate basis Consolidated basis 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	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A	Public	Charity Status ar	d Public Su	upport		OMB No. 1545-0047
(Form 990)	Complete if th	omplete if the organization is a section 501(c)(3) organization or a section				2023
Department of the Treasury Internal Revenue Service	Go to www.	4947(a)(1) nonexempt cha Attach to Form 990 or Fo irs.gov/Form990 for instructio	orm 990-EZ.	formation.		Open to Public Inspection
Name of the organizati		ENTS OF CALIFORNIA STAT			Employer	r identification number
	UNIVERSITY, SAC					94-1347023
		atus. (All organizations must o		See instruction	ıs.	
		e it is: (For lines 1 through 12, c				
		sociation of churches described		1)(A)(i).		
		(A)(ii). (Attach Schedule E (Forr				
		vice organization described in <b>s</b> ad in conjunction with a hospita			Viii) Entor	the beenital's name
4 A medical res		a in conjunction with a nospita				the hospital's hame,
		of a college or university owned	d or operated by a go	overnmental u	nit describe	ed in
	b)(1)(A)(iv). (Complete Par		, , , , , , , , , , , , , , , , , , , ,			
		governmental unit described in	section 170(b)(1)(A)	)(v).		
7 🗌 An organizati	on that normally receives a	substantial part of its support f	rom a governmental	unit or from t	he general j	public described in
section 170(	o)(1)(A)(vi). (Complete Part	: II.)				
	trust described in section	170(b)(1)(A)(vi). (Complete Par	t II.)			
-	-	scribed in section 170(b)(1)(A)			-	-
•	or a non-land-grant college	of agriculture (see instructions).	Enter the name, city	, and state of	the college	e or
university:	an that normally reactives (	1) more than 33 1/3% of its supp	aut from contribution	na mambarak	in face on	d areas ressints from
		, subject to certain exceptions;				
	-	income (less section 511 tax) fro				-
	509(a)(2). (Complete Part I					,
11 🗌 An organizati	on organized and operated	l exclusively to test for public sa	fety. See section 5	09(a)(4).		
12 🗌 An organizati	on organized and operated	l exclusively for the benefit of, to	perform the functio	ns of, or to ca	arry out the	purposes of one or
		lescribed in section 509(a)(1)				Check the box on
	-	e type of supporting organizatio	-		-	
		rated, supervised, or controlled			•••••	
	ed organization(s) the pow n. You must complete Pa	er to regularly appoint or elect a	a majority of the direc	ctors or truste	es of the su	upporting
	•	pervised or controlled in connect	tion with its support	ed organizatio	n(s) by hay	vina
		ting organization vested in the s		-		•
	•	Part IV, Sections A and C.			5	
c 📃 Type III fur	ictionally integrated. A su	pporting organization operated	in connection with,	and functiona	lly integrate	ed with,
its support	ed organization(s) (see insti	ructions). You must complete	Part IV, Sections A,	D, and E.		
d 🔄 Type III no	n-functionally integrated.	A supporting organization ope	rated in connection v	with its suppo	rted organiz	zation(s)
	, ,	organization generally must sat		•	d an attentiv	veness
	· · · · · · · · · · · · · · · · · · ·	ust complete Part IV, Section				
	•	eived a written determination fro		i Type I, Type	II, Type III	
	of supported organizations	-functionally integrated support	ng organization.			
	ng information about the s					
(i) Name of supp		I (iii) Type of organization (described on lines 1-10	(iv) Is the organization listed in your governing document?	(v) Amount o	-	(vi) Amount of other
organization		above (see instructions))	Yes No	support (see i	nstructions)	support (see instructions)
Total						

ASSOCIATED STUDENTS OF CALIFORNIA STATE

		NIVERSITY, SAC				94-13470	i ugo 🗖	
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	1 170(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 failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)							
_	. ,	s listed below, plea	se complete Part i	II. <i>)</i>				
Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> 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	Tatel Add lines 1 through 2							
	The portion of total contributions							
5	•							
	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)							
	Public support. Subtract line 5 from line 4.							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	<b>Total support.</b> Add lines 7 through 10					12		
12	Gross receipts from related activities,	<b>`</b>	/					
13	First 5 years. If the Form 990 is for the							
800	organization, check this box and stortion C. Computation of Public							
	•							
14	Public support percentage for 2023 (I					14	%	
15	Public support percentage from 2022					15	%	
16a	33 1/3% support test - 2023. If the							
	stop here. The organization qualifies							
b	33 1/3% support test - 2022. If the							
	and <b>stop here.</b> The organization qua	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>ere.</b> Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported c	organization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or	
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>s</b>	top here. Explain	in Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	/ supported organi	zation		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instructions		
						Schedule A	(Form 990) 2023	

Schedule A (Form 990) 2023

Section A. Public Support

ASSOCIATED STUDENTS OF CALIFORNIA STATE

94-1347023 Page **3** 

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

UNIVERSITY, SACRAMENTO

(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.)

#### Calendar year (or fiscal year beginning in) (d) 2022 (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,479,393 1,588,952 2,297,154 2,519,820 9,343,870. include any "unusual grants.") 1,458,551 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 7,342,850 6,351,394 7,911,850 8,646,706. 9,456,363. 39,709,163. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 641,788. 319,990 378,137 608,042 708,191 2,656,148. Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 9,142,233 8,188,082 10,108,844 11,585,648, 12,684,374 51,709,181. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 164,579 104,279 409,469 745,458. 488,401 1,912,186. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 164,579 104,279 409,469 745,458 488,401 1,912,186 49,796,995. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 9,142,233 8,188,082 10,108,844 11,585,648 12,684,374 51,709,181. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 216 186 60 126 38 434 229 911 470 046 1 014 703. 60,126 38,434 229,911, 470,046 1,014,703. 216,186 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 377,830 11,339 389,169. assets (Explain in Part VI.) 8,248,208. 10,525,108. 11,826,898. 53,113,053. 9,358,419. 13 154 420 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 93.76 % 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 94.57 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.91 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 1.54 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23 15

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ASSOCIATED STUDENTS OF CALIFORNIA STATE

