Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990 tax year beginning JUL 1, 2014 and ending JUN 30, 2015

A F	or the	2014 calendar year, or tax year beginning $$ JUL $$ 1 , $$ $$ 2014 $$ and e	ending J	<u>run 30, 2015</u>)			
B c	heck if pplicable	C Name of organization UNIVERSITY STUDENT UNION		D Employer identif	ication number			
	Addres		₹.					
	Name change		_	23-7	7321859			
	Initial return	,	Room/suite	E Telephone numb				
]Final return/	18111 NORDHOFF STREET		818-677-2491				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 13,285,784.				
	Amend return	NORTHRIDGE, CA 91550-6272		H(a) Is this a group				
	Application			for subordinate	s? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No			
		empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () $\mathbf{\blacktriangleleft}$ (insert no.) $\overline{}}$ 4947(a)(1) or	527	If "No," attach	a list. (see instructions)			
		e: NWW.CSUN.EDU/USU		H(c) Group exempti				
K F	orm of	organization: X Corporation	L Year	of formation: 1973	M State of legal domicile; CA			
Pa	rt I	Summary						
ø)	1 1	Briefly describe the organization's mission or most significant activities: ${f SEE - SO}$	CHEDU	LE O				
Activities & Governance								
rne	2 (Check this box 🕨 🔛 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as				
ove				3	 			
5		Number of independent voting members of the governing body (Part VI, line 1b) \dots						
es 8		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			 			
Ϋ́Ε		Total number of volunteers (estimate if necessary)						
Λcti		Total unrelated business revenue from Part VIII, column (C), line 12						
_	b	Net unrelated business taxable income from Form 990-T, line 34			 			
				Prior Year	Current Year			
<u>o</u>		Contributions and grants (Part VIII, line 1h)		105,072.				
enr	l	Program service revenue (Part VIII, line 2g)		11,986,081.				
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,325.	-2,508.			
-	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		969,553.	804,521.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,065,031.	13,283,012.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		42,598.				
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,061,078.				
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ď	b ·		0.	11 150 010	5 445 040			
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,178,943.	5,415,210.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,282,619.				
	19	Revenue less expenses. Subtract line 18 from line 12		-5,217,588.				
Net Assets or Fund Balances			Ве	ginning of Current Year				
sset 3ala	20	Total assets (Part X, line 16)		3,601,442.				
et A	21	Total liabilities (Part X, line 26)		2,380,012.				
Z:	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,221,430.	1,115,365.			
		1 -			l.manuladan and baliaf it is			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			iy kilowledge alld bellel, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	cii preparer	lias any knowledge.				
C:		Signature of officer		I Date				
Sign	- 1	DEBRA L. HAMMOND, EXECUTIVE DIRECTOR		2410				
Her	e	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	, }	LISA M. CUMMINGS, CPA		if self-emplo				
Prep	1	Firm's name COHNREZNICK LLP	1	Firm's EIN >	22-1478099			
	Only	Firm's address 400 CAPITOL MALL, SUITE 900		I IIIII 3 LIIV				
230	J,	SACRAMENTO, CA 95814		Phone no 91	L6-442-9100			
May	the IF	S discuss this return with the preparer shown above? (see instructions)		11 110110 110.5	X Yes No			
y		property and the following the first terms and the first ter			<u></u>			

Form	UNIVERSITY STUDENT UNION 1990 (2014) CALIFORNIA STATE UNIVERSITY, NORTHRIDGE 23-7321859 Page 2	2
	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?)
	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?	,
	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 measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$12,087,129	<u> </u>
Ta	THE FOLLOWING ARE THE ORGANIZATION'S MAJOR PROGRAMS: STUDENT EMPLOYMENT	,
	OPPORTUNITIES; STUDENT RECREATION; STUDENT PROGRAMS (LECTURES,	_
	EDUCATIONAL AND ENTERTAINMENT EVENTS); MEETING AND STUDY ROOMS;	
	COMPUTER LAB; A VETERANS AND PRIDE RESOURCE CENTERS. THE GOAL OF THE	
	ORGANIZATION'S PROGRAMS AND SERVICES IS TO FOSTER THE ACHIEVEMENT OF	
	STUDENTS' EDUCATIONAL GOALS BY DEVELOPING A STRONG CONNECTION BETWEEN	
	THE STUDENTS AND THEIR CAMPUS.	
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4b	(Code:) (Expenses \$)
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4c	(Code:) (Expenses \$)
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	Other pregram continue (Deceribe in Cabadula O.)	_

