



**ASI Board of Directors 2020/2021**

Dylan Crivello  
 Chair and Chief of Staff

Michael Garrett  
 President & CEO

Tim Pelayo  
 Executive Vice President

Andrew Gamboa  
 VP of Student & University Affairs

Caleb Standley  
 CoBA Representative

Jacqueline Montañó  
 CoBA Representative

Julia Glorioso  
 CHABSS Representative

Alex Chavez  
 CHABSS Representative

Risa Lindamood  
 CEHHS Representative

Lauren Gonzalez  
 CSTEM Representative

Jenna Dotson  
 Student at Large Representative for  
 Sustainability

Sarah Ortiz  
 Student at Large Representative for  
 Diversity & Inclusion Representative

Christopher King  
 Student at Large Representative for  
 Diversity & Inclusion Representative

Jacob Peirce  
 Veterans Student Representative

**Advisors**  
 Annie Macias  
 Executive Director

Ashley Fennell  
 Assoc. Director, Government Affairs  
 & Initiatives

**Standing Invitees**  
 Anna Fleming  
 Alumni Association Representative

Allison Scheer-Cohen  
 Academic Senate Representative

Gail Cole-Avent  
 President's Designee

Jason Drake  
 University CFO Designee

Janella Temnick  
 CSUSM Corporation

**ASI Board of Directors Committee Minutes 21-10**

Friday, March 5<sup>th</sup> at 2:30pm

Zoom: [https://csusm.zoom.us/j/6tcmqgDguGNfd3Lar\\_UHf15KKAK7zTD6n](https://csusm.zoom.us/j/6tcmqgDguGNfd3Lar_UHf15KKAK7zTD6n)

*This meeting is being facilitated through an online zoom format, consistent with the Governor's Executive Order N25-20, suspending certain open meeting law restrictions.*

ITEM	SUBJECT	PRESENTER
01	<b>Call to Order</b> Meeting called to order at 2:31 PM	Dylan Crivello Chair and Chief of Staff
02	<b>Roll Call</b> Present: Dylan Crivello, Michael Garrett, Tim Pelayo, Andrew Gamboa, Caleb Standley, Julia Glorioso, Alex Chavez, Risa Lindamood, Lauren Gonzalez, Jenna Dotson, Sarah Ortiz, Christopher King, Jacob Peirce, Annie Macias, Ashley Fennell, Anna Fleming, Alison Scheer-Cohen, Gail Cole-Avent, Jason Drake, Jenelle Temnick Absent: Jacqueline Montano	Dylan Crivello Chair and Chief of Staff
03	<b>Recognition of Guests</b> No verbal recognition of guests. Registration in Zoom	Dylan Crivello Chair and Chief of Staff
04 Action	<b>Approval of Agenda</b> Standing invitees: Janelle Temnick – CSUSM Corporation  By will of the chair, move to approve the agenda and appropriate edits by unanimous consent None opposed Motion Carries	Dylan Crivello Chair and Chief of Staff
05 Action	<b>Approval of Minutes</b> By will of the chair, move to approve the minutes by consent vote None opposed Motion Carries	Dylan Crivello Chair and Chief of Staff
06 Information	<b>Open Forum*</b> Zameer Karim: Made comments that not many students are running for the new board for next academic year. He also shared concerns about conflict of interest that former VP Board Member Mariana Rosales is a new hire on the ASI Team as a graduate assistant along with Kenny Tran Former ASI President who both came back to ASI.	Dylan Crivello Chair and Chief of Staff
07 Action	<b>Approval of CSTEM Representative</b> <b>Description:</b> President recommends appointment for the open position of CSTEM Representative. <b>Fiscal Impact:</b> None Michael introduces Mariano Santana and reviews the appointment process. Mariano introduced himself Michael moves to approve Mariano Santana as the new CSTEM Rep Caleb seconds All vote in the Affirmative None Opposed Motion Carries Michael gives Mariano the Oath of Office	Michael Garrett President & CEO

<p><b>08</b> <b>Information</b></p>	<p>Review of ASI Corporate Tax forms.  <b>Description:</b> Review of ASI 990s and 199s.  <b>Fiscal Impact:</b> None  See attached for document reviewed.  Diana Cumming introduced herself and reviews the 990 and proclaims that the form is now ready to be filed for the IRS.</p> <p>She further explains what is a 990. She makes a notice to the revenue and how most of it went to the ASI Cougar Pantry. She further reviewed revenue and assets. She further reviews into detail the revenue page of the tax form, some but not many changes.</p> <p>She discussed the supplementary revenue and new information that has been made. She also reviews and discussed who is working closely with ASI. 42 pages in total</p> <p>Annie commented that it is important to bring the 990 to the board for all the members to see what is on the form and ask any questions.</p> <p>Diana informed the board that the forms have been approved and are now on the website  <a href="https://www.csusm.edu/asi/about/corporate_documents/financial_reports.html">https://www.csusm.edu/asi/about/corporate_documents/financial_reports.html</a></p>	<p>Diana Cumming University Controller</p>
<p><b>09</b> <b>Information</b></p>	<p><b>Reports</b>  <b>See attached for student reports.</b>  Annie Macias: Meet with Tim about yearly projections. Looking at what it means to ASI when we return to campus. Working on contracts for Festival 78. Contractor now for the pantry and timeline now. The pantry will be next to the bookstore. MCT team is looking at workload the marketing team is feeling the tough workload on events this school year.</p> <p>Ashley Fennell: Thursday appt for Cougar Pantry are slow, sending surveys to students. Fresh Market Monday, truck did not show, moved to Wednesday. Met with vendor about design on refrigerators. Met with contractor and timeline for pantry expansion to mid-July. Ballots open on the 15<sup>th</sup> for ASI Elections.</p> <p>Anna Fleming: Gradfest is next week 10<sup>th</sup> to 11<sup>th</sup>. Gifting memberships to all upcoming grads. Life After Graduation with Career Center event coming up. Process of making two infinity networks.</p> <p>Alison Scheer-Cohen: Thanked Andrew for coming to Senate and talking about Cesar Chavez Day of Service</p> <p>Gail Cole-Avent: an update from Scott Hagg about the second higher education emergency relief fund. Has not arrived at CSUSM yet and not sure when it will show up.</p> <p>Jason Drake: working on improving for student to make appeals to the Refund policy.</p> <p>Janelle Temnick: Gradfest next week. Bookstore has been busy. Housing 200 students living at UVA, 50 students at the Quad. CSUSM Corporation social media is active. Hoping to open the Child Care center on June 1<sup>st</sup>.</p>	<p>Dylan Crivello Chair and Chief of Staff</p>
<p><b>10</b> <b>Information</b></p>	<p><b>Announcements</b></p>	<p>Dylan Crivello Chair and Chief of Staff</p>