UNIVERSITY, SACRAMENTO

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

## Schedule A (Form 990) 2023 UNIVE

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

16

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Schedule A (Form 990) 2023

ASSOCIATED STUDENTS OF CALIFORNIA STATE

Schedule A (Form 990) 2023 UNIVERSITY, SACRAMENTO	94-1347023	Pa	age
Part IV Supporting Organizations (continued)			
		Yes	N
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	vide		
detail in Part VI.	11c		
ection B. Type I Supporting Organizations			
		Yes	N
1 Did the governing body, members of the governing body, officers acting in their official capacity, or members more supported organizations have the power to regularly appoint or elect at least a majority of the organizat	ion's officers,		
directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organiza effectively operated, supervised, or controlled the organization's activities. If the organization had more than or	ne supported		
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	• · · ·		

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

pe II Supporting Organizations
 /

 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

Section D.	All Type	e 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			
	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 on line 2, above, 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		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a 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 governmental entity (see instructions).	
---	--	---	---	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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 activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

Yes No

2

No

ASSOCIATED STUDENTS OF CALIFORNIA STATE

he	dule A (Form 990) 2023 UNIVERSITY, SACRAMENTO			94-1347023 Pa
	t V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	on 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	on 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	I Type III supporting org	anization (see

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) 2023

ASSOCIATED STUDENTS OF CALIFORNIA STATE

	ASSOCIATED STUDENTS	OF CALIFORNIA STATE			
	dule A (Form 990) 2023 UNIVERSITY, SACRAME				94-1347023 Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

ABSOCHATED STUDENTS OF CALIFORNIA STATE  Checkele A Form 9901 2023 UNITURENTY, ARCAMENTO  Part V, Section D, Ines 2, and 2, and 2, Part V, Section E, Ines 1, 2, 2b, 3d, and 3b, Part V, Ines 1, Part V, Section D, Ines 2, and 3, Part V, Section E, Ines 2, 5, and 6, 45, and 9, and Part V, Section E, Ines 1, 2, 3b, 3d, 4b, 45, and 9d, 9b, 11a, 11b, and 11c, Part V, Section B, Ines 1 and 2, Part V, Section E, Ines 2, 5, and 6, 45, and 7d, 9d, 11c, Part V, Section B, Ines 1 and 2, Part V, Section E, Ines 2, 5, and 6, 45, and 7d, Part V, Section E, Ines 2, 5, and 6, Also complete this part for any additional information.  Give instructions,  CHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:  HILD CARE & BASIC NEEDS FUNDING:  021 AMOUNT: \$ 377,830.  NEVERANCE PAYKENT  022 AMOUNT: \$ 11,,339.	
Supplemental Information.       Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;         Part VI       Supplemental Information.       Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;         Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section IIII ine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)         CHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:         HILD CARE & BASIC NEEDS FUNDING:         021 AMOUNT: \$ 377,830.	Page
IILD CARE & BASIC NEEDS FUNDING: 121 AMOUNT: \$ 377,830. ISURANCE PAYMENT	on C,
021 AMOUNT: \$ 377,830.	
NSURANCE PAYMENT	
100 AMOTINIT. Č 11 220	
122 AMOUNT: \$ 11,339.	

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Schedule B		Schedule of Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023
Name of the organizati	ASSOC	NATED STUDENTS OF CALIFORNIA STATE	Employer identification number 94-1347023
Organization type (che	eck one)	:	
Filers of:	s	Section:	
Form 990 or 990-EZ		X 501(c)( <sup>3</sup> ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 990-PF		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

Γ

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule I	B (Form 990) (2023)		Page <b>2</b>
	rganization		Employer identification number
	TED STUDENTS OF CALIFORNIA STATE		
UNIVERSI	TY, SACRAMENTO		94-1347023
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
		\$39	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
2	Name, address, and ZIP + 4	Total contributio	ns     Type of contribution       Person     X       Payroll     Payroll       Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$6	Person       X         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)
(a)	(b)	(c) Totol contributio	(d)
4	Name, address, and ZIP + 4		Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$22	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$6	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2023)		Page <b>2</b>
	rganization		Employer identification number
	ED STUDENTS OF CALIFORNIA STATE		
UNIVERSI	TY, SACRAMENTO		94-1347023
Part I	Contributors (see instructions). Use duplicate copies of Part I in	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
7		\$5,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
8		\$10,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	Type of contribution
9		\$5,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	Type of contribution
		\$14,	283.       Person          283.       Noncash       X         (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
		\$427,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$1,283,	Person     X       Payroll

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Schedule	B (Form 990) (2023)		Page <b>2</b>
Name of o	rganization	E	mployer identification number
	ED STUDENTS OF CALIFORNIA STATE		
UNIVERSI	TY, SACRAMENTO		94-1347023
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$854,57	9.     Person     X       9.     Noncash     Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$25,71	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$51,51	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occurrent II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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ame of or	3 (Form 990) (2023) ganization		Employe	Pag er identification numbe
	ED STUDENTS OF CALIFORNIA STATE			
IVERSI	TY, SACRAMENTO		94-	-1347023
Part II	Noncash Property (see instructions). Use duplicate copies of Provide the Property (see instructions).	art II if additional space is neede	d.	
(a)		(c)		
No.	(b)	FMV (or estimat	e)	(d)
from	Description of noncash property given	(See instructions		Date received
Part I			,	
10	VAN			
		\$14	,283.	02/09/24
(a)				
No.	(b)	(c)		(d)
from	Description of noncash property given	FMV (or estimat		Date received
Part I		(See instructions	.)	
		\$		
()				
(a) No.	(b)	(c)		(d)
from	Description of noncash property given	FMV (or estimat		Date received
Part I		(See instructions	.)	Butorotonou
		\$		
(a)		(c)		
No.	(b)	FMV (or estimat	e)	(d)
from	Description of noncash property given	(See instructions		Date received
Part I				
		\$		
(a)				
No.	(b)	(c) FMV (or estimat	~	(d)
from	Description of noncash property given	(See instructions		Date received
Part I			·/	
		—		
		\$		
(2)				
(a) No.	(b)	(c)		(d)
from	(b) Description of noncash property given	FMV (or estimat		Date received
Part I		(See instructions	.)	
			1	

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Schedule B (Form 990) (2023)

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	B (Form 990) (2023)			Page 4
	rganization			Employer identification number
	TED STUDENTS OF CALIFORNIA STATE			
Part III	TTY, SACRAMENTO Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line e charitable, etc., contributions of <b>\$1,000 o</b>	ntry. For organization	3
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
·		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	 ift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
·	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transforno's name address a	(e) Transfer of g		in of transferor to transferoe
	Transferee's name, address, a			ip of transferor to transferee

SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,							ŀ	OMB No. 15	545-0047
(Form 990	0)		Complete if the orga Part IV, line 6, 7, 8, 9, 10					207	23
Department o Internal Reve	of the Treasury nue Service	Go	A to www.irs.gov/Form99	ttach to Form 990. 0 for instructions a	nd the latest inform	ation.		Open to Inspect	
Name of	the organizati	on	ED STUDENTS OF CALI	FORNIA STATE				dentificatio	
Dort	Organiza		TY, SACRAMENTO		r Cimilar Funda			4-1347023	
Part I	-		ining Donor Advised on Form 990, Part IV, lin		er Similar Funds	S OF ACC	counts. (	omplete if th	ie
	- guinzano			(a) Donor ad	lvised funds	(b	) Funds and	other accou	ints
1 Tota	al number at er	nd of year							
			(during year)						
3 Agg	gregate value o	f grants from (duri	ng year)						
	-		rs and donor advisors in v	-					
			ect to the organization's					Yes	No
	•	•	ees, donors, and donor a	•	•				
	cnaritable purp ermissible priv		he benefit of the donor o	,	, , ,		Ŭ	Yes	No
Part II			nts. Complete if the org	anization answered	"Yes" on Form 990.	Part IV. I	ine 7.		
1 Pur			its held by the organization						
	- · · ·		use (for example, recrea	· · ·	Preservation of	of a histor	ically import	ant land area	1
	Protection o	of natural habitat		·	Preservation of	of a certifi	ed historic s	ructure	
	Preservation	n of open space							
	•	•	organization held a qualif	ied conservation cor	tribution in the form	of a con			
	of the tax year					-		the End of th	e Tax Year
			nents			·····  -	2a		
	U U	ricted by conserva				Г	2b		
			on a certified historic stru included on line 2c acqui			·····	2c		
			lational Register				2d		
			modified, transferred, rel					the tax	
yea			, ,		,	Ũ	U		
4 Nun	mber of states	where property su	bject to conservation eas	ement is located					
5 Doe	es the organiza	tion have a writter	n policy regarding the per	iodic monitoring, ins	pection, handling of				
			onservation easements it					Yes	No
6 Staf	ff and voluntee	r hours devoted to	o monitoring, inspecting,	handling of violation	s, and enforcing con	servation	easements	during the ye	ear
<b>7</b> Amo	ount of ovnono		nitoring, inspecting, hand	ling of violations on	d opforoing oppop	ation and	monto durin	a the year	
			nitoning, inspecting, nano	ing of violations, an		alion ease		g the year	
8 Doe	es each conser	vation easement r	eported on line 2d above	satisfy the requirem	ents of section 170(	h)(4)(B)(i)			
			·		•			Yes	No
			zation reports conservatio						
bala	ance sheet, and	d include, if applic	able, the text of the footn	ote to the organizati	on's financial statem	ents that	describes th	ne	
	anization's acc	ounting for conse	rvation easements.			1h a Oi:			
Part III			ning Collections of		reasures, or O	ther SI	milar Asse	ets.	
te litte			answered "Yes" on Form tted under FASB ASC 95		rovonuo atatomont	and halor	an aboat wa	*1<0	
	Ũ	<i>,</i> 1	initiar assets held for pub	, ,				IKS	
			of the footnote to its finar	-					
	· •		tted under FASB ASC 95				sheet works	of	
	-		ilar assets held for public						
prov	vide the followi	ing amounts relati	ng to these items.						
			Part VIII, line 1						
			art X						
	0		vorks of art, historical trea			al gain, pr	rovide		
	-	-	e reported under FASB A	-			۴		
			t VIII, line 1						
			ice, see the Instructions					ule D (Form	990) 2023
332051 09-2	•						Goneu		555, 2020
				27					

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<sup>2023.05070</sup> ASSOCIATED STUDENTS OF CA A8119181

