Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Under 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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For th	he 2013 calen	dar year, or tax	year beg	ginning 7/	01	, 2013	B, and end	ng 6/	′30	,	2014	
В	Check i	if applicable:	С							D Employ	er Identif	fication Number	
	Ac	ddress change	CALIFORNI	A STAT	TE UNIVER	RSITY, F	RESNO			94-	15122	286	
	\prod_{N_i}	ame change	ASSOCIATI							E Telepho	ne numb	er	
	H	itial return	2771 EAST	SHAW	AVENUE					559	-278-	-0800	
	\mathbf{H}	erminated	FRESNO, C	A 9371	LO					333	270	0000	
	\mathbf{H}									G 0	خ	3 40 020	075
	\vdash	mended return	F Name and add	rose of arias	inal afficar				U(a) Is this	G Gross r			1221
	☐ At	pplication pending										163	-
_			Same As C				1 1017()(1)	F07	If 'No,	II subordinates ,' attach a list.	(see inst	ructions) Yes	No
<u> </u>		exempt status	X 501(c)(3)	501(c)		(insert no.)	4947(a)(1) c	or 527					
J			W.AUXILIA	1						exemption nu			
K		n of organization:	X Corporation	Trust	Association	Other >	I.	Year of form	ation: 196	51 M s	state of le	gal domicile: CA	<u> </u>
Pa	ırt I	Summar	У										
	1		be the organiza	tion's mi	ssion or most	t significant	activities: S	TUDENT	SERVI	CES CAL	IF S	TATE UNIV	<i>L</i>
ė		FRESNO_											
anc													
E													
ŏ		Check this bo			tion discontin							sets.	
8			oting members								3		10
Se	5		dependent voting of individuals of								5		5
ŧ	6		of volunteers (6		942
Activities & Governance	7 2		ed business rev								7 a	4,080	561
d			d business taxa								7 b	4,000	0.
_		THOU WITH CHARGE	a business taxa	510 1110011	10 1101111 01111	330 1, 11110	•			Prior Year	, ,	Current Y	
	8	Contributions	and grants (Pa	art VIII. li	ne 1h)					0,879,8	172	3,934	
ne	9		ice revenue (P							5,631,7		15,854	
Revenue	10	for a consequence of the contract of	ncome (Part VII							125,1			,115.
Re	11		e (Part VIII, col		3 5.74	All the same of th				9,148,1		9,062	
	12		e – add lines 8							5,784,9		28,958	
	13		imilar amounts							07.0175	10.	20,300	,
	14												
	18 8									8,402,4	9,021,85		
es	162					0,102,		3,021	,030.				
Expenses	lua.		essional fundraising fees (Part IX, column (A), line 11e)								7500		
Хp	b												
	17	and the second s	ses (Part IX, co							6,763,0		14,874	
	18	The state of the s	es. Add lines 13						-	5,165,4		23,896	,159.
		Revenue less	s expenses. Sul	otract line	e 18 from line	12				0,619,5		5,061	
ts or										ing of Currer		End of Ye	
996 Bala	20		(Part X, line 16	e comment of the contract of t						5,563,1		150,364	
Net Assets Fund Balanc	21	Total liabilitie	es (Part X, line	26)					10	9,739,6	598.	102,281	,943.
Zű	22	Net assets or	fund balances	. Subtrac	t line 21 from	line 20			4	5,823,4	165.	48,082	,574.
Pa	art II	Signatur	e Block										
Und	er penal	Ities of perjury, I de	eclare that I have example (other than office	amined this	return, including a	accompanying s	chedules and stat	ements, and t	o the best of	my knowledge	and belie	ef, it is true, correc	t, and
com	plete. D	eclaration of prepa	arer (other than office	er) is based	on all information	of which prepar	rer nas any know	leage.					
													
Sig	gn	Signatu	ire of officer						L	Date			
He	re		ORAH ADISH		STONE				Exec	cutive :	Direc	ctor	
		21	print name and title										
		Print/Type p	oreparer's name		Preparer's s	ignature		Date		Check	if	PTIN	
Pa	id	Fausto	Hinojosa, CF	A, CFE	Fausto l	Hinojosa,	CPA, CFE			self-employ	ed]	P00196912	
Pr	epare		e ► Price,	Paige a	and Company	,							
	e On		ess ► 677 Sco	ott Aver	nue					Firm's EIN	► 77-	0203007	
			Clovis	CA 936	512					Phone no.	(559)	299-9540	
Ma	y the	IRS discuss th	nis return with the			ove? (see in	structions)					X Yes	No

Form	990 (2013) CALIFORNIA S			94	-1512286	Page 2
Par						
			any line in this Par	t III		
1	Briefly describe the organization's	s mission:				
	STUDENT SERVICES CAL	IF STATE UNIV, FI	RESNO			
			55 (mm, 50) — 6 (1990) 1 (86m, 15m, 1500) 10 (11 11 11 11 11 11 11 11 11 11 11 11 11			
2	Did the organization undertake any			The state of the s	_	
	Form 990 or 990-EZ?				···· Yes	X No
	If 'Yes,' describe these new servi-				_	A
3	Did the organization cease condu	cting, or make significant	changes in how it of	conducts, any program services	Yes Yes	X No
	If 'Yes,' describe these changes of					
4	Describe the organization's progra Section 501(c)(3) and 501(c)(4) organizations, the total expenses, and re-	anizations and section 4947	(a)(1) trusts are requ	ired to report the amount of grants	as measured by e and allocations to	expenses.
4 a	(Code:) (Expenses	\$ 21,267,812. in	cluding grants of \$) (Revenu	e \$ 24,20	2,333.)
	PROVIDE SUPPORT FOR V	VARIOUS STUDENT	ENTERPRISES,	INCLUDING BOOKSTORE	, CAMPUS FOO	DD
	SERVICES, HOUSING, ENT					
	STUDENTS AT CSUF.					
4 b	(Code:) (Expenses	\$ in	cluding grants of \$) (Revenu	e \$)
					-,-,-,-,-	
10	(Code:) (Expenses	Š inc	cluding grants of \$) (Revenu	e \$	1
40		T	oldding glants of 4		· · · · · · · · · · · · · · · · · · ·	
	Other program consists (Describ	o in Schodulo O \				
40	Other program services. (Describe		f ¢	\ (Payanua ¢		x
	(Expenses \$	including grants o) (Revenue \$		1
4 €	Total program service expenses	▶ 21,267,83	LZ.			