432002 11-07-14

4e Total program service expenses ▶

Form **990** (2014)

including grants of \$ 12,087,129.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	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	X	
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?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	17
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?	14a		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			, v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Α_
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	- ''-		1
10		18		х
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13		19		x
20a	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
			990	(004.4)

UNIVERSITY STUDENT UNION

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Page 4 Form 990 (2014) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a **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 X 25b Schedule I Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes." complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes." complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37

> Х Form 990 (2014)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

23-7321859

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V												
					Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	43										
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming										
	(gambling) winnings to prize winners?		,	1c	Х								
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return	2a	601										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)											
				За	Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b	Х								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		<u> </u>							
b	If "Yes," enter the name of the foreign country:												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).												
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	ction?		5b		<u>X</u>							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c									
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		х							
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a									
	were not tax deductible?		giits	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 ser	vices p	rovided 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	as requ	iired										
	to file Form 8282?			7с		<u>X</u>							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		<u>X</u>							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		<u>X</u>							
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g									
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		l	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9										
_	sponsoring organization have excess business holdings at any time during the year?			8									
9	Sponsoring organizations maintaining donor advised funds.			0-									
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b									
10	Section 501(c)(7) organizations. Enter:			30									
	Initiation fees and capital contributions included on Part VIII, line 12	10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b											
11	Section 501(c)(12) organizations. Enter:												
	Gross income from members or shareholders	11a											
b	Gross income from other sources (Do not net amounts due or paid to other sources against												
	amounts due or received from them.)	11b											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413	}	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.												
а	Is the organization licensed to issue qualified health plans in more than one state?			13a									
	Note. See the instructions for additional information the organization must report on Schedule O.												
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا											
	organization is licensed to issue qualified health plans	13b											
	Enter the amount of reserves on hand	13c		44		X							
				14a									
a	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	eυ		14b	990	(2014)							

Form 990 (2014)

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

23-7321859 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 16											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
_	officer, director, trustee, or key employee?	2		Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization have members or stockholders?	6		X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
1 a												
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X								
b		7b		х								
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21								
8		0-	Х									
a	The governing body?	8a_	X									
a	Each committee with authority to act on behalf of the governing body?	8b	Λ									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х								
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ								
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na								
10-	Did the executation have level charters branches as effiliates?	10a	Yes	No X								
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa										
b		10b										
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21									
		12a	Х									
12a	, g	12b	X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21									
С		12c	Х									
12	in Schedule O how this was done	13	X									
13	Did the organization have a written whistleblower policy?	14	X									
14	Did the organization have a written document retention and destruction policy?	14	72									
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
_		45.0	Х									
d L	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X									
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	- 41									
160												
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		х								
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a										
b												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b										
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD										
	List the states with which a copy of this Form 990 is required to be filed ►CA											
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailabla										
10	for public inspection. Indicate how you made these available. Check all that apply.	anabit	,									
10		finens	ial									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iiiianc	ıdı									
00	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records: JOSEPH C. ILLUMINATE - 818-677-2251											
	18111 NORDHOFF STREET, NORTHRIDGE, CA 91330-8272											
	TOTIL MONDHOLL SIMPEI' MONIHUIDGE' CW 2T220_07/7											

23-7321859

<u> Page</u> **7**

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average	(do	Pos		Position eck more than one			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Ler an	lu a u	recto	i / ii us	iee)	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099-101130)	organization
	organizations	truste	al tru:		yee	n bei		(** = /* *******************************		and related
	below	/idual	Institutional trustee	er	Key employee	Highest compensated employee	Jer			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JESUS RAMIREZ-MARTINEZ	1.00									
BOARD CHAIR		Х						0.	0.	0.
(2) SHAHTAJ KAHN	1.00									
BOARD VICE CHAIR		Х						0.	0.	0.
(3) AMBER BYNUM	1.00									
COMMITTEE CHAIR		Х						0.	0.	0.
(4) PERLITA VARELA	1.00									
COMMITTEE CHAIR		Х						0.	0.	0.
(5) KORINA WINKLER	1.00									
COMMITTEE CHAIR		Х						0.	0.	0.
(6) JORGE GUZMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JOSUE NAJERA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DAVID O'NEILL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DEMONTEA THOMPSON	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(10) ASIA WHEATON	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) TALAR ALEXANIAN	1.00								_	_
ASSOCIATED STUDENTS REP.		Х						0.	0.	0.
(12) TONEE SHERRILL	1.00								_	_
ALUMNI ASSOCIATION REP.		Х						0.	0.	0.
(13) JACLYN KLEITZMAN	1.00							_		
STAFF REPRESENTATIVE	40.00	Х						0.	41,657.	24,324.
(14) DR. BARBARA GROSS	1.00									
FACULTY REPRESENTATIVE	40.00	Х						0.	157,677.	53,336.
(15) SHARON EICHTEN	1.00									
ASSOC. VP, BUDGET PLAN/MGMT	40.00	Х						0.	130,632.	55,154.
(16) DR. SHELLEY RUELAS-BISCHOFF	1.00									
ASSOC. VP OF STUDENT LIFE	40.00	Х						0.	141,876.	50,247.
(17) DEBRA L. HAMMOND	40.00	_		_						
EXECUTIVE DIRECTOR		X		Х				146,743.	0.	22,235.