Schedub D Form 990 2023 URIVESUTY, SACRAMENTO 944 URIVESUTY, SACRAMENTO 944 URIVESU Page 2  Part III Organization A Intraining Collections of Art, Historical Treasures, or Other Similar Assets (continued)  Uaing the organization a Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)  Demonstration a contraction sequence of the organization's accession, and other records, check any of the following that make significant use of its collection of the organization's accession, and other records, check any of the following that make significant use of its collection of the organization's accession and explain how they further the organization's exempt purpose in Part XII.  During the year, (dit the organization solice trons of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's schedolor?  Pert VI Encow and Custofial Arrangements Complete the organization asswered 'Yee' on form 990, Part X III. 9 or reported an amount on Form 900, Part X, line 21, for second or custofial Arrangements Complete the organization accession of form 990, Part X III. 9 or reported an amount on Form 900, Part X, line 21, for second or custofial account liability?  Bert VI Encomment Line Custofiae the reginanziation asswered 'Yee' on form 990, Part X, line 2, for second or custofiad account liability?  Bert VI Encomment Part XII. Check there II the organization has been provided in Part XIII.  D If Yee, 'equine the arrangement in Part XII and complete the following table:  Beginning of year balance Beginning of yea		ASSOCIATED	STUDENTS OF CAL	LIFORNIA	A STATE							
3       Using the organization's accession, and other records, check any of the following that make significant use of its collection inter (check all that apply).         a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Dher	Sche										Р	<sub>age</sub> 2
collection terms (check all that apply).       e       During the sehibition       d       Loan or exchange program         e       Other       Previde a secription of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the secription of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       Souring the year, did the organization's collection and explain how they further the organization's exempt purpose in Part XIII.         6       Derived a anound to Form 990. Part X, line 21.       The second collection?       Yes       No         Part V       Escrew and Custodial Arrangements. Complete if the organization collection?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       1         c       Beginning balance       Intermediation and part, trustee, custodian, or other intermediary for contributions or other assets not included on form 900. Part X, line 21, for escrew or custodial account libity?       Yes       No         b       Distributions during the year       Intermediation include an amount on Form 900, Part X, line 21, for escrew or custodial account libity?       Yes       No         b       Distributions during the year       Intermediation include an amount on Form 900, Part X, line 10.       Intermediation include an amount on Form 900, Part X, line 10.         Part	Pa	rt III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Similar	Assets	contin	nued)	
a       Public exhibition       d       Lean or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that i	make sig	gnificant u	se of its			
b       Scholarly research       e       Other         c       Preview addenciption of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise hundri attrine das part of the organization collection?       Yes       No         Part M       Escrew and Custodial Arrangements       Complete if the organization collection?       Yes       No         Part M       Escrew and Custodial Arrangements       Complete if the organization answered 'Yes' on Form 990, Part N, line 21.       Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included an Amount on Form 990, Part X, line 21.       Ia       Ia<		collection items (check all that apply).										
C reverse and the function of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During they ser, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During they ser, did the organization's collection?         reported an amount on Form 900, Part X, Line 21.     Is the organization and explain the arrangement in Part XIII and complete the following table:         response to the arrangement in Part XIII and complete the following table:         Amount         response to the arrangement in Part XIII and complete the following table:         Amount         response to the arrangement in Part XIII and complete the following table:         Amount         response to the arrangement in Part XIII and complete the following table:         Amount         response to the arrangement in Part XIII.         Pers I Press         Amount         response to part X, Line 21, for escrow or custodal account tablity?         Yes         No         Here year:         Additions during the year         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (d) Prior year         (d) Prior year         (d) Prior year         (d) Prior years         (d) Prior years         (d) Prior years         (d) Prior years back         (d) Three years back         (d) Prior years         (d)	а	Public exhibition	c	1 🛄 L	oan or exc	hange prograr	n					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?     Part W Excrow and Custodial Arrangements Complete if the organization acalection?     Part W Excrow and Custodial Arrangements Complete if the organization answered 'Ves' on Form 990, Part N, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, tustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Beginning balance         Cadditions during the year         Cadditions	b	Scholarly research	e	• 🗌 c	ther							
5       During the year, did the organization solicit or receive domators of art. Instorical treasures, or other similar assets to be cold to raise funds rather than to be maintained as part of the organization answerd "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21.         16       Is the organization angement in Day, Part X, Ine 21.         17       Is the the organization angement in Part XIII and complete the following table:         0       If 'Yes,' explain the arrangement in Part XIII and complete the following table:         16       Int domain the year         16       Int domain the year         17       Ending balance         18       Ending balance         19       Int domain the year         20       Did the organization include an amount on Form 990, Part X, line 21, for eacrow or custodial account liability?         20       Did the organization include an amount on Form 990, Part X, line 21, for eacrow or custodial account liability?         21       Ending balance       Integration answered "Yes" on Form 990, Part X, line 20, for years back (e) Four years back	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements         Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.           1a         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         Image: Status Statu	4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizatior	ı's exem	pt purpos	e in Part	XIII.		
Part IV       Escrow and Custodial Arrangements       Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP       Ives       Ives       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image: Complete the organization answered 'Yes' on Form 900, Part X, line 21.       Image: Complete the organization answered 'Yes' on Form 900, Part X, line 21.       Image: Complete the organization answered 'Yes' on Form 900, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 900, Part X, line 21.       Image: Complete the organization answered 'Yes' on Form 900, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 900, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 900, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 900, Part X, line 10.       Image: Complete the organization answered 'Yes' on	5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or other	similar a	assets		_		_
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Ives       X       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Ives       Amount         c       Beginning balance       Ives       Ives       Amount         d       Additions during the year       Ives       Ives       No         d       Additions during the year       Ives       Ives       No         d       Additions during the year       Ives       Ives       No         d       Additions during the year       Ives       Ives       No       Ives       No         D       Dt the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yee       No         Part V       Endowment FundSo.complete If the organization nasweer' Yee's on Form 990, Part N, line 10.       X       X         e Other expenditures for facilities       Ives       Ives       Ives       X       X         a dratins or scholarships       Ives       Ives       Ives       X       X       X         e Other expenditures for facilities       Ives										_		No
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       IVes       X       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image: Complete the arrangement in Part XIII and complete the following table:       Image: Complete the arrangement in Part XIII and complete the following table:       Image: Complete the arrangement in Part XIII and complete the following table:       Image: Complete the arrangement in Part XIII and complete the organization has been provided in Part XIII       Image: Complete the arrangement in Part XIII Check here if the explanation has been provided in Part XIII       Image: Complete the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete II the organization set Com	Pa			te if the o	rganizatior	n answered "Y	es" on F	orm 990,	Part IV, li	ne 9, or		
on Form 990, Part X2		reported an amount on Form 990, Pa	rt X, line 21.									
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>te</li> <li>daditions during the year</li> <li>te</li> <li>data</li> <li>Distributions during the year</li> <li>te</li> <li>data</li> <li>data&lt;</li></ul>	1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for c	ontribution	is or other ass	ets not i	ncluded		_		_
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         d       Additions during the year       Id         d       Ending balance       If         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       IX       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation nawsered 'Yes' on Form 990, Part XII. In 10.       IX       IX       IX         Part V       Enclowment Funds       Complete if the organization answered 'Yes' on Form 990, Part XII. In 10.       IX		on Form 990, Part X?							🗆	Yes	X	] No
c       Beginning balance       10         d       Additions during the year       14         e       Distributions during the year       16         1       Ending balance       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII       X       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII.       X       Yes       No         e       If a durinity and the year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a rest net scholarships	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:							
d Additions during the year       Id         e Distributions during the year       It         f Ending balance       It         20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       IX       Yes       No         Part V       Endowment Funds       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years back         2       Provide the estimated procentage of the current year end balance (line 1g, column (a)) held as:       (f) Administrative expanations										Amoun	t	
e Distributions during the year 1e   1 Ending balance 1f   2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes   Part V Endowment Funds   Part V Endowment Funds   Complete if the organization nawered Yes' on Form 990, Part IV, line 10.     1a Beginning of year balance   b Contributions   c Not investment earnings, gains, and losses   d Grants or scholarships   c Other expenditures for facilities   and programs   f Administrative expenditures for facilities   and programs   f Administrative expenses   g End of year balance   96   c Term endowment   96  <	с	Beginning balance						1c				
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         b       f*vss,* explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII.       X       X       X         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       X       X       X         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Accumatide torganizations       (f) Accuma	d	Additions during the year						1d				
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         b       f*vss,* explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII.       X       X       X         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       X       X       X         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Accumatide torganizations       (f) Accuma	е											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         1a       Beginning of year balance       [a]       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       [a]	f											
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back       (c) Two years back       (e) Four years back         g       End of year balance       (c) Two years back       (c) Two years back       (e) Four years back         g       End of year balance       (c) Two years back       (c) Two years back       (e) Four years back         g       End of year balance       (c) Two years back       (c) Two years back       (e) Four years back         g       End of year balance       (f) Four year f	2a							ty?	X	Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance	b										X	
1a       Beginning of year balance       Image: Contributions         b       Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions         d       Grants or scholarships       Image: Contributions         e       Other expenditures for facilities       Image: Contributions         and programs       Image: Contributions       Image: Contributions         f       Administrative expenses       Image: Contributions         g       End of year balance       Image: Contributions         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Image: Contributions         a       Board designated or quasi-endowment       %         b       Permanent endowment       %         c       Term endowment funds not in the possession of the organization that are held and administered for the organizations?         (i)       Unrelated organizations?       3a(i)         ii)       Related organizations?       3a(ii)         d       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Des	Pa	rt V Endowment Funds Complete in	the organization and	swered "Y	es" on For	m 990, Part IV	/, line 10	).				
b       Contributions			(a) Current year	<b>(b)</b> Pr	ior year	(c) Two years	s back	<b>(d)</b> Three y	ears back	(e) Fou	r years	back
c       Net investment earnings, gains, and losses         d       Grants or scholarships         e       Other expenditures for facilities         and programs	<b>1</b> a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses										
e Other expenditures for facilities and programs	d	Grants or scholarships										
f       Administrative expenses	е											
f       Administrative expenses		and programs										
g End of year balance	f											
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations?         (ii) Related organizations?         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b Buildings	g											
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations?         (ii) Related organizations?         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b Buildings	2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a)	) held as:						
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Ine 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Yes' on line 3a(i), are the related organization's endowment funds.</li> </ul> <ul> <li>(i) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>b bis' (investment)</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> 1a       Land           b       Buildings           c       Leasehold improvements <ul> <li>2, 898, 345.</li> <li>4, 052, 069.</li> <li>1, 153, 724.</li> <li>c Leasehold improvements</li> <li>2, 522, 453.</li> <li>3, 59, 979.</li> </ul>	а	Board designated or quasi-endowment	-	%		-						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) The state organization and the organization is listed as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Cother</li> <li>(f) Significant (f) must equal Form 990, Part X, line 10, column (B)</li> <li>(f) Significant (f) must equal Form 990, Part X, line 10, column (B)</li> </ul>	с		%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI</li> <li>Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land     1a Land         b Buildings       2,898,345.               c Leasehold improvements <li>2,522,453.</li> <li>2,520.</li> <li>1,250.</li> <li>1,369,979.</li>		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
i) Unrelated organizations?       ii) iii adiiii         (ii) Related organizations?       iiii adiiii         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administere	d for the	e				
(ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation         b       Buildings		organization by:	Ū								Yes	No
(ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation         b       Buildings		(i) Unrelated organizations?								3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1a       2,898,345.       4,052,069.       -1,153,724.         c       Leasehold improvements       2,522,453.       2,522,453.       2,522,453.         e       Other       1,250.       1,250.       1,250.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B))       1,369,979.												
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b											
Part VI Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land												
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Landb Buildingsc Leasehold improvements2,898,345.4,052,0691,153,724.d Equipment2,522,453.2,522,453.2,522,453.e Other1,250.1,250.1,250.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))1,369,979.	Pa											
basis (investment)         basis (other)         depreciation           1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990,	Part X, I	ine 10.				
basis (investment)         basis (other)         depreciation           1a Land		Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Boo	k valu	e
b         Buildings		· · · · · · · · · · · · · · · · ·			.,		• •		-	(,		-
b         Buildings	1a	Land										
c         Leasehold improvements         2,898,345.         4,052,069.         -1,153,724.           d         Equipment         2,522,453.         2,522,453.         2,522,453.         1,250.           e         Other         1,250.         1,369,979.         1,369,979.         1,369,979.												
d Equipment         2,522,453.         2,522,453.           e Other         1,250.         1,250.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))         1,369,979.					2	,898,345.		4,052.0	069.	-1	153	724.
e         Other         1,250.         1,250.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))         1,369,979.								. /			,	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))       1,369,979.												
				X line 10	o column	,				1		
			quari onn 330, Fall		<u>, column</u>							