			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 (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		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	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a	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.	11 b		Х
	c 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.	11 c		Х
	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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	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	11 f	Х	•
12	a 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	12 b	X	1000
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a 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 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	Х	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		Х
t	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		Х
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 so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34	Х	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf '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		Х
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		Х
38	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	38	Х	

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Form 990 (2013)

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
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
I	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 8	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 942			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q</i>	3 b	X	
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	b If 'Yes,' enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
I	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	6		
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	1300		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
á	a Gross income from members or shareholders			
ł	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 8	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		NAME OF TAXABLE PARTY.
ŀ	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.			
ā	a 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.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ŀ	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

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Form 990 (2013)

Form 990 (2013) CALIFORNIA STATE UNIVERSITY, FRESNO Page 6 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 Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members 1 a 11 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..... 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 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?... X 5 6 Did the organization have members or stockholders?..... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8a X X 86 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done....See . Schedule . 0. 12 c X 13 Did the organization have a written whistleblower policy?..... X 13 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official .. See. Schedule. O...... 15 a X b Other officers of key employees of the organization ... See. Schedule . O X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATE TUCKNESS 2771 EAST SHAW AVENUE FRESNO CA 93710 559-278-0803

TEFA0106L 07/02/13

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

- 1 a 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.

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

				(0	;)						
(A) Name and Title	(B) Average hours per week (list	one bo	er an	not less	check	more to n is both or/truste	n an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee Key employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) KEVIN AYOTTE	5										
Director	40	X						0.	65,808.	39,748.	
(2) DR. CAROLYN COON	5										
VICE CHAIR	40	Х		Х				0.	140,656.	48,629.	
(3) JOHN GONZALEZ	5										
Director	0	Х						0.	0.	0.	
(4) JOSE PLASCENCIA	5										
Director	0	X						0.	0.	0.	
(5) DR. PAUL OLIARO	5										
Director	40	Х		Χ				0.	146,812.	30,537.	
(6) R. GARY RENNER	5										
Director	0	X						0.	0.	0.	
(7) LYNNETTE ZELEZNY	5										
Director	40	X						0.	163,871.	54,819.	
(8) CYNTHIA TENIENTE-MATSON	5										
CHAIR	40	X		X				0.	207,012.	75,051.	
(9) ABIGAIL HUDSON	5										
Director	5	X						0.	7,200.	0.	
(10) MICHAEL BOTWIN	5										
SEC/TREASURER	40	X		X				0.	94,080.	47,854.	
(11) JUSTIN WHISTEN	5										
Director	5	X						0.	3,200.	81.	
(12) DR. R. LYNN WILLIAMS	5										
Director	40	X						0.	81,120.	44,115.	
(13) CANDICE AMICO	5										
Director	10	X						0.	4,400.	111.	
(14) MOSES MENCHACA	5										
Director	5	X						0.	10,290.	258.	