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CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

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Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C						
(A)	(B) (C) Average Position							(D)	(E)			(F)	
Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable	Reportable			timate	
	week		, unle: cer ar					compensation	compensation from related	- 1		nount	of
	(list any	tor						from the	organization			other pensa	tion
	hours for	direc				- - - -			(W-2/1099-MIS			om the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	`	´	org	anizati	ion
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee					and	d relate	ed
	below	ividua	titutio	Officer	Key employee	hest o	mer				orga	anizatio	ons
	line)	Pul	lus	0#0	Key	e Hig	윤						
		_											
1h Cub total								146,743.	471,84	12	20	5 20	9.6
1b Sub-total c Total from continuation sheets to Part V								0.	471,0	0.	20.	<i>J</i> , <u>L</u> .	0.
d Total (add lines 1b and 1c)								146,743.	471,84	_	20	5,29	
Total number of individuals (including but including							o re					,	
compensation from the organization						,							1
										-		Yes	No
3 Did the organization list any former officer	•			•	•	•		•					77
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the s											_	77	
and related organizations greater than \$15										·····	4	Х	
5 Did any person listed on line 1a receive or					•			•	lual for services		5		Х
rendered to the organization? If "Yes." cor Section B. Independent Contractors	nplete Schedul	e J f	or st	ıch i	oers	on .					3		
Complete this table for your five highest co the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·	oensat	ion fro	om	
the organization. Report compensation for (A)	trie caleridar ye	eare	eriair	ig w	itri C	or wi	unin	(B)	ear.		(C	:)	
Name and business	address	N	INC	3				Description of s	ervices	Co		nsatio	n
							\dashv						
2 Total number of independent contractors (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization 🕨				C)						000	
											Form	99U (2	2014)

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Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line		(5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
5 0	1 2	Federated campaigns	1a					312 314
ant								
S S		Membership dues Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts								
ig ig		*						
ons,		Government grants (contributi						
utic	T	All other contributions, gifts, grant	·					
ĕ		similar amounts not included abov	· · · · · · · · · · · · · · · · · · ·					
ont		Noncash contributions included in lines						
<u>0 g</u>	h	Total. Add lines 1a-1f						
		CHILDREN ACHTULEN PRES		Business Code	11 100 001	11 100 001		
<u>c</u> e	2 a			900099	11,177,771.	11,177,771.		
erv	b		1E	900099	759,462.	759,462.		
Program Service Revenue	С			900099	478,486.	478,486.		
ran Sev	d	COMMISSION REVENUE		900099	65,280.	65,280.		
.0g	е	·						
<u>-</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			12,480,999.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ [264.			264.
	4	Income from investment of tax	c-exempt bond p	roceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	651,791.					
		Less: rental expenses	0.					
		Rental income or (loss)	651,791.					
		Net rental income or (loss)		•	651,791.			651,791.
		Gross amount from sales of	(i) Securities	(ii) Other	,			,
	, u	assets other than inventory	(i) Geodifices	(ii) Other				
	h	Less: cost or other basis						
	b			2,772.				
	_	and sales expenses		-2,772.				
		Gain or (loss)			-2,772.			-2,772.
		Net gain or (loss)		·····	2,772.			2,772.
ne	8 а	Gross income from fundraising including \$	•					
Se.		contributions reported on line	•					
e		Part IV, line 18						
Other Reven		Less: direct expenses						
-		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	·····				
	10 a	Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sales	s of inventory					
ļ		Miscellaneous Revenue	е	Business Code				
	11 a	MEETING ROOM RENTALS		721000	78,112.		78,112.	
	b	OTHER INCOME		900099	72,208.	72,208.		
	С	CATERING REVENUE		721000	2,410.		2,410.	
	d	All other revenue			-		•	
		-		•	152,730.			
	12	Total revenue. See instructions.		······ [F	13,283,012.	12,553,207.	80,522.	649,283.
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Part IX | Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general enjoyee	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	54,754.	54,754.		
}	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ļ	Benefits paid to or for members				
	Compensation of current officers, directors,	160 000	152 240	15 620	
	trustees, and key employees	168,978.	153,348.	15,630.	
i	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E 060 000	E 226 107	E 4 2 0 0 1	
	Other salaries and wages	5,869,088.	5,326,197.	542,891.	
	Pension plan accruals and contributions (include	497,947.	451,887.	46,060.	
	section 401(k) and 403(b) employer contributions)	857,410.	778,100.	79,310.	
	Other employee benefits	367,410.	333,185.	33,961.	
	Payroll taxes	JU1,140.	JJJ, 10J.	33,301.	
_	Fees for services (non-employees):				
a L	Management	5,914.	5,367.	547.	
b	Legal	24,000.	21,780.	2,220.	
2	Accounting	24,000.	21,700.	2,220.	
u e	Lobbying				
f	Investment management fees				
'n	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	379,819.	344,685.	35,134.	
	Advertising and promotion	98,371.	89,272.	9,099.	
	Office expenses	116,492.	105,716.	10,776.	
	Information technology	202,773.	184,016.	18,757.	
	Royalties	-			
	Occupancy	719,879.	653,290.	66,589.	
	Travel	107,412.	97,476.	9,936.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	56,698.	51,453.	5,245.	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	261,521.	237,330.	24,191.	
	Insurance	103,871.	94,263.	9,608.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADMIN. CONTINGENCY	1,104,168.	1,002,032.	102,136.	
b	REPAIRS & MAINTENANCE	988,860.	897,390.	91,470.	
c	EVENT COSTS	810,933.	810,933.	,	
d	EQUIPMENT PURCHASES	176,900.	160,537.	16,363.	
e	All other expenses	257,599.	234,118.	23,481.	
_	Total functional expenses. Add lines 1 through 24e	13,230,533.	12,087,129.	1,143,404.	
	Joint costs. Complete this line only if the organization	, , , , , , , , , ,	. ,	, ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,531,909.	1	1,815,482
	2	Savings and temporary cash investments			2,119.	2	1,500,003
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			42,118.	4	56,727
	5	Loans and other receivables from current and fo			, -		,
	•	trustees, key employees, and highest compensa		, ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	Ū	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of section					
			· ·		6		
ets	-	employees' beneficiary organizations (see instr).				7	
Assets	7	Notes and loans receivable, net			4,474.	8	1 161
`	8	Inventories for sale or use			50,098.		4,464 61,862
	9		 I I		30,030.	9	01,002
	10a	Land, buildings, and equipment: cost or other		2 262 507			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,363,587.	042 500		762 001
					942,500.	10c	763,091
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	1		13		
	14	Intangible assets	00 004	14			
	15	Other assets. See Part IV, line 11		28,224.	15	0	
_	16	Total assets. Add lines 1 through 15 (must equ			3,601,442.	16	4,201,629
	17	Accounts payable and accrued expenses			1,008,774.	17	1,154,277
	18	Grants payable			18		
	19	Deferred revenue			250,886.	19	297,723
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
g 	22	Loans and other payables to current and former					
≝		key employees, highest compensated employee	es, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			1,120,352. 2,380,012.	25	1,634,264 3,086,264
	26	Total liabilities. Add lines 17 through 25			2,380,012.	26	3,086,264
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
ဖွ		complete lines 27 through 29, and lines 33 an	d 34.				
ဥ	27	Unrestricted net assets			1,221,430.	27	1,115,365
<u>aa</u>	28	Temporarily restricted net assets				28	
<u> </u>	29					29	
<u> </u>		Organizations that do not follow SFAS 117 (A					
두		and complete lines 30 through 34.	•				
13 (30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			1,221,430.	33	1,115,365
	34	Total liabilities and net assets/fund balances			3,601,442.	34	4,201,629

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J	•	J	~	_	v	J	_	raue		

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	13,28		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,23		
3	Revenue less expenses. Subtract line 2 from line 1	3	5	<u>2,4</u>	<u>79.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,22	<u>1,4</u>	<u>30.</u>
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	-158,544.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,11	5,3	65.
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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	he organization's financial statements compiled or reviewed by an independent accountant?			Х
	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	re the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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