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Schedule D (Form 990) 2023 UNIVERSITY, SACRA	TS OF CALIFORNIA ST MENTO		94-1347023 Page
Part VII Investments - Other Securities			Fage
Complete if the organization answered "Yes" of	n Form 990, Part IV, line <sup>-</sup>	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990. Part IV. line <sup>-</sup>	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	n Fauna 000 David IV/ lines		
Complete if the organization answered "Yes" c	Description	TTd. See Form 990, Part X, line 15.	(b) Book value
	Description		
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(</i> B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line <sup>-</sup>	11e or 11f. See Form 990, Part X, line	25.
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO CSUS			140,184
(3) DUE TO UNIVERSITY UNION			5,466
(4) LEASE LIABILITY			35,815
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 25, col.	<i>(B))</i>		181,465

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII
 X

Schedule D (Form 990) 2023

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	ASSOCIATED STUDENTS OF CALIFORNIA S	STATE			
	dule D (Form 990) 2023 UNIVERSITY, SACRAMENTO			94-134	7023 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1				1	13,155,124.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
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.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	13,155,124.
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	4a			
b	Other (Describe in Part XIII.)	4b	-413,492.		
С	Add lines 4a and 4b			4c	-413,492.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,741,632.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With E	Expenses per F	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	12,299,719.
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				
с	Other losses				
d	Other (Describe in Part XIII.)		413,492.		
е	Add lines 2a through 2d			2e	413,492.
3	Subtract line 2e from line 1			3	11,886,227.
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	.)	····	5	11,886,227.
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.

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PART IV, LINE 2B:

ASI ACTS AS A COLLECTING AND DISBURSING AGENCY FOR SEVERAL SACRAMENTO

STATE ORGANIZATIONS AND DEPARTMENTS. FUNDS HELD FOR CAMPUS ORGANIZATIONS

ARE RELATED TO DEPOSITS RECEIVED FROM THESE ORGANIZATIONS AND DEPARTMENTS.

#### AS A SERVICE TO SACRAMENTO STATE AFFILIATED STUDENT ORGANIZATIONS AND

PROGRAMS, ASI ALSO ACTS AS A COLLECTING AND DISBURSING AGENCY FOR OVER 300

STUDENT ORGANIZATIONS.