	(B)		(C)							
(A) Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other			
	week (list any hours	or di	Instit	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	(list any hours for related organiza	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			and related organizations
	below dotted	truste	trust		yee	npens				
	line)	(6)	ee			ated				
(15) DEBORAH ADISHIAN-ASTONE	0_									
Executive Direc (16) KATE TUCKNESS	40			X				0.	163,416.	65,158.
Controller	$-\frac{40}{0}$			Х				87,150.	0.	31,298.
(17) JOHN MELIKIAN	_40_							,		
IN-HOUSE COUNSEL	0					X		107,983.	0.	35,428.
DIR FINANCIAL SERV	$-\frac{40}{0}$					Х		103,748.	0.	46,601.
(19)						Λ		105,740.	0.	40,001.
(00)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							>	298,881.	1,087,865.	519,688.
c Total from continuation sheets to Part VII, Section	n A						▶	0.	0.	0.
d Total (add lines 1b and 1c)					A 100 A 17 A		•	298,881.		519,688.
2 Total number of individuals (including but not limited to from the organization ► 2	o those I	sted	abov	/e) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensation
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such										. 3 Х
										. 3 A
the organization and related organizations greater	than \$1	50,00	00?	If 'Y	es'	com	plet	e Schedule J for		4 X
such individual										
for services rendered to the organization? If 'Yes,	comple'	te Sc	hed	lule	J fo	r suc	ch p	erson		. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ated ind	enen	dent	COL	ntra	ctors	tha	at received more th	han \$100 000 of	
compensation from the organization. Report compensation	ation for	the ca	alend	dar	year	endi	ng v	with or within the or	ganization's tax year	
(A) Name and business addre	ess							Description (of services	(C) Compensation
AIR CONDITIONING CONCEPTS P.O. BOX 2082 Clo	vis C	7 03	613					REPAIRS AND M	ΔΤΝΨ	205,639.
THE COMPTITUTING CONCERTS 1.0. DON 2002 CTO	- 10 / 0		313					THE PLANT PL		200,000.
2 Total number of independent contractors (including bu \$100,000 of compensation from the organization		ted to	tho	se I	istec	abo	ve)	who received more	than	
BAA		TEEAO	108L	11/1	11/13				1000	Form 990 (2013)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
AND OTHER SIMILAR AMOUNTS	b c d e	Federated campaigns				
A S	-	Total. Add lines 1a-1f.	3,934,399.			
щ		Business Code	3, 334, 333.	GAMELSON WAS		
Ē	2a	STUDENT RENT INCOME-DORMS	5,862,820.			5,862,820.
短		OTHER PROGRAMS	3,270,052.		3,270,052.	0,002,020.
핑	С	MANAGEMENT & ACCTING FEES	1,976,692.	1,976,692.	3,2.3,332.	
E	d	MEMBERSHIP DUES & ASSESSM	1,856,255.	1,856,255.		
S	е	FEES EARNED - STUDENT PRO	1,642,274.			
GR.		All other program service revenue WKS	1,246,284.	1,007,239.		239,045.
PROGRAM SERVICE REVENUE	g	Total. Add lines 2a-2f	15,854,377.	ACLE ELECT		
	3	Investment income (including dividends, interest and other similar amounts)	107,115.			107,115.
	5	Royalties				
	b	Gross rents				
	d	Net rental income or (loss) ▶	520,931.		520,931.	
	b	Gross amount from sales of assets other than inventory. Less: cost or other basis and sales expenses				
OTHER REVENUE	2,000	Gross income from fundraising events (not including - \$_ of contributions reported on line 1c).				
R R		See Part IV, line 18 a				STATE OF THE STATE
OTHE		Less: direct expenses				
		Gross income from gaming activities. See Part IV, line 19 a				
		Less: direct expenses b		A SCHOOL BUILDING		THE THE STATE
	С	Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances				
	С	Net income or (loss) from sales of inventory ▶	8,347,956.	8,058,375.	289,581.	
		Miscellaneous Revenue Business Code			HE A STREET	
	11 a b c	MISC_INCOME	193,283.			193,283.
	d	All other revenue				
	е	Total. Add lines 11a-11d	193,283.			The State of the Land
		Total revenue. See instructions		14.540.835	4.080 564	6.402.263

Part IX Statement of Functional Expenses

	Check if Schedule O contains a re	esponse or note to any			
	not include amounts reported on lines 7b, 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 governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	298,881.	0.	298,881.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages	6,122,339.	5,228,001.	894,338.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0,122,333.	3,220,001.	074, 330.	
9	Other employee benefits	2,600,630.	1,736,809.	863,821.	
	Payroll taxes.				
11	Fees for services (non-employees):				
	Management				
1	Legal	46,206.	45,818.	388.	
(Accounting	26,595.	•	26,595.	
(d Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
12	Advertising and promotion	83,120.	83,120.		
13	Office expenses.	365,449.	340,402.	25,047.	
14	Information technology				
15	Royalties				
16	Occupancy	160,706.	122,205.	38,501.	
17	Travel	64,043.	54,551.	9,492.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	213,017.	213,017.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,062,617.	3,927,592.	135,025.	1
23	Insurance	512,456.	496,550.	15,906.	
24	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 O.)				
i	CAPITAL LEASE EXPENSE	3,114,390.	3,114,390.		
	ALL OTHER EXPENSES	1,945,465.	1,742,609.	202,856.	
	UTILITES	1,275,713.	1,257,006.	18,707.	
	CONTRACT SERVICES	1,225,718.	1,174,904.	50,814.	
	All other expenses	1,778,814.	1,730,838.	47,976.	
	Total functional expenses. Add lines 1 through 24e	23,896,159.	21,267,812.	2,628,347.	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 here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	1,718,641.	1	1,452,627.
	2	Savings and temporary cash investments	25,330,848.	2	24,700,821.
	3	Pledges and grants receivable, net	21,510,194.	3	20,146,775.
	4	Accounts receivable, net	10,251,188.	4	10,147,287.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use	1,592,841.	8	1,448,457.
Ţ	9	Prepaid expenses and deferred charges	31,523.	9	158,513.
3	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	31,323.		130,313.
		Less: accumulated depreciation	87,936,826.	10 c	84,629,866.
	11	Investments – publicly traded securities	3,044,531.	11	3,601,070.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	1,005,115.	14	937,645.
	15	Other assets. See Part IV, line 11	3,141,456.	15	3,141,456.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	155,563,163.	16	150,364,517.
	17	Accounts payable and accrued expenses	3,103,284.	17	3,265,923.
	18	Grants payable		18	
	19	Deferred revenue.	29,406,495.	19	27,147,789.
ŀ	20	Tax-exempt bond liabilities.		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ABILITIES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties	6,133,161.	24	5,759,548.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	71,096,758.	25	66,108,683.
- NI	26	Total liabilities. Add lines 17 through 25	109,739,698.	26	102,281,943.
NET A	l sanari	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ANNETO	27	Unrestricted net assets	33,296,662.	27	37,131,610.
Ī	28	Temporarily restricted net assets	12,526,803.	28	10,950,964.
OR	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FOZO	30	Capital stock or trust principal, or current funds		30	
7.00	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCEN	33	Total net assets or fund balances	45,823,465.	33	48,082,574.
_	34	Total liabilities and net assets/fund balances	155,563,163.	34	150,364,517.
BA	Α				Form 990 (2013)