	Jacqueline: if anyone has any ideas for next year tri festa events contact Jacqueline. Jake Peirce: Veteran Voices' 18 <sup>th</sup> of March 2:30 pm Christopher: Campus Climate survey is important to take and is in students' emails. Ashley: Origami Crash Course at 6 PM. Submit evals.	
<b>11 Action</b>	<b>Adjournment</b> This meeting adjourned at 3:37 PM	Dylan Crivello <i>Chair and Chief of Staff</i>

\* Public comment will be limited to a maximum of 5 minutes per guest. Chair will determine allocated amount per meeting.

I, Dylan Crivello 20/21 ASI Chair & Chief of Staff, hereby certify that the above minutes were approved by Board of Directors of Associated Students, Inc., at a regularly scheduled meeting held on March 19, 2021


3/19/21  


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Dylan Crivello
Date

Meeting ID

Topic

95050263423 Board of Directors 21-11

Name (Original Name)

User Email

Dylan Crivello

dcrivello@csusm.edu

Tim Pelayo

tpelayo@csusm.edu

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Mariano Santana (He/Him) (Mariano Santana)

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Jordan Lanter

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Christopher King

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Andrew Gamboa

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Jake Peirce - Vet Rep - he/him (Jacob Peirce)

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Diana Cumming

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Alexandra Chavez

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Jason Schreiber

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Janelle Temnick

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Zameer Karim

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Jacqueline Montaña

asicoba2@csusm.edu

2019  
990  
PUBLIC  
DISCLOSURE

Return of Organization Exempt From Income Tax  
Form 990 (Rev. January 2020)  
Department of the Treasury Internal Revenue Service

ASSOCIATED STUDENTS, INC. OF CALIFORNIA  
STATE UNIVERSITY SAN MARCOS  
333 S. TWIN OAKS VALLEY RD USU3700  
SAN MARCOS, CA 92096-0001  
ANNIE MACIAS, PH.D  
SAME AS C ABOVE

33-0556915  
760-750-4994  
2,776,944.  
2,776,944.  
WWW.CSUSM.BDU/ASI  
1994

Activities & Governance	Revenue	Expenses	Net Assets or Liabilities
1 Briefly describe the organization's mission or most significant activities: ASSOCIATED STUDENTS, INC. OF CSUSM SERVES, ENGAGES, AND EMPOWERS STUDENTS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VII, line 1a)	3	18	
4 Number of independent voting members of the governing body (Part VII, line 1b)	4	14	
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	38	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
8 Contributions and grants (Part VIII, line 1h)	0.	330,000.	
9 Program service revenue (Part VIII, line 2g)	2,282,699.	2,413,001.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,804.	33,943.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,300,503.	2,776,944.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,024,541.	848,714.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	968,975.	745,722.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,993,516.	1,594,436.	
19 Revenue less expenses. Subtract line 18 from line 12	306,987.	1,182,508.	
20 Total assets (Part X, line 16)	1,221,411.	2,375,344.	
21 Total liabilities (Part X, line 26)	445,836.	417,261.	
22 Net assets or fund balances. Subtract line 21 from line 20	775,575.	1,958,083.	

Part III Signature Block  
Signature of officer: ANNIE MACIAS, PH.D, EXECUTIVE DIRECTOR  
Date: 02/18/21  
Preparer: ALDRICH CPAS AND ADVISORS, LLP  
Firm's EIN: 810-4940

ASSOCIATED STUDENTS, INC. OF CALIFORNIA  
STATE UNIVERSITY SAN MARCOS 33-0556915 Page 2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:  
TO PROVIDE AN OFFICIAL VOICE TO EXPRESS STUDENT OPINIONS, TO FOSTER AWARENESS OF STUDENT ISSUES AND TO PROTECT THE RIGHTS & INTERESTS OF THE STUDENTS OF CALIFORNIA STATE UNIVERSITY SAN MARCOS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,163,420. including grants of \$ ) (Revenue \$ 2,413,001.)  
ASI IS THE OFFICIAL VOICE TO EXPRESS STUDENT OPINIONS, FOSTER AWARENESS OF STUDENT ISSUES, AND PROTECT THE RIGHTS AND INTERESTS OF STUDENTS. AS A PRIMARY ENTITY OF CAMPUS LIFE, ASI AFFORDS STUDENTS A VARIETY OF WAYS TO SERVE THEIR COMMUNITIES, ENGAGE IN THE DIVERSE LIFE OF THE UNIVERSITY, AND EMPOWER THEMSELVES AS STUDENT LEADERS BY ENGAGING IN THE FOLLOWING AREAS:  
THE ASI BOARD OF DIRECTORS, COMPOSED OF 16 STUDENT-ELECTED POSITIONS THAT SERVE AS THE STUDENT VOICE ON CAMPUS VIA PARTICIPATION IN UNIVERSITY COMMITTEES, CSU SYSTEM WISE AND STATE-WIDE ADVOCACY.

4b (Code: ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)  
(Expenses \$ ) including grants of \$ ) (Revenue \$ )

4e Total program service expenses **1,163,420.**

ASSOCIATED STUDENTS, INC. OF CALIFORNIA  
STATE UNIVERSITY SAN MARCOS 33-0556915 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X
2 If "Yes," complete Schedule A	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
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	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
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 complete Schedule D, Parts XI and XII as optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued) 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 23 Did the organization answer "Yes" to Part VII, Section A, line 3, A, or 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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, key employee, creator or founder, or substantial contributor? b A family member of any individual described in line 28a? c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 29 Did the organization receive more than \$25,000 in non-cash contributions? 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? 31 Did the organization liquidate, terminate, or dissolve and cease operations? 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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? 34 Was the organization related to any tax-exempt or taxable entity? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? 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.

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 1a Enter the number of forms reported in Box 3 of Form 1096. Enter -0- if not applicable 1b Enter the number of Forms W-2/G 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? 932006 01-20-20 Form 990 (2019)

Part VI Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a 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)? b If "Yes," enter the name of the foreign country 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8868-T? 6a 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? b Did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? d If "Yes," indicate the number of Forms 8828 filed during the year 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 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 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$100,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Form 990 (2019)

Part VII 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VII Section A. Governing Body and Management 1a 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 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b Enter the number of voting members included on line 1a, above, who are independent 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose any interests that could give rise 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 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records DIANA CUMMING, UNIVERSITY CONTROLLER - 760-750-4470 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096-0001 932006 01-20-20 Form 990 (2019)

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W-2/1099-MISC) (E) Reportable compensation from other organizations (W-2/1099-MISC) (F) Estimated amount of other compensation from the organization and related organizations (1) KENNETH TRAN PRESIDENT 20.00 X X 856. 12,774. 921. (2) SAVANA DOUDAR FORMER PRESIDENT 20.00 X X 338. 0. 0. (3) MARIANA ROSALES EXECUTIVE VICE PRESIDENT 20.00 X X 518. 0. 0. (4) MICHELLE TRAN VP OF STUDENT & UNIVERSITY AFFAIRS 20.00 X X 856. 12,764. 541. (5) LUCAS DIAS FORMER VP OF STUDENT & UNIVERSITY AP 20.00 X X 338. 0. 0. (6) JAE FREEMAN CHAIR AND CHIEF OF STAFF 20.00 X X 518. 0. 0. (7) NICHOLAS BROWN STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (8) NASELI POTOSHI STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (9) MANE TELPIAN STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (10) JUAN ACEVES STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (11) FAULETTE CRUZ STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (12) ALLED TORRES STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (13) FAITH MARIE GARICA STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (14) MUTOLA OLIVIER KWANGABA STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (15) HANNAH SHOWARA STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (16) CELESTE ESPINDOLA STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. (17) ALEXA DIAZ STUDENT REPRESENTATIVE 5.00 X 338. 0. 0. 932007 01-20-20 Form 990 (2019)



Part X Balance Sheet

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include Cash, Savings and temporary cash investments, Pledges and grants receivable, etc.

Part XI Reconciliation of Net Assets

Table with columns for Reconciliation of Net Assets. Rows include Total revenue, Total expenses, Revenue less expenses, etc.

Part XII Financial Statements and Reporting

Table with columns for Financial Statements and Reporting. Rows include Accounting method used, Were the organization's financial statements compiled or reviewed, etc.

SCHEDULE A (Form 990 or 990-EZ)

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.

Name of the organization ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

Part I Reason for Public Charity Status (All organizations must complete this part.)

Table for Public Charity Status with columns for (i) Name of supported organization, (ii) EIN, (iii) Type of organization, etc.

ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS 33-0556915 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) 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.

Section A. Public Support

Table for Section A Public Support with columns for (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total.

Section B. Total Support

Table for Section B Total Support with columns for (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total.

Section C. Computation of Public Support Percentage

Table for Section C Computation of Public Support Percentage with columns for 14, 15, 16, 17, 18.



Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (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
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
5 The value of services or facilities furnished by a governmental unit to the organization without charge
6 Total. Add lines 1 through 5
7a Amounts included on lines 1, 2, and 3 received from disqualified persons
7b 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
7c Add lines 7a and 7b
8 Public support. (Subtract line 7c from line 6)

Section B. Total Support
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total
9 Amounts from line 6
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)
13 Total support. Add lines 9, 10a, 11, and 12
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage
15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %
16 Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage
17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(b) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part IV Supporting Organizations (continued)
11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
b A family member of a person described in (a) above?
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a [X] The organization satisfied the Activities Test. Complete line 2 below.
b [ ] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [ ] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer (a) and (b) below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income
(A) Prior Year (B) Current Year (optional)
1 Net short-term capital gain 1
2 Recoveries of prior-year distributions 2
3 Other gross income (see instructions) 3
4 Add lines 1 through 3 4
5 Depreciation and depletion 5
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6
7 Other expenses (see instructions) 7
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8

Section B - Minimum Asset Amount
(A) Prior Year (B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
a Average monthly value of securities 1a
b Average monthly cash balances 1b
c Fair market value of other non-exempt-use assets 1c
d Total (add lines 1a, 1b, and 1c) 1d
e Discount claimed for blockage or other factors (explain in detail in Part VI)
2 Acquisition indebtedness applicable to non-exempt-use assets 2
3 Subtract line 2 from line 1d. 3
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5
6 Multiply line 5 by .035. 6
7 Recoveries of prior-year distributions 7
8 Minimum Asset Amount (add line 7 to line 6) 8

Section C - Distributable Amount
Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1
2 Enter 85% of line 1. 2
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3
4 Enter greater of line 2 or line 3. 4
5 Income tax imposed in prior year 5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

**Section D - Distributions**

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

4 Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (prior IRS approval required)

6 Other distributions (describe in Part VII. See instructions.)

7 Total annual distributions. Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII. See instructions.)

9 Distributable amount for 2019 from Section C, line 6

10 Line 8 amount divided by line 9 amount

	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VII. See instructions.)			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VII. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VII. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 15300218 310575 20557.002 2019.05050 ASSOCIATED STUDENTS, INC. O 20557\_01

\*\* PUBLIC DISCLOSURE COPY \*\*

**Schedule B** (Form 990, 990-EZ, or 990-PF) **Schedule of Contributors** OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 Go to www.irs.gov/Form990 for the latest information.

**2019**

Name of the organization: ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

Employer identification number: 33-0556915

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization

Form 990-PF  501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

527 political organization

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 11; or (ii) Form 990-EZ, line 1. Complete Parts I, II, and III.

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 8a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SECTION E, LINE 2A:**

THE ORGANIZATION HAS ONE SUPPORTED ORGANIZATION, WHICH IS CALIFORNIA STATE UNIVERSITY SAN MARCOS, "CSUSM". THE ORGANIZATION'S GOVERNING DOCUMENTS SPECIFICALLY STATE THAT THE PURPOSE OF THE ORGANIZATION IS TO BENEFIT THE STUDENTS OF CSUSM.

THE ORGANIZATION PROVIDES AN EMAIL TO A PRINCIPAL OFFICER OF THE UNIVERSITY WHICH DESCRIBES THE FINANCIAL SUPPORT THAT WAS PROVIDED TO THE UNIVERSITY BY THE ORGANIZATION, IN ADDITION TO PROVIDING A COPY OF THE TAX RETURN AN EMAIL LINK IS PROVIDED FOR WHICH THE PRINCIPAL CAN ACCESS THE GOVERNING DOCUMENTS.

OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE ELECTED AND/OR APPOINTED TO THE BOARD. CSUSM MAINTAINS A CLOSE WORKING RELATIONSHIP WITH THE ORGANIZATION. DUE TO THIS CLOSE WORKING RELATIONSHIP, THE CAMPUS PRESIDENT HAS FINAL AUTHORITY OVER THE OPERATION OF THE AUXILIARY, INCLUDING IT'S ASSETS.

THE ORGANIZATION ADMINISTERS VARIOUS STUDENT PROGRAMS AND ACTIVITIES. STUDENT ACTIVITY FEES AND OTHER REVENUES ARE COLLECTED FOR THE SUPPORT OF STUDENT-RELATED PROGRAMS, STAFF SALARIES AND FOR THE ACQUISITION OF ASSETS THAT BENEFIT THE STUDENT BODY.

**SECTION E, LINE 2B:**

ALL OF THE ACTIVITIES DIRECTLY FURTHER THE MISSION OF CSUSM AND WOULD BE CARRIED OUT BY CSUSM IF NOT FOR THE INVOLVEMENT OF THE ORGANIZATION.

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 15300218 310575 20557.002 2019.05050 ASSOCIATED STUDENTS, INC. O 20557\_01

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) **Part I Contributors** (see instructions. Use duplicate copies of Part I if additional space is needed.)

Name of organization: ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

Employer identification number: 33-0556915

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 330,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Name of organization ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS Employer identification number 33-0556915

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Description of noncash property given, (c) FMV (or estimate) (See instructions), (d) Date received. Multiple rows for reporting non-cash property.

Name of organization ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS Employer identification number 33-0556915

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes sub-sections for Transfer of gift and Transferee's name, address, and ZIP + 4.

SCHEDULE D Supplemental Financial Statements (Form 990) 2019 Open to Public Inspection

Name of the organization ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS Employer identification number 33-0556915

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of contributions, aggregate value, and organizational policies.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Includes rows for beginning of year balance, contributions, net investment earnings, grants, and administrative expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Includes rows for Land, Buildings, Leasehold improvements, and Equipment.

SCHEDULE D Supplemental Financial Statements (Form 990) 2019 ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS 33-0556915 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Includes rows for beginning of year balance, contributions, net investment earnings, grants, and administrative expenses.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Includes rows for Land, Buildings, Leasehold improvements, and Equipment.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Includes rows for Land, Buildings, Leasehold improvements, and Equipment.

**Part VII Investments - Other Securities.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

**Part VIII Investments - Program Related.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

**Part IX Other Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

**Part X Other Liabilities.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	3,909.
(3) DUE TO RELATED PARTIES	361,196.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

	1	2	3	4	5
1 Total revenue, gains, and other support per audited financial statements					2,866,152.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments	2a				
b Donated services and use of facilities	2b	89,208.			
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d	2e			89,208.	
3 Subtract line 2e from line 1	3				2,776,944.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b	4c				0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5				2,776,944.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

	1	2	3	4	5
1 Total expenses and losses per audited financial statements					1,683,644.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	2a	89,208.			
b Prior year adjustments	2b				
c Other losses	2c				
d Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d	2e			89,208.	
3 Subtract line 2e from line 1	3				1,594,436.
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	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b	4c				0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5				1,594,436.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**  
THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2020 AND 2019 AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

**SCHEDULE J (Form 990) Compensation Information**  
OMB No. 1545-0047  
2019  
Open to Public Inspection

Department of the Treasury Internal Revenue Service  
Name of the organization: ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS  
Employer identification number: 33-0556915

**Part I Questions Regarding Compensation**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019

**SCHEDULE J (Form 990) 2019**  
OMB No. 1545-0047  
2019  
Open to Public Inspection

Department of the Treasury Internal Revenue Service  
Name of the organization: ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS  
Employer identification number: 33-0556915

**Part II Compensation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional entries are needed.  
Do not list any individuals that aren't listed on Form 990, Part VII.  
Note: The sum of columns (b)(1)-(b)(9) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retainer and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(i) Health & life insurance	(ii) Other benefits	(i)(ii)(iii)
(1) ANISE MACTAS EXECUTIVE DIRECTOR/ADVISOR TO BOARD	(b) 0 (c) 123,548 (d) 0	(b) 0 (c) 9,884 (d) 0	(i) 0 (ii) 39,535 (iii) 172,967	(b) 0 (c) 172,967 (d) 0	0
(2)	(b) 0	(c) 0	(i) 0	(b) 0	0
(3)	(b) 0	(c) 0	(i) 0	(b) 0	0
(4)	(b) 0	(c) 0	(i) 0	(b) 0	0
(5)	(b) 0	(c) 0	(i) 0	(b) 0	0
(6)	(b) 0	(c) 0	(i) 0	(b) 0	0
(7)	(b) 0	(c) 0	(i) 0	(b) 0	0
(8)	(b) 0	(c) 0	(i) 0	(b) 0	0
(9)	(b) 0	(c) 0	(i) 0	(b) 0	0
(10)	(b) 0	(c) 0	(i) 0	(b) 0	0
(11)	(b) 0	(c) 0	(i) 0	(b) 0	0
(12)	(b) 0	(c) 0	(i) 0	(b) 0	0
(13)	(b) 0	(c) 0	(i) 0	(b) 0	0
(14)	(b) 0	(c) 0	(i) 0	(b) 0	0
(15)	(b) 0	(c) 0	(i) 0	(b) 0	0
(16)	(b) 0	(c) 0	(i) 0	(b) 0	0
(17)	(b) 0	(c) 0	(i) 0	(b) 0	0
(18)	(b) 0	(c) 0	(i) 0	(b) 0	0
(19)	(b) 0	(c) 0	(i) 0	(b) 0	0
(20)	(b) 0	(c) 0	(i) 0	(b) 0	0
(21)	(b) 0	(c) 0	(i) 0	(b) 0	0
(22)	(b) 0	(c) 0	(i) 0	(b) 0	0
(23)	(b) 0	(c) 0	(i) 0	(b) 0	0
(24)	(b) 0	(c) 0	(i) 0	(b) 0	0
(25)	(b) 0	(c) 0	(i) 0	(b) 0	0
(26)	(b) 0	(c) 0	(i) 0	(b) 0	0
(27)	(b) 0	(c) 0	(i) 0	(b) 0	0
(28)	(b) 0	(c) 0	(i) 0	(b) 0	0
(29)	(b) 0	(c) 0	(i) 0	(b) 0	0
(30)	(b) 0	(c) 0	(i) 0	(b) 0	0
(31)	(b) 0	(c) 0	(i) 0	(b) 0	0
(32)	(b) 0	(c) 0	(i) 0	(b) 0	0
(33)	(b) 0	(c) 0	(i) 0	(b) 0	0
(34)	(b) 0	(c) 0	(i) 0	(b) 0	0
(35)	(b) 0	(c) 0	(i) 0	(b) 0	0
(36)	(b) 0	(c) 0	(i) 0	(b) 0	0
(37)	(b) 0	(c) 0	(i) 0	(b) 0	0
(38)	(b) 0	(c) 0	(i) 0	(b) 0	0
(39)	(b) 0	(c) 0	(i) 0	(b) 0	0
(40)	(b) 0	(c) 0	(i) 0	(b) 0	0
(41)	(b) 0	(c) 0	(i) 0	(b) 0	0
(42)	(b) 0	(c) 0	(i) 0	(b) 0	0
(43)	(b) 0	(c) 0	(i) 0	(b) 0	0
(44)	(b) 0	(c) 0	(i) 0	(b) 0	0
(45)	(b) 0	(c) 0	(i) 0	(b) 0	0
(46)	(b) 0	(c) 0	(i) 0	(b) 0	0
(47)	(b) 0	(c) 0	(i) 0	(b) 0	0
(48)	(b) 0	(c) 0	(i) 0	(b) 0	0
(49)	(b) 0	(c) 0	(i) 0	(b) 0	0
(50)	(b) 0	(c) 0	(i) 0	(b) 0	0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019



ALL FORMS ARE REVIEWED AND SIGNED BY THE EXECUTIVE DIRECTOR. ALL RELATED CONFLICT OF INTEREST ISSUES GO THROUGH A THREE PERSON REVIEW WHERE QUESTIONS REGARDING A POSSIBLE BREAK OF POLICY ARE BROUGHT TO THE PROGRAM DIRECTOR OR THE EXECUTIVE DIRECTOR.

ALL DIRECTORS WHO HAVE CONTROL OVER A DEPARTMENT BUDGET AND MEMBERS OF THE BOARD OF DIRECTORS ARE REMINDED THROUGHOUT THE YEAR THAT THEY MUST BE DILIGENT IN THE APPLICATION OF THE CONFLICT OF INTEREST POLICY AND WITHDRAW THEMSELVES WHEN APPROPRIATE. THE APPLICATION OF THE CONFLICT OF INTEREST POLICY IS EVIDENCED BY THOSE OCCASIONAL TIMES WHEN VOTING MEMBERS OF THE INTERNAL OPERATIONS COMMITTEE OR THE BOARD OF DIRECTORS RECUSE THEMSELVES ON ISSUES IN WHICH THEY MAY BE PERSONALLY INVOLVED.

FORM 990, PART VI, SECTION B, LINE 15A:  
 ALL PERSONNEL OF THE ORGANIZATION ARE EMPLOYEES OF AND ARE PAID BY CSUSM CORPORATION. THE ORGANIZATION THEN REIMBURSES CSUSM CORPORATION. ALL COMPENSATION IS DETERMINED FOLLOWING THE GUIDELINES SET FORWARD BY CSUSM CORPORATION. DEPENDING ON THE BASIS FOR THE COMPENSATION ADJUSTMENT, DATA IS COLLECTED FROM VARIOUS SOURCES, INCLUDING COMPARABILITY STUDIES OF SIMILAR DEPARTMENTS AND ORGANIZATIONS, CHANGES IN THE MINIMUM WAGE LAW, RECOMMENDED COST OF LIVING PERCENTAGE ADJUSTMENTS, EQUITY ADJUSTMENT AND/OR A CHANGE IN JOB DUTIES. THE INFORMATION WITH RECOMMENDATIONS IS THEN PRESENTED TO THE ASI PERSONNEL COMMITTEE AS AN ACTION ITEM AND, THUS, RECORDED IN THE MINUTES; AND THE UNIVERSITY VICE PRESIDENT OF STUDENT AFFAIRS FOR REVIEW. ALL OFFICIAL CHANGES ARE SIGNED BY CSUSM CORPORATION ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 18:  
 THE ORGANIZATION DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT OR FORM 990, THE ORGANIZATION WILL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:  
 THE DOCUMENTS ARE AVAILABLE (FOR INSPECTION OR COPYING) AT THE MAIN OFFICE DURING NORMAL BUSINESS HOURS. COPIES OF PRIOR YEARS' FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE (FOR INSPECTION OR COPYING) AT THE MAIN OFFICE DURING NORMAL BUSINESS HOURS AND POST IT TO THE WEBSITE. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION WILL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

FROM 990, PART IX, LINE 5-10:  
 AMOUNTS REPORTED REPRESENT DISBURSEMENTS TO OTHER EXEMPT RELATED ORGANIZATIONS FOR SERVICES RENDERED TO THE FILING ORGANIZATION. THE FILING ORGANIZATION DOES NOT REPORT EMPLOYEES UNDER PART V, LINE 2A AS IT HAS ENTERED INTO CONTRACT AGREEMENTS WITH RELATED ORGANIZATIONS FOR FINANCIAL AND ADMINISTRATIVE SUPPORT SERVICES CONDUCTED UNDER THE DIRECTION OF THE FILING ORGANIZATION.

**SCHEDULE R (Form 990)**  
 Department of the Treasury  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 36b, 36c, or 37.  
 Go to [www.irs.gov/form990](https://www.irs.gov/form990) for instructions and the latest information.

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (section 501(c)(29))	(f) Direct controlling entity	(g) 501(c)(3) controlled entity? Yes No
CALIFORNIA STATE UNIVERSITY SAN MARCOS 33-0556915 333 E. TWIN OAKS VALLEY RD., SAN MARCOS CA 92036	HIGHER EDUCATION	CALIFORNIA	515			X
CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION 33-0397688 435 E. CAMEL STREET, SAN MARCOS CA 92078	ADMINISTRATION AND BUSINESS SERVICES	CALIFORNIA	501(C)(3)	LINE 5		X
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION - 80-0300564, 333 E. TWIN OAKS VALLEY RD., SAN MARCOS, CA 92036	FUNDRAISING & GRANTS ADMINISTRATION	CALIFORNIA	501(C)(3)	LINE 5		X

**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 (section 501(c)(29))	(f) Direct controlling entity	(g) 501(c)(3) controlled entity? Yes No

**Part III 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 partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Share of total income	(f) Share of total assets	(g) Share of total end-of-year assets	(h) Share of total end-of-year assets? Yes No	(i) Code V(LBI) amount in box K-1 (Form 990)	(j) Percentage ownership (Form 990)	(k) No	(l) No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C, S, partnership, or trust)	(f) Share of total income	(g) Share of total assets	(h) Share of total end-of-year assets	(i) Percentage ownership (Form 990)	(j) No	(k) No

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
 932002 09-10-19 LHA 39  
 Schedule R (Form 990) 2019

**SCHEDULE R (Form 990)**  
 Department of the Treasury  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 36b, 36c, or 37.  
 Go to [www.irs.gov/form990](https://www.irs.gov/form990) for instructions and the latest information.

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (section 501(c)(29))	(f) Direct controlling entity	(g) 501(c)(3) controlled entity? Yes No

**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 (section 501(c)(29))	(f) Direct controlling entity	(g) 501(c)(3) controlled entity? Yes No

**Part III 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 partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Share of total income	(f) Share of total assets	(g) Share of total end-of-year assets	(h) Share of total end-of-year assets? Yes No	(i) Code V(LBI) amount in box K-1 (Form 990)	(j) Percentage ownership (Form 990)	(k) No	(l) No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C, S, partnership, or trust)	(f) Share of total income	(g) Share of total assets	(h) Share of total end-of-year assets	(i) Percentage ownership (Form 990)	(j) No	(k) No

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
 932002 09-10-19 LHA 40  
 Schedule R (Form 990) 2019



### 3/5/21 Reports

<b>Name *</b>	Caleb Standley
<b>Email *</b>	<a href="mailto:Stand015@cougars.csusm.edu">Stand015@cougars.csusm.edu</a>
<b>Position on Board *</b>	COBA
<b>Highlights and successes related to your position (i.e. meetings, past events, new campus/community partners) *</b>	Met with constituents Office Hours Sat on committees Student Success and retention committee Met with sustainability rep about removal. VPFAS met with students
<b>What ASI Committees are you currently sitting on? *</b>	<ul style="list-style-type: none"><li>• Internal Operations</li></ul>
<b>Updates on ASI Committees: *</b>	We did not remove the sustainability rep.
<b>What University Committees are you currently sitting on? *</b>	<ul style="list-style-type: none"><li>• Student Grievance Committee</li></ul>
<b>Updates on University Committees *</b>	Student Grievance has not met
<b>Other University committees you're sitting on, but are not listed above:</b>	Student Success and retention– Working on mapping committees. Joint Audit Met and confirmed audit. Also extended Aldrich.
<b>Upcoming Events and New Initiatives/Collaborations *</b>	r



Areas of concern related to your position and its constituents. \*

Requestor Name \* Julia Glorioso

Email \* [asichabss2@csusm.edu](mailto:asichabss2@csusm.edu)

This request is for: 

- BOD

What is the initiative? Credit/no credit

When is it taking place? Starting March 12th

When should promotion START \* Monday, March 8, 2021

When should promotion END Friday, March 19, 2021

Where do you want this posted? \* 

- Instagram Feed Post
- Instagram Story

How many times would you like the info posted? \* Two posts for Instagram. Thinking one post on the feed and one on the story. One post would be about credit/no credit and what it's about and what students' options are, and the next would be a reminder on the story that students can start petitioning on March 12th. Maybe another post when the last day to petition is later on in the semester?

Is this a collaboration? No  
If yes, who are the partners?

**Who is the intended audience? \*** All CSUSM students

**What information needs to be shared with the audience? \*** Info is attached in the files. And also the link:  
[https://www.csusm.edu/enroll/20\\_21\\_policy\\_adjust/students/grading.html](https://www.csusm.edu/enroll/20_21_policy_adjust/students/grading.html)

**Is there anything else we should know about this request? \*** none.

**If needed, upload any files you want to share.**



[screen\\_shot\\_20210223\\_at\\_10.00.08\\_pm.png](#) 279.91 KB .PNG

**Attach a File**



[csu\\_san\\_marcos\\_mail\\_new\\_policy\\_allows\\_expanded\\_use\\_of\\_credit\\_nocredit\\_grading.pdf](#) 278.37 KB .PDF

**Name \*** Sarah Ortiz

**Email \*** [ortiz252@cougars.csusm.edu](mailto:ortiz252@cougars.csusm.edu)

**Position on Board \*** Diversity and Inclusion

**Highlights and successes related to your position (i.e. meetings, past events, new** I got to reach out to the Ethnic Studies Department and we are going over a collaboration with CHABBS.

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campus/community  
partners) \*

What ASI Committees are  
you currently sitting on?  
\*

- Student Advocacy Committee

Updates on ASI  
Committees: \*

We have a meeting this Friday, going over how to stay connected to students.

What University  
Committees are you  
currently sitting on? \*

- General Education Committee (GEC)
- Graduation Initiative Steering Committee
- Student Grievance Committee

#### Updates on University Committees \*

GEC: The proposal, AIS – 410 – United States History Through Indigenous Lenses: Pre-Contact to the Present, with the step of General Education Committee Chair has been approved and is moving on to the Dean of Academic Programs step.

TA – 328 – Stage to Screen–was not approved, explanations appeared to be lacking in thoroughly on three points: 1) the focus on all of the identity markers may not be conducive to deep examinations, 2) assignments and activities necessitated description of “how” students were going to go about developing critical consciousness (e.g., tools, approaches, prompts), and 3) examples of student tasks (not the assignment descriptions) were not always centered within equity, social justice.

TA 300: Theatre for Social Change–did not get approved This course is promising for a D&E course, however, requires major revision. Overall, the syllabus and the assignments need to be annotated in detail and the material needs to be connected to the rubric, showing how each criterion is met. • SLOs and course objectives do not reflect D&E criteria.

GISC: Begin developing recommendations for SSRC’s consideration for near-term action that will get our students across the finish line.

SGC: haven’t heard from them

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**Other University committees you're sitting on, but are not listed above:**

Major Migration Workgroup: more emphasis on GISC

**Upcoming Events and New Initiatives/Collaborations**

As mentioned before, D&I are working with CHABBS folks on Anti-Racism event, D&I working on Unheard Changes (waiting on Jake for history approval)

\*

**Areas of concern related to your position and its constituents.** \*

None at the moment, just how are we putting us out there in order to communicate with students.

**Name** \*

Julia Glorioso

**Email** \*

[asichabss2@csusm.edu](mailto:asichabss2@csusm.edu)

**Position on Board** \*

CHABSS Representative

**Highlights and successes related to your position (i.e. meetings, past events, new campus/community partners)** \*

Met with Dr. Perez and the diversity and inclusion representatives to discuss anti-racism event.  
Met with Leo Melena and Denise Barham from CHABSS.

**What ASI Committees are you currently sitting on?** \*

- Student Advocacy Committee

**Updates on ASI Committees: \***

SAC: had a roundtable discussion diving into the CSSA resolutions.

**What University Committees are you currently sitting on? \***

- Academic Policy Committee (APC)
- Student Affairs Committee (SAC)
- Graduation Initiative Steering Committee
- Student Grievance Committee

**Updates on University Committees \***

SAC: No meeting this week. Last week discussed SGC policy and Cougar Courses.

GISC: none

SGC: none

APC: No meeting this week, met last week and discussed credit hour policy.

**Other University committees you're sitting on, but are not listed above:**

CHABSS Student Academic Success Taskforce: Met last week and this week, Worked on developing student survey.

**Upcoming Events and New Initiatives/Collaborations \***

Meet the CHABSS Deans Event  
CHABSS Alumni Panel Event

**Areas of concern related to your position and its constituents. \***

UPD and mental health

**Name \***

Alexandra Chavez

**Email \***

[achavez61900@gmail.com](mailto:achavez61900@gmail.com)

**Position on Board \***

CHABSS Representative

**Highlights and successes related to your position (i.e. meetings, past events, new campus/community partners) \***

- Selected a date and time for CHABSS Alumni Panel Event and communicated with all alumni participating.
- Julia and I met with Chris and Sarah from Diversity and Inclusion to discuss our anti-racism event, the format of it, and the potential films we may screen for the event.
- Touched base with Dylan today as well.

**What ASI Committees are you currently sitting on? \***

- Student Advocacy Committee

**Updates on ASI Committees: \***

- CSSA Discussions and Questions
- UPD funding

**What University Committees are you currently sitting on? \***

- Student Affairs Committee (SAC)

**Updates on University Committees \***

NA

**Other University committees you're sitting on, but are not listed above:**

- CHABSS Diversity Working Group
- Discussing timeline of events for DIAA awards. (Diversity Inclusion Excellency Awards)
- Redefining diversity and inclusion to our standards.
- Beginning the brainstorming process for new strategic planning.

**Upcoming Events and New Initiatives/Collaborations \***

- CHABSS Meet the Dean Event is coming up shortly.
- Anti-Racism collab still in the works.

**Areas of concern related to your position and its constituents. \***

NA

**Name \***

Lauren Gonzalez

<b>Email *</b>	<a href="mailto:gonza823@cougars.csusm.edu">gonza823@cougars.csusm.edu</a>
<b>Position on Board *</b>	CSTEM representative
<b>Highlights and successes related to your position (i.e. meetings, past events, new campus/community partners) *</b>	<p>-Campfire meeting was great! I got to learn a lot about some members of ASI and I think they were able to get to know me as well</p> <p>-Laurie Schmelzer and I created a template of what to include when asking CSTEM students to create a self profile to post, the first will be coming soon within the next following weeks and hopefully one to come out each week!</p> <p>-Meeting with Dylan to discuss putting me on more committees within ASI and the University, I am excited to start them!</p>
<b>What ASI Committees are you currently sitting on? *</b>	<ul style="list-style-type: none"> <li>• Internal Operations</li> <li>• Elections Committee</li> </ul>
<b>Updates on ASI Committees: *</b>	<p>-Elections committee meeting was canceled for the week but there is a Meet the Candidates zoom meeting on Thursday for students to meet the candidates.</p> <p>-I was recently placed on Internal operations so no updates from myself currently</p>
<b>What University Committees are you currently sitting on? *</b>	<ul style="list-style-type: none"> <li>• Budget and Long-range Planning (BLP)</li> </ul>
<b>Updates on University Committees *</b>	I was just placed BLP so no new updates so far as I haven't been apart of a meeting yet.
<b>Upcoming Events and New Initiatives/Collaborations *</b>	<p>-No upcoming events</p> <p>-Initiative: Student profiles for those in CSTEM weekly/bi-weekly posting of students and what they are doing within</p>

their major. I want it to focus on their projects and areas of research that are notable and students of CSUSM can recognize.

**Areas of concern related to your position and its constituents. \***

I am not too sure about the areas of concern yet

**Name \***

Christopher King

**Email \***

[asidandil@csusm.edu](mailto:asidandil@csusm.edu)

**Position on Board \***

Diversity and Inclusion Representative

**Highlights and successes related to your position (i.e. meetings, past events, new campus/community partners) \***

Developing a new project for the ASI website!

**What ASI Committees are you currently sitting on? \***

- Internal Operations
- Awards Committte
- Student Advocacy Committee

**Updates on ASI Committees: \***

Presented to the SAC committee on the idea I had for the ASI website. It is a way for students to communicate more directly with the BOD. Awards committee solidified the format and concepts for TLAN and is motivated to move forward with our current objective of preparation.

**What University Committees are you currently sitting on? \***

- Student Fee Advisory Committee



<b>Updates on University Committees *</b>	No new updates.
<b>Other University committees you're sitting on, but are not listed above:</b>	Instructionally Related Activities
<b>Upcoming Events and New Initiatives/Collaborations *</b>	Working with the CHABSS representatives on an anti-racism event. Unheard Changes posts are coming well underway.
<b>Areas of concern related to your position and its constituents. *</b>	Passing a resolution on UPD reformation and other topics. Better effective communication and representation on student issues.
<b>Name *</b>	Jacqueline Montano
<b>Email *</b>	<a href="mailto:asicoba2@csusm.edu">asicoba2@csusm.edu</a>
<b>Position on Board *</b>	Coba Rep
<b>Highlights and successes related to your position (i.e. meetings, past events, new campus/community partners) *</b>	Busy busy week, Last minute NCHEA Meeting and BLP meetings(!), and Elections began(!), plus Women's Leadership Symposium(!!!) and to top it all off midterms!
<b>What ASI Committees are you currently sitting on? *</b>	<ul style="list-style-type: none"> <li>• Internal Operations</li> <li>• Student Advocacy Committee</li> <li>• Elections Committee</li> </ul>
<b>Updates on ASI Committees: *</b>	<p>Internal Operations; we are in-between meetings, Tim has shared with us the master budget that is up for approval</p> <p>Elections; Elections campaigning season has begun. We had a great first event and have two more events next week.</p>

SAC;

**What University Committees are you currently sitting on? \***

- Budget and Long-range Planning (BLP)
- North County Higher Education Alliance (NCHEA)

**Updates on University Committees \***

BLP; working on 3 and 10 year working plans and best course of actions for the school to not effect too many students as requirements are changed

NCHEA; We had a last minute meeting with some amazing news, Credit for Prior Learning has been approved at Palomar and is in motion at MiraCosta.

**Other University committees you're sitting on, but are not listed above:**

WLS; event is currently happening! Our closing Speaker is Gail Cole-Avent. We still have spots available and open to all!  
Thank you to MCT for their amazing social media

**Upcoming Events and New Initiatives/Collaborations \***

Coffee with the candidates next Tuesday 9am  
Meet the Candidates Thursday 7pm

**Areas of concern related to your position and its constituents. \***

Constituents are eager to get back on campus and ready for answers that can be shared for how that may look