PART X, LINE 2:

ASI ANALYZES WHETHER THERE IS UNCERTAINTY IN TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO

332054 09-28-23

Schedule D (Form 990) 2023

SIGN ENVELOPE ID: DF482947-EAEU-4BBF-A98U-8AU91D45D81F ASSOCIATED STUDENTS OF CALIFORNIA STATE		
Schedule D (Form 990) 2023         UNIVERSITY, SACRAMENTO           Part XIII         Supplemental Information (continued)	94-1347023	Page
FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. AN UNCERTAIN TAX POSITION		
CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS		
MORE-LIKELY-THAN-NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED		
BY A TAXING AUTHORITY. ASI'S PRACTICE IS TO RECOGNIZE INTEREST AND		
PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS IN TAX EXPENSE. ASI		
FILES EXEMPT ORGANIZATION RETURNS IN THE U.S. FEDERAL AND CALIFORNIA		
JURISDICTIONS. THE FEDERAL AND STATE TAX RETURNS REMAIN SUBJECT TO		
EXAMINATION BY THE TAXING AUTHORITIES FOR THREE YEARS AND FOUR YEARS,		
RESPECTIVELY. ASI HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE		
MAINTENANCE OF ITS TAX-EXEMPT STATUS (ITS GROUP EXEMPTION) TO IDENTIFY AND		
REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX		
DBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND		
EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. ASI HAS		
DETERMINED THAT THERE IS NO IMPACT ON THE ACCOMPANYING FINANCIAL		
STATEMENTS RELATED TO THIS STANDARD. THERE WERE NO UNCERTAIN TAX POSITIONS		
IDENTIFIED OR RELATED INTEREST AND PENALTIES RECORDED AS OF JUNE 30, 2024		
AND 2023, AND ASI DOES NOT EXPECT THIS TO CHANGE SIGNIFICANTLY OVER THE		
NEXT 12 MONTHS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
COGS REPORTED ON REVENUE -413,492.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
COGS REPORTED ON REVENUE 413,492.		
332055 09-28-23	Schedule D (Form	ı 990) 20
31		

10430421 131839 A811918

SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Attach to Form				Open to Public Inspection
	UDENTS OF CAL		s.gov/Form990 for	the latest inform	lation.		Employer identification number
UNIVERSITY, S	SACRAMENTO						94-1347023
Part I General Information on Grants a	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> <li>Part II Grants and Other Assistance to</li> </ol>	stance?	oring the use of grant	funds in the United	l States.			X Yes No
recipient that received more than	•				Janization answered		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, SACRAMETNO - 6000 J STREET - SACRAMENTO, CA 95819	68-0365325	STATE OF CALIFORNIA	482,403.	0.	N/A	N/A	PROVIDED SUPPORT TO VARIOUS STUDENT PROGRAMS AND ACTIVITIES ON CAMPUS
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>		•	e line 1 table				1. 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### ASSOCIATED STUDENTS OF CALIFORNIA STATE

Schedule I (Form 990) 2023 UNIVERSITY, SACRAMENTO

#### 94-1347023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WARDS/SCHOLARSHIPS	196	281,148.	0.	N/A	N/A

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ASI CREATES THE FUNDING GUIDELINES AND THE SELECTION CRITERIA WHICH

INCLUDES ELIGIBILITY CRITERIA. ASI ALSO MONITORS BUDGET TO ACTUAL ACTIVITY

FOR EACH GRANT RECIPIENT.

sc	HEDULE J	Compensation Information		OMB No.	1545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ	)
	rtment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service ne of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATED STUDENTS OF CALIFORNIA STATE	Employer id			nhor
Inall	le of the organization	UNIVERSITY, SACRAMENTO	94-13		Jii nui	libei
Pa	rt I Question	s Regarding Compensation	94-13	47025		
					Yes	No
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		162	NO
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	330,			
	First-class or c		naluse			
	Travel for com	i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
		······································	,,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	6			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent c	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation of	committee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?		. <b>4</b> a		X
b		eive payment from a supplemental nonqualified retirement plan?		. 4b		X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		. <b>4c</b>		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the re					77
						X
b		ation?		5b		х
~		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the n	-				v
						X X
b		ation?		6b		^
-		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		х
0		nes 5 and 6? If "Yes," describe in Part III		. 7		Δ
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the strong department in Regulations agostion 52 (4058 4(a)/2)2 If "Yea" departing in Regulations				x
0				8		-
9		id the organization also follow the rebuttable presumption procedure described in		9		
For	Regulations section				n 000	2022
ror	raperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	11 990)	2023

LHA 332111 11-06-23

#### ASSOCIATED STUDENTS OF CALIFORNIA STATE

Schedule J (Form 990) 2023 UNIVERSITY, SACRAMENTO

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

94-1347023

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REGINA CURRY	(i)	0.	0.	0.	0.	0.	0.	0.
UNIVERSITY CFO'S DESIGNEE	(ii)	176,196.	0.	0.	56,383.	19,644.	252,223.	0.
(2) SANDRA GALLARDO	(i)	152,933.	0.	0.	15,293.	42,769.	210,995.	0.
ASI EXEC DIR (THRU 04/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MYRA MAKELIM	(i)	118,206.	0.	0.	11,821.	26,116.	156,143.	0.
HUMAN RESOURCES DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

