TAXABLE YEAR **2013**

California Exempt Organization Annual Information Return

328941 11-14-13
FORM **199**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 07/01/2013 , and ending (mm/dd/yyyy) 06/30/2014 .

Corporation/Organization Name
CALIFORNIA STATE UNIVERSITY, STANISLAUS
AUXILIARY AND BUSINESS SERVICES

California corporation number
0403350

Address (suite, room, or PMB no.)
ONE UNIVERSITY CIRCLE

FEIN
-*2059

City: TURLOCK | State: CA | ZIP Code: 95382

A First Return ..... Yes [ ] No [X]
B Amended Information Return ..... Yes [ ] No [X]
C IRC Section 4947(a)(1) trust ..... Yes [ ] No [X]
D Final Information Return?
● [ ] Dissolved ● [ ] Surrendered (Withdrawn)
● [ ] Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____
E Check accounting method:
(1) [ ] Cash (2) [X] Accrual (3) [ ] Other
F Federal return filed?
(1) ● [ ] 990T (2) ● [ ] 990 PF (3) ● [ ] Sch H (990)
G Is this a group filing for the subordinates/affiliates? ● [ ] Yes [X] No
If "Yes," attach a roster. See instructions
H Is this organization in a group exemption? ..... Yes [ ] No [X]
If "Yes," what is the parent's name?
_____
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ● [ ] Yes [X] No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ● [ ] Yes [X] No
If "Yes," complete and attach form FTB 3509.
K Is the organization exempt under R&TC Section 23701g? ● [ ] Yes [X] No
If "Yes," enter the gross receipts from nonmember sources $ _____
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ● [ ]
M Is the organization a Limited Liability Company? ● [ ] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? ● [ ] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? ● [ ] Yes [X] No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	1,471,674. 00
	2	Gross dues and assessments from members and affiliates ●		2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●		3	10,000. 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Instruction B ●		4	1,481,674. 00
	5	Cost of goods sold ●	5 00		
	6	Cost or other basis, and sales expenses of assets sold ●	6 79,753. 00		
	7	Total costs. Add line 5 and line 6		7	79,753. 00
	8	Total gross income. Subtract line 7 from line 4 ●		8	1,401,921. 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	1,395,899. 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	6,022. 00
Filing Fee	11	Filing fee $10 or $25. See General Instruction F		11	10. 00
	12	Total payments		12	00
	13	Penalties and Interest. See General Instruction J		13	00
	14	Use tax. See General Instruction K ●		14	00
	15	**Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result ◉		15	10. 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer ▶ | Title: INTERIM EXECUT | Date | ● Telephone

Paid Preparer's Use Only
Preparer's signature ▶ | Date: 12/16/14 | Check if self-employed ▶ [ ] | ● PTIN: P00485021
Firm's name (or yours, if self-employed) and address ▶ AKT LLP
312 S JUNIPER STREET, SUITE 100
ESCONDIDO, CA 92025
● FEIN: **-***3286
● Telephone: (760) 746-1560

May the FTB discuss this return with the preparer shown above? See instructions ● [X] Yes [ ] No

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	31,758. 00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	34,000. 00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	6	80,000. 00
	7	Other income SEE STATEMENT 3	7	1,325,916. 00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,471,674. 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	0. 00
	12	Other salaries and wages	12	00
	13	Interest	13	342,209. 00
	14	Taxes	14	00
	15	Rents	15	26,678. 00
	16	Depreciation and depletion (See instructions)	16	421,582. 00
	17	Other Expenses and Disbursements SEE STATEMENT 5	17	605,430. 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,395,899. 00

Schedule L **Balance Sheets**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		915,393.		887,158.
2 Net accounts receivable		75,699.		81,120.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 6		996,964.		1,033,906.
10 a Depreciable assets	12,468,680.		12,356,183.	
b Less accumulated depreciation	(4,271,486.)	8,197,194.	(4,570,929.)	7,785,254.
11 Land		287,300.		287,300.
12 Other assets STMT 7		31,827.		28,995.
13 Total assets		10,504,377.		10,103,733.
Liabilities and net worth				
14 Accounts payable		11,068.		29,753.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		7,510,438.		7,176,501.
18 Other liabilities STMT 8		1,511,030.		1,415,739.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,471,841.		1,481,740.
22 Total liabilities and net worth		10,504,377.		10,103,733.

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	9,899.	7 Income recorded on books this year not included in this return. STMT 9	3,877.
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	3,877.
4 Income not recorded on books this year		10 Net income per return. Subtract line 9 from line 6	6,022.
5 Expenses recorded on books this year not deducted in this return			
6 Total. Add line 1 through line 5	9,899.		

FORM 199 CASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
[redacted]	[redacted]		10,000.
TOTAL INCLUDED ON LINE 3			10,000.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SALE OF INVESTMENTS			PURCHASED	79,753.	0.	0.	80,000.
TOTAL TO FORM 199, PAGE 2, LN 6				79,753.	0.	0.	80,000.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
INSURANCE REBATE	4,725.
PRIOR YEAR EXPENSE REIMBURSEMENT	32,753.
AUXILIARY SERVICES	591,086.
MANAGEMENT FEE	35,000.
OTHER PROGRAM REVENUE	12,352.
STUDENT HOUSING LEASE	650,000.
TOTAL TO FORM 199, PART II, LINE 7	1,325,916.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DR. JOSEPH F. SHELEY ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	CHAIRPERSON 4.00	0.
DR. SUZANNE ESPINOZA ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	VICE PRESIDENT 4.00	0.
RUSS GIAMBELLUCA ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	TREASURER & SECRETARY 4.00	0.
JULIE BENEVEDES ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	INTERIM EXECUTIVE DIRECTOR 4.00	0.
BRIQUEL HUTTON ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	INTERIM EXECUTIVE DIRECTOR 4.00	0.
WENDY OLMSTEAD ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	ASST. SECRETARY 1.00	0.
DILJEET TAYLOR ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	DIRECTOR 1.00	0.
DUKE LEFFLER ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	DIRECTOR 1.00	0.
GARY WAHL ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	DIRECTOR 1.00	0.
KENDAL MUNOZ ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
REPAIRS AND MAINTENANCE	74,879.
MINOR EQUIPMENT	12,307.
AWARDS, GIFTS AND DONAT	9,113.
POST RETIREMENT BENEFIT	8,781.
ACCOUNTING FEES	322,537.
INVESTMENT MANAGEMENT FEES	1,380.
OTHER PROFESSIONAL FEES	98,640.
ADVERTISING AND PROMOTION	385.
OFFICE EXPENSES	19,272.
TRAVEL	431.
INSURANCE	39,198.
ALL OTHER EXPENSES	18,507.
TOTAL TO FORM 199, PART II, LINE 17	605,430.

FORM 199 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS - FIXED INCOME	451,957.	467,163.
INVESTMENTS - MUTUAL FUNDS	545,007.	566,743.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	996,964.	1,033,906.

FORM 199 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	0.	433.
BOND ISSUANCE COSTS, NET	31,827.	28,562.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	31,827.	28,995.

FORM 199 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED POST RETIREMENT BENEFITS	149,785.	147,621.
PENSION LIABILITY	1,155,390.	1,155,390.
WARRIOR CARD LIABILITY	108,649.	41,511.
DUE TO RELATED PARTIES	34,483.	11,299.
ACCRUED INTEREST PAYABLE	62,723.	59,918.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,511,030.	1,415,739.

FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 9

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,877.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	3,877.

FORM 199 FUND BALANCES STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	1,471,841.	1,481,740.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,471,841.	1,481,740.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2013 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Fiscal Year - See instructions.**
Calendar Year - File and Pay by March 17, 2014.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

339035
12-11-13

_ _ _ DETACH HERE _ _ _ _ _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ DETACH HERE _ _ _

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2013**

Payment Voucher for Corps and Exempt Orgs e-filed Returns

CALIFORNIA FORM **3586 (e-file)**

0403350 CALI **-***2059 000000000000 13 FORM 3
TYB 07-01-2013 TYE 06-30-2014
CALIFORNIA STATE UNIVERSITY STANISLAUS
AUXILIARY AND BUSINESS SERVICE
ONE UNIVERSITY CIRCLE
TURLOCK CA 95382

(209) 667-3440

Total Payment Amt 10.

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2013**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name

CALIFORNIA STATE UNIVERSITY, STANISLAUS
AUXILIARY AND BUSINESS SERVICES

Identifying number

-*2059

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	1,481,674.00
2	Total gross income (Form 199, line 8)	2	1,401,921.00
3	Total expenses and disbursements (Form 199, line 9)	3	1,395,899.00

Part II Settle Your Account Electronically for Taxable Year 2013

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number **7** Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here ▶ Signature of Officer | Date | ▶ INTERIM EXECUTIVE DIRECTOR Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ | Date | Check if also paid preparer ☐ | Check if self-employed ☐ | ERO's PTIN

Firm's name (or yours if self-employed) and address ▶ AKT LLP
312 S. JUNIPER ST., SUITE 100
ESCONDIDO, CA

FEIN 93-0623286

ZIP Code 92025

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN P00485021

Firm's name (or yours if self-employed) and address ▶ AKT LLP
312 S JUNIPER STREET, SUITE 100
ESCONDIDO, CA

FEIN **-***3286

ZIP Code 92025

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2013

329021
11-21-13

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2014

Prepared for	California State University, Stanislaus Auxiliary and Business Services One University CIrcle Turlock, CA 95382
Prepared by	AKT LLP 312 S Juniper Street, Suite 100 Escondido, CA 92025
Mail tax return to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	February 17, 2015
Special Instructions	The return should be signed and dated by an authorized individual. Enclose a check for $150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 002809

CALIFORNIA STATE UNIVERSITY, STANISLAUS
AUXILIARY AND BUSINESS SERVICES
Name of Organization

ONE UNIVERSITY CIRCLE
Address (Number and Street)

TURLOCK, CA 95382
City or Town, State and ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 0403350

Federal Employer I.D. No. 94-6122059

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2013 ending 06/30/2014) list:
Gross annual revenue $ 1,401,921. Total assets $ 10,103,733.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5.	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7.	During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8.	Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9.	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (209)667-3440

Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	Printed Name	Title	Date
	JULIE BENEVEDES	INTERIM EXECUTIVE DIRECTO	

329291
05-01-13

RRF-1 (3-05)