Pai	Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI	The second second second			. X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,9	58,0	061.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,8	96,1	59.					
3	Revenue less expenses. Subtract line 2 from line 1	3	5,0	61,9	02.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,8	23,4	165.					
5	Net unrealized gains (losses) on investments	5	5	64,5	66.					
6	Donated services and use of facilities	6								
7	7 Investment expenses									
8	Prior period adjustments.	8								
9	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	9	-3,3	67,3	359.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	40.0	00 5	7.4					
Day	t XII Financial Statements and Reporting	10	48,0	82,5	0/4.					
Fai										
	Check if Schedule O contains a response or note to any line in this Part XII			200000000						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		0 = 1=	Yes	No					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.									
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	d on a								
	Separate basis Consolidated basis Both consolidated and separate basis									
ı	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 separat basis, consolidated basis, or both:	e								
	Separate basis Consolidated basis X Both consolidated and separate basis									
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
3 8	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					
1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	t								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b							
BAA			Form	990	(2013)					

TEEA0112L 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC 94-1512286 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III - Non-functionally integrated Type I Type II C d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above?.... 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s). h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the organization in (v) Did you notify the organization in (vi) Is the (vii) Amount of monetary organization in column (i) organized in the U.S.? support column (i) of your support? column (i) listed in your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,568,426.	3,886,729.	4,174,975.	12629320.	5,790,654.	31,050,104.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge				-		0.			
	Total. Add lines 1 through 3 The portion of total contributions 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)	4,568,426.	3,886,729.	4,174,975.	12629320.	5,790,654.				
6	Public support. Subtract line 5 from line 4						31,050,104.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4	4,568,426.	3,886,729.	4,174,975.	12629320.	5,790,654.	31,050,104.			
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated	3,785,506.	3,613,263.	3,415,858.	120,572.	103,760.	11,038,959.			
	business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See Part IV.	122,979.	245,277.	432,231.	154,030.	193,283.	1,147,800.			
11	Total support. Add lines 7 through 10						43,236,863.			
12	Gross receipts from related activ	rities, etc (see ins	tructions)		******		0.			
13	First five years. If the Form 990 is organization, check this box and									
Sec	tion C. Computation of Pu	blic Support P	ercentage							
	Public support percentage for 20		1555	2000			71.81%			
15	Public support percentage from	2012 Schedule A,	Part II, line 14		*******	15	65.00%			
	33-1/3% support test – 2013. If and stop here. The organization 33-1/3% support test – 2012. If	qualifies as a pub	olicly supported o	rganization			► X			
	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
b	b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organi									

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
22.6	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	frie value of services of facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 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						
C	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
13	Total Support. (Add Ins 9,10c, 11 and 12.)						
	First five years. If the Form 990 i organization, check this box and	s for the organiz	ation's first, secon	nd, third, fourth,	or fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pub	olic Support F	Percentage				
15	Public support percentage for 20			ne 13, column (f))	15	%
16	Public support percentage from 2	2012 Schedule A	, Part III, line 15.			16	%
Sec	tion D. Computation of Inve						
17	Investment income percentage for				umn (f))		%
18	Investment income percentage fr		2.00		37.7957		%
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check	the organization this box and sto	did not check the p here. The organ	box on line 14, nization qualifies	and line 15 is mor as a publicly supp	e than 33-1/3%, an orted organization.	d line 17 ▶ □
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	▶ □

		ALIFORNIA STATE			94-1512286	Page 4
Part IV	Supplemental Information or 17b; and Part III, line 1 (See instructions).	Provide the explanationAlso complete this	nations required b s part for any add	y Part II, line 1 itional informati	ງ; Part II, line 17a on.	
						. — . — . — . — .

2013

Schedule A, Part IV - Supplemental Information CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

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94-1512286

Part II, Line 10 - Other Incom

Nature and Source	201	3	2012	<u> </u>	2011	_	2010	-	2009
MISCELLANEOUS INCOME Total					432,231. 432,231.				122,979. 122,979.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization CALIFORNIA STATE	UNIVERSITY, FRESNO	Employer identification number
ASSOCIATION, INC.		94-1512286
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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 p	rivate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and	a Special Rule. See instructions
General Rule		a openial rialier oce metractions.
	r 990-PF that received, during the year, \$5,000 or more (in mo	oney or property) from any one
contributor. (Complete Parts I and II.)	1950-11 that received, during the year, \$5,000 or more (in the	mey or property) from any one
Special Rules		
X For a section 501(c)(3) organization filing F 509(a)(1) and 170(b)(1)(A)(vi) and received (2) 2% of the amount on (i) Form 990, Part	orm 990 or 990-EZ that met the 33-1/3% support test of t from any one contributor, during the year, a contribution VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts	he regulations under sections of the greater of (1) \$5,000 or I and II.
For a section 501(c)(7), (8), or (10) organization total contributions of more than \$1,000 for the prevention of cruelty to children or anim	on filing Form 990 or 990-EZ that received from any one contriuse exclusively for religious, charitable, scientific, literary, nals. Complete Parts I, II, and III.	butor, during the year, , or educational purposes, or
For a section 501(c)(7), (8), or (10) organization	n filing Form 990 or 990-EZ that received from any one contri	butor, during the year,
contributions for use <i>exclusively</i> for religious, c	haritable, etc, purposes, but these contributions did not total tributions that were received during the year for an exclusively	o more than \$1,000.
purpose. Do not complete any of the parts unle	ess the General Rule applies to this organization because it re	ceived nonexclusively
religious, charitable, etc, contributions of \$5	5,000 or more during the year	> \$
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, o	m 990-EZ or on its Form 990-PF.
BAA For Paperwork Reduction Act Notice, see or 990-PF.	e the Instructions for Form 990, 990EZ, Schedule I	B (Form 990, 990-EZ, or 990-PF) (2013)

BAA

Page

1 of Part II

Name of organization CALIFORNIA STATE UNIVERSITY, FRESNO 1 to

Employer identification number 94-1512286

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	

of Part III

Name of organization
CALIFORNIA STATE UNIVERSITY, FRESNO

Linpidy	er iu	CITCHI	Cation	HUITID
9/-1	51	22	26	

organizations that total more than	\$1,000 for the year. Complete c	to section 501(c)(7), (8) or (10) columns (a) through (e) and the following line entry.
		instructions.)
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A		
Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(b)	(c) Use of gift	(d) Description of how gift is held
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
	For organizations completing Part III, enter tota contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional (b) Purpose of gift N/A Transferee's name, addres (b) Purpose of gift Transferee's name, addres (b) Purpose of gift Transferee's name, addres (b) Purpose of gift	Transferee's name, address, and ZIP + 4 Description

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	LIFORNIA STATE UNIVERSITY, FRE	SNO		94-1512286
Par		r Advised Funds or Other S	imilar Funds or Acc	
ı uı	Complete if the organization ans	wered 'Yes' to Form 990, Par	rt IV, line 6.	
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)		¥	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dorare the organization's property, subject to the	nor advisors in writing that the asse	ts held in donor advised	funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	rs, and donor advisors in writing the	at grant funds can be use or any other purpose cor	ed only
	impermissible private benefit?			Yes No
Par	Complete if the organization ans			
1	Purpose(s) of conservation easements held by	the organization (check all that ap	pply).	
	Preservation of land for public use (e.g., r	A CONTRACTOR OF THE PROPERTY O	eservation of an historica	
	Protection of natural habitat	Pr	eservation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contributi	on in the form of a conser-	vation easement on the
	last day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			neid at the End of the Tax Year
	Total acreage restricted by conservation ease			
	Number of conservation easements on a certi			
			PACOCON DISCUSSION AND THE PACOCON DESCRIPTION OF THE PACOCON DESCRIPTION O	
	Number of conservation easements included i structure listed in the National Register		2 d	
3	Number of conservation easements modified, trar tax year ▶	sferred, released, extinguished, or ter	minated by the organization	on during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easement	nts it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring,	nspecting, and enforcing conservation	easements during the year	ar
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, and enforcing conservation eas	ements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the require	ments of section 170(h)	(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	conservation easements in its revenue the organization's financial state	ue and expense statement, ments that describes the	and balance sheet, and organization's accounting for
Par	t III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Trea	asures, or Other Sin	nilar Assets.
1				
1 6	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, education, or	research in furtherance of	public service, provide,
ŀ	If the organization elected, as permitted unde historical treasures, or other similar assets held fo following amounts relating to these items:	r SFAS 116 (ASC 958), to report in or public exhibition, education, or rese	its revenue statement a arch in furtherance of publ	nd balance sheet works of art, ic service, provide the
	(i) Revenues included in Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	istorical treasures, or other similar as	sets for financial gain, pro	
ä	Revenues included in Form 990, Part VIII, line	1		▶\$
ŀ	Assets included in Form 990, Part X			▶\$

Part III Organizations Mainta	ining Collec	tions of Art, Hist	orical Treasures, or	Other Similar Ass	ets (contint	iea)		
3 Using the organization's acquisition items (check all that apply):	, accession, and	d other records, check a	any of the following that are	e a significant use of its of	collection			
a Public exhibition		d Loan	or exchange programs					
b Scholarly research		e Othe	r					
c Preservation for future gener	rations							
4 Provide a description of the organiz Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather t	han to be main	tained as part of the	organization's collection?		Yes	No		
Part IV Escrow and Custodia line 9, or reported an	I Arrangeme amount on F	ents. Complete if Form 990, Part X,	the organization ans , line 21.	swered 'Yes' to For	m 990, Par	t IV,		
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian,	, or other intermediar	y for contributions or oth	er assets not included	Yes	No		
b If 'Yes,' explain the arrangement								
The same of the sa	Amount							
c Beginning balance	c Beginning balance							
d Additions during the year				1d				
e Distributions during the year				1e				
f Ending balance				1f				
2 a Did the organization include an a	amount on Form	n 990, Part X, line 21	?		Yes	No		
b If 'Yes,' explain the arrangement	in Part XIII. Ch	heck here if the expla	antion has been provided	in Part XIII		\neg		
Part V Endowment Funds. C	omplete if the	ne organization a	nswered 'Yes' to For	m 990, Part IV, lin	e 10.			
	(a) Current ye	ear (b) Prior year	ar (c) Two years back	(d) Three years back	(e) Four yea	rs back		
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs.								
f Administrative expenses								
g End of year balance	L							
2 Provide the estimated percentag		t year end balance (li	ne 1g, column (a)) held	as:				
a Board designated or quasi-endowm								
b Permanent endowment ►	* * * * * * * * * * * * * * * * * * *	0,						
c Temporarily restricted endowmen		1000V						
The percentages in lines 2a, 2b,	and 2c should	equal 100%.						
3 a Are there endowment funds not in to organization by:					Yes	No		
(i) unrelated organizations					3a(i)			
(ii) related organizations								
b If 'Yes' to 3a(ii), are the related of					3b			
4 Describe in Part XIII the intended		rganization's endown	nent funds.					
Part VI Land, Buildings, and Complete if the organ		ered 'Yes' to For	m 990, Part IV, line	11a. See Form 990), Part X, li	ne 10.		
Description of property	(a	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue		
1 a Land	The state of the s							
b Buildings	-		114,931,342.	36,555,392.	78,375	,950.		
c Leasehold improvements								
d Equipment	-		16,280,616.	10,026,700.	6,253	,916.		
e Other	Control of the Contro							
Total. Add lines 1a through 1e. (Colum	nn (d) must equ	ıal Form 990, Part X,	column (B), line 10(c).).		84,629	,866.		
BAA				Schedu	le D (Form 99)	J) 2013		

Part VII	Investments — Other Securities.	ONNE SECOND DESCRIPTION DESCRIPTION	N/A	
	Complete if the organization answered			
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	ar market value
	cial derivatives			
	y-held equity interests			
(3) Other				
$\frac{(A)}{(B)}$				
(B)				
(C)				
(D) (E)				
$\frac{(F)}{(G)}$ – – –				
(H)				
(l)				
	mn (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments — Program Related.		N/A	
	Complete if the organization answered		, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		
	Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(1)	(a) Des	scription		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	olumn (b) must equal Form 990, Part X, column (E	3). line 15.)	>	
-		-y/e 10-ly (11111111111111		
Part X	Other Liabilities.			
Part X	Other Liabilities. Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
	Complete if the organization answered 'Yes' to Fo (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	
(1) Fede	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes	(b) Book value		
(1) Fede	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS	(b) Book value	2.	
(1) Fede (2) AGE (3) CAE	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS PITAL LEASE OBLIGATIONS - LONG TE	(b) Book value 127, 35 IR 56, 355, 00	2.	
(1) Fede (2) AGE (3) CAE (4) INT	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS PITAL LEASE OBLIGATIONS - LONG TE FEREST PAYABLE ON BONDS	(b) Book value 127, 35 2R 56, 355, 00 39, 33	2. 0. 11.	
(1) Fede (2) AGE (3) CAE (4) INT (5) INT	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS PITAL LEASE OBLIGATIONS - LONG TE	(b) Book value 127, 35 38 56, 355, 00 39, 33	2. 0. 11.	
(1) Fede (2) AGE (3) CAE (4) INT	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS PITAL LEASE OBLIGATIONS - LONG TE FEREST PAYABLE ON BONDS	(b) Book value 127, 35 2R 56, 355, 00 39, 33	2. 0. 11.	
(1) Fede (2) AGE (3) CAE (4) INT (5) INT (6) (7)	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS PITAL LEASE OBLIGATIONS - LONG TE FEREST PAYABLE ON BONDS	(b) Book value 127, 35 2R 56, 355, 00 39, 33	2. 0. 11.	
(1) Fede (2) AGE (3) CAE (4) IN7 (5) IN7 (6) (7) (8) (9)	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS PITAL LEASE OBLIGATIONS - LONG TE FEREST PAYABLE ON BONDS	(b) Book value 127, 35 2R 56, 355, 00 39, 33	2. 0. 11.	
(1) Fede (2) AGE (3) CAE (4) INT (5) INT (6) (7) (8) (9) (10)	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS PITAL LEASE OBLIGATIONS - LONG TE FEREST PAYABLE ON BONDS	(b) Book value 127, 35 2R 56, 355, 00 39, 33	2. 0. 11.	
(1) Fede (2) AGE (3) CAE (4) INT (5) INT (6) (7) (8) (9) (10) (11)	Complete if the organization answered 'Yes' to Fo (a) Description of liability eral income taxes ENCY FUNDS PITAL LEASE OBLIGATIONS - LONG TE FEREST PAYABLE ON BONDS	(b) Book value 127, 35 CR 56, 355, 00 39, 33 0 9, 587, 00	12. 10. 11. 10.	

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	turn.	
1 Total revenue, gains, and other support per audited financial statements	1	34,708,263.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	900	017,0072001
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
c Recoveries of prior year grants		
e Add lines 2a through 2d	2 e	11,297,656.
3 Subtract line 2e from line 1	3	23,410,607.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.). See Part XIII 4b 5,547,454.		
c Add lines 4a and 4b.	4 c	5,547,454.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,958,061.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	34,590,920.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c d Other (Describe in Part XIII.) See Part XIII 2d 10,694,761.		
d Other (Describe in Part XIII.). See Part XIII. 2d 10,694,761.		
e Add lines 2a through 2d	2 e	10,694,761.
3 Subtract line 2e from line 1	3	23,896,159.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	0.75	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4 c	00 000 150
Part XIII Supplemental Information.	5	23,896,159.
Section Annual Conference of the Conference of t		
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 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 Part X - FIN 48 Footnote	additio	nal information.
THE_ASSOCIATION_HAS_QUALIFIED_AS_A_NON-PROFIT_ORGANIZATION_AND_HAS_BE	EN_G	RANTED
TAX-EXEMPT STATUS PURSUANT TO THE INTERNAL REVENUE CODE SECTION 501 (c	2) (3)	<u>AND</u>
CALIFORNIA_REVENUE_AND_TAXATION_CODE_SECTION_23701(d)AND_IS_EXEMPT_FF	ROM_F	EDERAL AND
STATE_OF_CALIFORNIA_INCOME_TAXES		
GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISC		 RES
		==
GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT M	1IGHT	BE
		le D (Form 990) 2013

2013

Schedule D, Part XIII - Supplemental Information

Page 4

CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

94-1512286

Schedule D, Part XI, Line 2d	
Other Revenue Included In F/S But Not Included On Form 990	

COST OF GOODS SOLD	\$ 10,591,324.
TRANSITION OBLIGATION	141,766.
Total	\$ 10,733,090.

Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S

PRIOR YEAR CONTRIBUTIONS	\$ 2,000,000.
RENTAL EXPENSES.	3,270,052.
SMG REVENUE NETTED ON F/S	277,402.
Total	\$ 5,547,454.

Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

COST OF GOODS SOLD.	\$ 10,591,324.
POSSESSORY INTEREST TAX	103,437.
Total	\$ 10,694,761.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

2013

Open to Public Inspection

Schedule J (Form 990) 2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CALIFORNIA STATE

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

94-1512286

Par	art I Questions Regarding Compensation			
			Yes	No
1 a	1 a Check the appropriate box(es) if the organization provided any of the following to or for a person VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the section of the following to or for a person VIII, Section A, line 1a.	in listed in Form 990, Part hese items.		
	First-class or charter travel Housing allowance or	residence for personal use		
	Travel for companions Payments for business	s use of personal residence		
	Tax indemnification and gross-up payments Health or social club d	ues or initiation fees		
	Discretionary spending account Personal services (e.g.	., maid, chauffeur, chef)		
t	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If 'No,' complete Pa		b	
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred b trustees, and officers, including the CEO/Executive Director, regarding the items checke	y all officers, directors, d in line 1a?		
3	3 Indicate which, if any, of the following the filing organization used to establish the compensatio CEO/Executive Director. Check all that apply. Do not check any boxes for methods used establish compensation of the CEO/Executive Director, but explain in Part III.	n of the organization's by a related organization to		
	Compensation committee Written employment co			
	Independent compensation consultant Compensation survey	or study		
	Form 990 of other organizations Approval by the board	or compensation committee		
4	4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with resport a related organization:	pect to the filing organization		
	a Receive a severance payment or change-of-control payment?		а	Х
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		55	X
•	c Participate in, or receive payment from, an equity-based compensation arrangement?		С	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each	n item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or contingent on the revenues of:	accrue any compensation		
a	a The organization?	5	а	Х
ŀ	b Any related organization?		b	Х
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or contingent on the net earnings of:	accrue any compensation		
	a The organization?		а	Х
ŀ	b Any related organization?		b	X
	If 'Yes' to line 6a or 6b, describe in Part III.			636
7	7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	any non-fixed 7		Х
8	8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.			Х
9	9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure describe	ed in Regulations		

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

94-1512286

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 in 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 are not listed on Form 990, Part VII.

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 columns (D) and (E) amounts for that individual.

	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	Denenits	columns(B)(I)-(D)	reported as deferred in prior Form 990
DR. CAROLYN COON (i)	0.	<u> </u>	0.	0.	0.	0.	<u>0.</u>
1 VICE CHAIR (ii)	140,656.	0.	0.	18,806.	29,823.	189,285.	0.
DR. PAUL OLIARO (i)	0.	<u> </u>	0.	0.	0.	0.	<u>_</u> 0.
2 Director (ii)	146,812.	0.	0.	10,249.	20,288.	177,349.	0.
LYNNETTE ZELEZNY (i)	0.	0.	0.	0.	0.	0.	0.
3 Director (ii)	163,871.	0.	0.	20,073.	34,746.	218,690.	0.
CYNTHIA TENIENTE-MATSON (i)	0.	0.	0.	0.	0.	0.	0.
4 CHAIR (ii)	207,012.	0.	0.	31,158.	43,893.	282,063.	0.
DEBORAH ADISHIAN-ASTONE (i)	0.	0.	0.	0.	0.	0.	0.
5 Executive Direc (ii)	163,416.	0.	0.	30,509.	34,649.	228,574.	0.
KEITH KOMPSI (i)	103,748.	0.	0.	25,844.	20,757.	150,349.	0.
6 DIR FINANCIAL SERV (ii)	0.	0.	0.	0.	0.	0.	0.
(i)			N	Corre Stephanor and Charles and Advantages	501 D000 S18 P0 D000 S18 P0 S000		A Delivery poor 174 and a Company Court of the
7 (ii)							
(i)							
8 (ii)							
(i)							
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(i)			SE-STANCES CON TRACT HAVE A VICTOR DAME	ente per a resta da la constana di tresca della constana di escopio di si	u - mil in emelekka mila viscosika		
10 (ii)							
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13 (ii)							
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14 (ii)							
(i)							
15 (ii)							
(i)							
16 (ii)							
BAA		TEEA4102L 07/08	/13			Schedule J	(Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

2013

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is Inspection at www.irs.gov/form990. Name of the organization Employer identification number CALIFORNIA STATE UNIVERSITY, FRESNO 94-1512286 ASSOCIATION, INC Form 990, Part VI, Line 11b - Form 990 Review Process THE EXECUTIVE DIRECTOR AND CONTROLLER/DIRECTOR OF FINANCE REVIEW A DRAFT VERSION OF THE TAX RETURN PRIOR TO FILING. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH ON-LINE TRAINING. THE ON-LINE TRAINING IS REQUIRED EVERY TWO YEARS. Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED BY THE BOARD OF DIRECTORS AND COMPARED TO COMPENSATION FOR POSITIONS IN COMPARABLE ORGANIZATIONS. Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees COMPENSATION FOR THE CONTROLLER/DIRECTOR OF FINANCE IS REVIEWED BY THE BOARD OF DIRECTORS AND COMPARED TO COMPENSATION FOR POSITIONS IN COMPARABLE ORGANIZATIONS. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available AVAILABLE TO THE PUBLIC UPON REQUEST.

2013

Schedule O - Supplemental Information CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

Page 2

94-1512286

Form 990, Part XI, Line 9	
Other Changes In Net Assets Or Fund Balances	j

ADVANCES TO SMG.	\$	-1,167,931.
INTERFUND ELIMINATION		-1,315,877.
POSSESSORY INCOME TAXES		104,437.
PRIOR YEAR CONTRIBUTIONS		-2,000,000.
SMG NETTED DIFFERENCES.		870,246.
TRANSITION OBLIGATION		141,766.
Total	\$_	-3,367,359.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Part I Identification of Discognized Entities Complete if the organization answered 'Ves' on Form 900, Part IV, line 33

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

Employer identification number

94-1512286

identification of Disregarded Entitles complete if the organization answered Tes of Form 550, Fart IV, line 55.											
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
(1)											
(2)											
(3)											

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlle	(b)(13) d entity?
						Yes	No
(1) CALIF STATE UNIV, FRESNO FOUNDATIO 4910 N. CHESTNUT AVENUE FRESNO, CA 93726	ADMINISTRATION FOR BENEFIT OF		501 (0) (0)	_			
94-6003272	CSU, FRESNO	CA	501 (C) (3)	5	N/A		X
CALIF STATE UNIV, FRESNO 5241 N. MAPLE AVENUE FRESNO, CA 93740 94-6001347	UNIVERSITY	CA	501 (C) (3)	2	N/A		х
(3)							
(4)							
	a						

Part III	Identification of Related Organizations Taxable as a Partnershi	Complete if the organization answere	d 'Yes' on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a pa	artnership during the tax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
		foreign country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
	-											
<u>(2)</u>												
(3)												

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.

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled entity?	
		country	Critity	or trust)				Yes	No
(1)									
(2)									
(3)	•								

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

1 a

X

X

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.

b Gift, grant, or capital contribution to related organization(s).

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

c Gift, grant, or capital contribution from related organization(s)			10	Š.	X					
d Loans or loan guarantees to or for related organization(s)			10		X					
e Loans or loan guarantees by related organization(s)			16	§	X					
			120	N HES						
f Dividends from related organization(s)			1f		X					
g Sale of assets to related organization(s)			10	9	X					
h Purchase of assets from related organization(s)			1 ł	8	X					
i Exchange of assets with related organization(s)			1i		X					
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х					
			1021		S STATE					
k Lease of facilities, equipment, or other assets from related organization(s)			11		Х					
Performance of services or membership or fundraising solicitations for related organization(s)					X					
m Performance of services or membership or fundraising solicitations by related organization(s).										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).										
o Sharing of paid employees with related organization(s).										
5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			10	1 12333	X					
p Reimbursement paid to related organization(s) for expenses			1;	X						
q Reimbursement paid by related organization(s) for expenses										
The state of the s				1	No.					
					THE PERSON NAMED IN					
r Other transfer of cash or property to related organization(s)			11	Σ.	X					
r Other transfer of cash or property to related organization(s).				_	X					
s Other transfer of cash or property from related organization(s).				_	X					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	ered relationships and trans	saction thresholds.	15		Х					
s Other transfer of cash or property from related organization(s).	ered relationships and trans (b) Transaction		1s	(d) f deter	X					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	ered relationships and trans	saction thresholds.	15	(d) f deter	X					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover (a) Name of related organization	ered relationships and trans (b) Transaction type (a-s)	saction thresholds. (c) Amount involved	Method o amour	(d) f deter	X mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	ered relationships and trans (b) Transaction	saction thresholds.	Method o amour	(d) f deter	X mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove (a) Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION	ered relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover (a) Name of related organization	ered relationships and trans (b) Transaction type (a-s)	saction thresholds. (c) Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove (a) Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION	red relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION (2) CALIF STATE UNIV, FRESNO	red relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION (2) CALIF STATE UNIV, FRESNO	red relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove (a) Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION (2) CALIF STATE UNIV, FRESNO (3)	red relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove (a) Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION	red relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION (2) CALIF STATE UNIV, FRESNO (3)	red relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION (2) CALIF STATE UNIV, FRESNO (3)	red relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove (a) Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION (2) CALIF STATE UNIV, FRESNO (3) (4)	red relationships and trans (b) Transaction type (a-s)	Amount involved	Method o amour	(d) f deter t invol	mining ved					
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove Name of related organization (1) CALIF STATE UNIV, FRESNO FOUNDATION (2) CALIF STATE UNIV, FRESNO (3)	red relationships and trans (b) Transaction type (a-s)	Amount involved 1,575,758. 558,735.	Method o amour	(d) f deter t invol	mining ved port					

94-1512286

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	202	partners tion (c)(3) zations?	Share of total income	(g) Share of end-of-year assets	tion	h) ropor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene mana part	ral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	7 01111 (1000)	Yes	No	1
(1)	-												
	-												
(2)													
]												
	-												
(3)													
]												
	-												
(4)													
	1												
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(5)													
(5)	1												
(6)	-												
	1												
(7)													
	-												
(8)													
	-												
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Schedule R	(Form 990) 2013	CALIFORNIA	STATE	UNIVERSITY,	FRESNO	94-1512286	Page 5
Part VII	Supplementa	I Information					
	Provide additi	ional informatio	n for re	sponses to que	stions on Schedule R	(see instructions).	
						 White appears - Finish appears in the second Addition of the appear. 	