ASSOCIATED STUDENTS OF CALIFORNIA STATE

Schedule J (Form 990) 2023 UNIVERSITY, SACRAMENTO

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

94-1347023

Page 3

SCHEDULE L		Tra	nsaction	ıs V	Vith	Intere	sted	Persons			OM	//B No. <sup>-</sup>	545-004	17
(Form 990)				vered	"Yes"	on Form 99	90, Part I	IV, line 25a, 25b, 26	, 27, <b>2</b>	8a,		2	02	3
Department of the Treasury						0 or Form						pen to		ic
Internal Revenue Service			V				d the lat	est information.				spect		
Name of the organization			DENTS OF CA	LIFOF	RNIA S	STATE					r ident	ificatio	on nu	mber
Part I Excess I	UNIVERSIT	/		1/-)/0	) +:	501/->///		ction 501(c)(29) orga			17023			
<b>1</b>	t the organization		elationship betv				5a or 250	; or Form 990-EZ, P	art v, i	ine 40		(d)	Corro	cted?
(a) Name of disqual	ified person		person and or				(0	c) Description of trar	nsactio	n			es	No
(1)												_		
(2)												_		
(3)												_		
(4)												_		
(5)												_		
(6)		41a a au												
2 Enter the amount o			•	•		•		0 ,		¢				
<b>3</b> Enter the amount o	or tax, if any, on in	ne 2, a	bove, reimburs	ed by	the org	Janization				Þ				
Part II Loans to	and/or Fron	n Inte	erested Pers	ons										
					990.EZ	Part V line	382 or 1	Form 990, Part IV, lii	ne 26.	or if th		nizati	n	
•	amount on Forr				,	r arc v, into	. 000, 01 1		10 20,	01 11 11	ie orge	a nzaci	511	
(a) Name of	(b) Relatio		(c) Purpose	( <b>d</b> ) Lo	oan to or	(e) Orig	ainal	(f) Balance due	(a)	) In	<b>(h)</b> Ap		(i) W	ritten
interested person			of loan		n the zation?	principal a				ault?	by bo		agree	ment?
					From				Yes	No	Yes		Yes	No
(1)									1.00		1.00			
(2)														
_(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total	•						\$	•						
Part III Grants o	or Assistance	Ben	efiting Inter	esteo	d Per	sons								
Complete i	f the organizatior	n answ	rered "Yes" on F	Form S	90, Pa	rt IV, line 27	7.							
(a) Name of intere	sted person	(	<b>b)</b> Relationship interested pers the organiza	on an		• •	ount of stance	<b>(d)</b> Type assistan			•	) Purp assista		-
(1)		STU	DENT BOARD M	Œ			222 04	45.SCHOLARSHIP		в	OARD	MEMBI	ER	
(2)		+								f				
 (3)		1												
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
								1		-				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

ASSOCIATED STUDENTS OF CALIFORNIA STATE

ASSOCIATE	D STUDENTS OF CALIFORNIA STA	L.E.			
Schedule L (Form 990) 2023 UNIVERSIT	Y, SACRAMENTO		94-134702	23	Page 2
Part IV Business Transactions Involvi	ng Interested Persons				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrģaniz	aring of zation's jues?
				Yes	No
(1)					
_ (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information					

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:

STUDENT BOARD MEMBER

(E) PURPOSE OF ASSISTANCE: BOARD MEMBER EDUCATIONAL SCHOLARSHIPS

Schedule L (Form 990) 2023

332132 11-30-23

38 2023.05070 Associated students of ca a8119181

(Form 990) Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	s on	2023 Open to Public Inspection
Name of the organization	ASSOCIATED STUDENTS OF CALIFORNIA STATE		er identification numbe
	UNIVERSITY, SACRAMENTO	94-3	1347023
FORM 990, PART VI,	SECTION A, LINE 6:		
ALL REGULARLY ENROL	LED STUDENTS OF SACRAMENTO STATE ARE MEMBERS OF THE		
CORPORATION.			
FORM 990, PART VI,	SECTION A, LINE 7A:		
MEMBERS OF THE STUD	ENT BODY ARE ENTITLED TO VOTE AT THE ELECTION OF BOARD		
MEMBERS.			
FORM 990, PART VI,	SECTION A, LINE 7B:		
MEMBERS OF THE STUD	ENT BODY MAY REMOVE A DIRECTOR IF A PETITION IS		
SUBMITTED BEARING T	HE SIGNATURES OF AT LEAST FIVE (5) PERCENT OF THE		
MEMBERSHIP UNIT WHI	CH ELECTED A DIRECTOR, CALLING FOR THE REMOVAL OF SAID		
DIRECTOR. THE OFFIC	E OF SAID DIRECTOR SHALL BE VACATED IF A MAJORITY OF		
THOSE VOTING FAVOR	REMOVAL, AND IF THE TOTAL NUMBER OF VOTES CAST IN FAVOR		
OF REMOVAL IS EQUAL	TO OR GREATER THAN THE NUMBER BY WHICH THE DIRECTOR WAS		
ELECTED.			
UPON DISSOLUTION OF	THE CORPORATION, THE PRESIDENT AND CHANCELLOR OF		
SACRAMENTO STATE MU	ST APPROVE THE DISTRIBUTION OF ASSETS.		
FORM 990, PART VI,	SECTION A, LINE 8B:		
THERE ARE NO COMMIT	TEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE		
GOVERNING BODY.			

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THE FORM 990 IS REVIEWED AND APPROVED BY THE DIRECTOR OF FINANCE BEFORE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 20 Name of the organization	ASSOCIATED STUDENTS OF CALIFORNIA STATE	Page Employer identification number
Name of the organization	UNIVERSITY, SACRAMENTO	94-1347023
PRESENTING THE FINA	L FORM 990 TO THE BOARD. A COPY OF THE FINAL VERSION OF	
THE FORM IS PROVIDE	D TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING	
BODY BEFORE IT IS F	ILED.	
FORM 990, PART VI,	SECTION B, LINE 12C:	
THE CONFLICT OF INT	EREST POLICY APPLIES TO ASI BOARD MEMBERS AND MANAGERS.	
EACH COVERED PERSON	IS REQUIRED TO ACKNOWLEDGE, NOT LESS THAN ANNUALLY,	
THAT HE OR SHE HAS	READ AND IS IN COMPLIANCE WITH THE POLICY. EACH COVERED	
PERSON ANNUALLY WII	L COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE PROVIDED	
BY ASI, AND UPDATE	THE QUESTIONNAIRE AS NECESSARY TO REFLECT CHANGES DURING	
THE COURSE OF THE Y	EAR. COMPLETED QUESTIONNAIRES ARE AVAILABLE FOR	
INSPECTION BY ANY E	OARD MEMBER, THE ASI EXECUTIVE DIRECTOR AND MAY BE	
REVIEWED BY ASI LEG	AL COUNSEL. ON THE STAFF LEVEL, THE FINANCE DIRECTOR	
REVIEWS ANY DISCLOS	ED CONFLICTS AND THEN MEETS WITH THE EXECUTIVE DIRECTOR	
FOR FINAL CONCLUSIC	NS. FOR MEMBERS OF THE BOARD OF DIRECTORS, THE EXECUTIVE	
COMMITTEES IS RESPO	NSIBLE FOR DETERMINING IF A CONFLICT HAS ARISEN. ASI HAS	
NOT HAD ANY CONFLIC	T OF INTEREST OCCURRENCES IN THE PAST, BUT IF THERE	
WERE, DELIBERATION	AND THE DECISION WILL BE DOCUMENTED IN MEETING MINUTES	
AND THE INTERESTED	PARTIES WOULD NOT BE ALLOWED TO PARTICIPATE IN	
DISCUSSION OR VOTES	REGARDING THE CONFLICT.	
FORM 990, PART VI,	SECTION B, LINE 15A:	
ASI'S EXECUTIVE DIR	ECTOR IS AN AT-WILL EMPLOYEE AND REPORTS TO THE	
ASSOCIATED STUDENTS	BOARD OF DIRECTORS. THE LEVEL OF COMPENSATION IS BASED	
ON COMPARABLE POSIT	IONS IN LIKE AUXILIARIES IN THE CSU SYSTEM. ANY	
INCREASES IN COMPEN	SATION ARE BASED UPON ANNUAL PERFORMANCE REVIEW AND MUST	
BE APPROVED BY ASI	BOARD OF DIRECTORS AFTER CONSULTATION WITH UNIVERSITY	
PRESIDENT. THE PROC	ESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.	

10430421 131839 A811918

332212 11-14-23

40 2023.05070 ASSOCIATED STUDENTS OF CA A8119181

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 202</u> Name of the organization	ASSOCIATED STUDENTS OF CALIFORNIA STATE	Page Employer identification numbe
5	UNIVERSITY, SACRAMENTO	94-1347023
ORM 990, PART VI, S	SECTION C, LINE 19:	
LL GOVERNING DOCUME	NTATION, CONFLICT OF INTEREST POLICY, AND AUDITED	
INANCIAL STATEMENTS	S ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII,	LINE 2C:	
THE PROCESS FOR OVER	SIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT	
IAS NOT CHANGED FROM	I THE PRIOR YEAR.	

10430421 131839 A811918

Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
	Employer identification number 94-1347023
	TUDENTS OF CALIFORNIA STATE SACRAMENTO

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
CALIFORNIA STATE UNIVERSITY, SACRAMENTO -							
68-0365325, 6000 J STREET, SACRAMENTO, CA							
95819	POST-SECONDARY EDUCATION	CALIFORNIA			N/A		х
UNIVERSITY UNION OPERATION OF CSU SACRAMENTO							
- 51-0140156, 6000 J STREET, SACRAMENTO, CA							
95819	AUXILIARY ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 10	CSU, SACRAMENTO		х
THE UNIVERSITY FOUNDATION AT SACRAMENTO							
STATE - 94-3001359, 6000 J STREET,							
SACRAMENTO, CA 95819	AUXILIARY ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 7	CSU, SACRAMENTO		х
UNIVERSITY ENTERPRISES, INC - 94-1337638							
6000 J STREET				LINE 12C,			
SACRAMENTO, CA 95819	AUXILIARY ORGANIZATION	CALIFORNIA	501(C)(3)	III-F	CSU, SACRAMENTO		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

ASSOCIATED STUDENTS OF CALIFORNIA STATE

Schedule R (Form 990) 2023 UNIVERSITY, SACRAMENTO

organizations treated as a pa														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	tions?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership			
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No				

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

Part IV 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)		0				Yes	No

94-1347023

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ASSOCIATED STUDENTS OF CALIFORNIA STATE

Schedule R (Form 990) 2023 UNIVERSITY, SACRAMENTO

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Par	s II-IV?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	:
Gift, grant, or capital contribution from related organization(s)	1c		
Loans or loan guarantees to or for related organization(s)		X	:
Loans or loan guarantees by related organization(s)		X	:
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)		X	:
	41.		
Lease of facilities, equipment, or other assets from related organization(s)		+	
Performance of services or membership or fundraising solicitations for related organization(s)		+	
		-	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			_
Sharing of paid employees with related organization(s)			-
Reimbursement paid to related organization(s) for expenses	10		
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)			$\rightarrow$

2 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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY, SACRAMENTO	D	140,184.	EOY ACCOUNTS PAYABLE TO CSUS
(2) CALIFORNIA STATE UNIVERSITY, SACRAMENTO	E	559,654.	EOY ACCOUNTS RECIEVABLE FROM CSUS
<u>(3)</u>			
(4)			
<u>(5)</u>			
<u>(6)</u>			

332163 09-28-23

94-1347023

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ASSOCIATED STUDENTS OF CALIFORNIA STATE

Schedule R (Form 990) 2023 UNIVERSITY, SACRAMENTO

94-1347023 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

(a)	(b)	(c)	(d)	(	<b>e)</b>	(f)	(g)		(h)	(i)	(j	)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	e (e Partner 501(c Orgs Yes		Share of total income	Share of end-of-year assets	Dispropor- tionate allocations? Yes No		amount in box 20 of Schedule K-1	Gener mana partr	al or P ging er?	Percentag ownership
				res	NO						res		
	-												
	_												
	_												
	_												
								-				-+	
	_												
	_												
									-			-+-	
	-												
									1				
	_												
	_												
	_												

Schedule R (Form 990) 2023

			S OF CALIFORNIA STATE			
Schedule R Part VII	(Form 990) 2023 Supplemental Inf	UNIVERSITY, SACRAM	ENTO		94-1347023	Page <b>5</b>
	Provide additional info	rmation for responses to ques	tions on Schedule R. See instru	uctions.		
					0-h-1	000) 000
332165 09-28-2	3		16		Schedule R (Form	990) 2023

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	90 PAGE 10							990	-		-	-		-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
2	EQUIPMENT	06/30/24		.000	ну	16:	2,522,453.				2,522,453.			0.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,522,453.				2,522,453.	0.		٥.	0.
	LAND														
	* 990 PAGE 10 TOTAL LAND						0.				0.3	,803,830.		٥.	8,803,830.
	OTHER														
3	OTHER	06/30/24		.000	ну	16	1,250.				1,250.			0.	
4	LEASHOLD IMPROVEMENTS	06/30/24		.000	НХ	16:	2,898,345.				2,898,345.			0.	
	* 990 PAGE 10 TOTAL OTHER					:	2,899,595.				2,899,595.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,422,048.				5,422,048.3	,803,830.		0.	8,803,830.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			0.
	ACQUISITIONS						5,422,048.			0.	5,422,048.	0.			0.
	DISPOSITIONS/RETIRED						0.			٥.	0.	0.			0.
	ENDING BALANCE						5,422,048.			0.	5,422,048.	٥.			0.
	ENDING ACCUM DEPR											٥.			
	ENDING BOOK VALUE										Ę	,422,048.			

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone