

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: C Name of organization AUXILIARY ORGANIZATIONS ASSOCIATION D Employer identification number 33-0204176 E Telephone number 530-898-6811 F Group Exemption Number

G Accounting method: X Accrual Other (specify) H Check X if the organization is not required to attach Schedule B

I Website: WWW.CSUAOA.ORG J Tax-exempt status (check only one) X 501(c)(3)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 146,688.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for detailed items like contributions, program revenue, salaries, and total revenue/expenses.

Part II Balance Sheets

Table with 7 rows for Balance Sheets, comparing beginning and end of year for assets and liabilities.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 N/A		
b	Gross receipts, included on line 9, for public use of club facilities N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. CA		
42a	The organization's books are in care of FRED WOODMANSEE Telephone no. 530-898-6811 Located at C/O CSU RESEARCH FOUNDATION CSU BLDG 25, CHICO, ZIP + 4 95929		
b	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)?		X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
		43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Content: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Content: NONE

d Total number of other independent contractors each receiving over \$100,000

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: RICHARD JACKSON, SECRETARY/TREASURER

Paid Preparer's Use Only Preparer's signature, Date, Check if self-employed, Preparer's identifying number (See instr.), Firm's name (or yours if self-employed), address, and ZIP + 4: MATSON AND ISOM, 3013 CERES AVENUE, CHICO, CA 95973, EIN, Phone no.: (530) 891-6474

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

AUXILIARY ORGANIZATIONS ASSOCIATION

Employer identification number

33-0204176

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,770.	111,368.	113,155.	121,623.	107,828.	554,744.
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	228,805.	266,408.	268,832.	256,300.	32,024.	1,052,369.
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	329,575.	377,776.	381,987.	377,923.	139,852.	1,607,113.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						1,607,113.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	329,575.	377,776.	381,987.	377,923.	139,852.	1,607,113.
10a Gross income from interest, dividends, payments received on securities/loans, rents, royalties and income from similar sources	9,690.	13,282.	13,311.	10,721.	6,836.	53,840.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,690.	13,282.	13,311.	10,721.	6,836.	53,840.
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	339,265.	391,058.	395,298.	388,644.	146,688.	1,660,953.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	96.76 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.24 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.04 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BAD DEBT	2,000.
EXECUTIVE COMMITTEE MEETINGS	34,157.
ANNUAL CONFERENCE MEETINGS	8,933.
ANNUAL CONFERENCE EXPENSES	47,314.
COMMITTEE MEETINGS	35,879.
COGR DUES	4,325.
WEB SITE EXPENSE	16,947.
SPECIAL PROJECTS	7,950.
AUDIT FEES	7,350.
ACCOUNTING SERVICES	31,500.
INSURANCE	1,589.
DEPRECIATION	11,364.
MISCELLANEOUS	5,827.
TOTAL TO FORM 990-EZ, LINE 16	215,135.

FORM 990-EZ OTHER LIABILITIES STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	55,689.	6,656.
DEFERRED INCOME	54,060.	50,287.
TOTAL TO FORM 990-EZ, LINE 26	109,749.	56,943.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
REALIZED GAIN ON INVESTMENTS	1,267.	0.	0.	1,267.
TO FORM 990-EZ, LINE 5	1,267.	0.	0.	1,267.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	11,849.
TOTAL TO FORM 990-EZ, LINE 20	11,849.

COPY

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

COPY

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVE EDWARDS, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	PRESIDENT 10.00	0.	0.	0.
LESLIE DAVIS, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	PAST PRESIDENT 2.00	0.	0.	0.
KAREN FINLEY, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	PRESIDENT-ELECT 2.00	0.	0.	0.
RICHARD JACKSON, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	TREASURER/SECRETARY 2.00	0.	0.	0.
DEBBIE ASTONE, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	NORTHERN REPRESENTATIVE 2.00	0.	0.	0.
JERRI CARMO, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	NORTHERN REPRESENTATIVE 2.00	0.	0.	0.
PAT HOSEGOOD-MARTIN, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING	NORTHERN REPRESENTATIVE 2.00	0.	0.	0.
CORA CULLA, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	NORTHERN REPRESENTATIVE 2.00	0.	0.	0.
MELINDA COIL, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	SOUTHERN REPRESENTATIVE 2.00	0.	0.	0.
TARIQ MARJI, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	SOUTHERN REPRESENTATIVE 2.00	0.	0.	0.
ROGER STIEN, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	SOUTHERN REPRESENTATIVE 2.00	0.	0.	0.
G. PAUL STOREY, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	SOUTHERN REPRESENTATIVE 2.00	0.	0.	0.
BOB BROWN, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	STANDING COMMITTEE CHAIR 2.00	0.	0.	0.
KEITH KOMPSI, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	STANDING COMMITTEE CHAIR 2.00	0.	0.	0.

AUXILIARY ORGANIZATIONS ASSOCIATION

33-0204176

DENNIS MILLER, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	STANDING COMMITTEE CHAIR	2.00	0.	0.	0.
ISRAEL GARZA, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	STANDING COMMITTEE CHAIR	2.00	0.	0.	0.
OMAR LFTIKHAR, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	STANDING COMMITTEE CHAIR	2.00	0.	0.	0.
RENEE LECHNER, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	STANDING COMMITTEE CHAIR	2.00	0.	0.	0.
TAREN MULHAUSE, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	STANDING COMMITTEE CHAIR	2.00	0.	0.	0.
GEORGE ASHKAR, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	EX OFFICO/LIAISON REPRESENTAT	2.00	0.	0.	0.
FRANK CAWLEY, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	EX OFFICO/LIAISON REPRESENTAT	2.00	0.	0.	0.
DUSTIN DEBRUM, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	EX OFFICO/LIAISON REPRESENTAT	2.00	0.	0.	0.
SUE DEROSA, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	EX OFFICO/LIAISON REPRESENTAT	2.00	0.	0.	0.
ROBERT EATON, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	EX OFFICO/LIAISON REPRESENTAT	2.00	0.	0.	0.
ROBERT GRIFFIN, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	EX OFFICO/LIAISON REPRESENTAT	2.00	0.	0.	0.
DOUGLAS ROBINSON, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	EX OFFICO/LIAISON REPRESENTAT	2.00	0.	0.	0.
MARY STEPHENS, CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25,	STANDING COMMITTEE CHAIR	2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV			0.	0.	0.

LEGAL SERVICES FOR MEMBERS INCLUDING ACCESS TO LEGAL COUNSEL, EXPENSES FOR UPDATING MANAGEMENT ON NEW LEGISLATION, FEDERAL LAWS AND ACTIVITIES AROUND THE CALIFORNIA STATE UNIVERSITY SYSTEM.

COPY

TO FACILITATE COMMUNICATION AND SHARING OF INFORMATION REGARDING AUXILIARY ORGANIZATIONS OPERATING WITHIN THE CALIFORNIA STATE UNIVERSITY SYSTEM.

COPY

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 9

DESCRIPTION	GRANTS	EXPENSES
MAINTAIN WEBSITE AS RESOURCE FOR MEMBERS AND TO DISSEMINATE INFORMATION.	0.	10,572.
SALARY SURVEY OF POSITIONS IN AUXILIARIES ACROSS THE STATE.	0.	4,325.
BAD DEBT	0.	2,000.
TOTAL TO FORM 990-EZ, LINE 31		16,897.

COPY

California Exempt Organization Annual Information Return

Calendar Year 2009 or fiscal year beginning month JULY day 1 year 2009, and ending month JUNE day 30 year 2010.

A First Return Filed? [X] No [] Yes B Type of organization Exempt under Section 23701 d (insert letter) () IRC Section 4947(a)(1) trust []

CORP # 1542069

Corporation/Organization Name AUXILIARY ORGANIZATIONS ASSOCIATION FEIN 33-0204176

Address C/O CSU RESEARCH FOUNDATION CSU BLDG 25

City CHICO State CA ZIP Code 95929-0246

C Amended Return? [] Yes [X] No D Are you a subordinate/affiliate in a group exemption? [] Yes [X] No E Final return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized (attach explanation) F Check the box if the organization filed the following federal forms or schedule: (1) [] 990T (2) [] 990PF (3) [] (Schedule H) 990 G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. [X]

H Accounting method used (1) [] Cash (2) [X] Accrual (3) [] Other I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509; Political or Legislative Activities by Section 23701d Organizations [] Yes [X] No J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents [] Yes [X] No K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No L Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No M Is the organization a Limited Liability Company? [] Yes [X] No N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No

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

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes amounts like 38,860.00, 107,828.00, 146,688.00, 246,668.00, -99,980.00, and N/A.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: SECRETARY/TREA Title: SECRETARY/TREA Date: Telephone: 530-898-6811

Preparer's signature: MATSON AND ISOM Date: Check if self-employed: [] Preparer's SSN/PTIN: P00167448

Firm's name (or yours, if self-employed) and address: MATSON AND ISOM 3013 CERES AVENUE CHICO, CA 95973 Telephone: (530) 891-6474

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

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

928951 11-19-09

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	5,569.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See instructions)	•	6	1,267.00	
	7	Other income	•	7	32,024.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	38,860.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	0.00	
	Expenses and Disbursements	12	Other salaries and wages	•	12	00
		13	Interest	•	13	00
		14	Taxes	•	14	00
		15	Rents	•	15	00
		16	Depreciation and depletion (See instructions)	•	16	00
		17	Other	•	17	246,668.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	246,668.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		444,563.	•	314,990.
2	Net accounts receivable			•	
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans (number of loans _____)			•	
9	Other investments			•	
10	a Depreciable assets				
	b Less accumulated depreciation	()	()		
11	Land			•	
12	Other assets STMT 5		22,727.	•	11,363.
13	Total assets		467,290.		326,353.
Liabilities and net worth					
14	Accounts payable			•	
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities STMT 6		109,749.		56,943.
19	Capital stock or principle fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		357,541.	•	269,410.
22	Total liabilities and net worth		467,290.		326,353.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	•	-88,131.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		-88,131.
7	Income recorded on books this year not included in this return STMT 7	•	11,849.
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		11,849.
10	Net income per return. Subtract line 9 from line 6		-99,980.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
REALIZED GAIN ON INVESTMENTS			PURCHASED	
	0.	0.	0.	1,267.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	1,267.

FORM 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
PROGRAM SERVICE REVENUE	32,024.
TOTAL TO FORM 199, PART II, LINE 7	32,024.

COPY

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DAVE EDWARDS CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	PRESIDENT 10.00	0.
LESLIE DAVIS CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	PAST PRESIDENT 2.00	0.
KAREN FINLEY CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	PRESIDENT-ELECT 2.00	0.
RICHARD JACKSON CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	TREASURER/SECRETARY 2.00	0.
DEBBIE ASTONE CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	NORTHERN REPRESENTATIVE 2.00	0.
JERRI CARMO CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	NORTHERN REPRESENTATIVE 2.00	0.
PAT HOSEGOOD-MARTIN CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	NORTHERN REPRESENTATIVE 2.00	0.
CORA CULLA CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	NORTHERN REPRESENTATIVE 2.00	0.
MELINDA COIL CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	SOUTHERN REPRESENTATIVE 2.00	0.

TARIQ MARJI CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	SOUTHERN REPRESENTATIVE 2.00	0.
ROGER STIEN CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	SOUTHERN REPRESENTATIVE 2.00	0.
G. PAUL STOREY CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	SOUTHERN REPRESENTATIVE 2.00	0.
BOB BROWN CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	STANDING COMMITTEE CHAIR 2.00	0.
KEITH KOMPSI CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	STANDING COMMITTEE CHAIR 2.00	0.
DENNIS MILLER CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	STANDING COMMITTEE CHAIR 2.00	0.
ISRAEL GARZA CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	STANDING COMMITTEE CHAIR 2.00	0.
OMAR LFTIKHAR CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	STANDING COMMITTEE CHAIR 2.00	0.
RENEE LECHNER CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	STANDING COMMITTEE CHAIR 2.00	0.
TAREN MULHAUSE CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	STANDING COMMITTEE CHAIR 2.00	0.

AUXILIARY ORGANIZATIONS ASSOCIATION

33-0204176

GEORGE ASHKAR CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	EX OFFICO/LIAISON REPRES 2.00	0.
FRANK CAWLEY CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	EX OFFICO/LIAISON REPRES 2.00	0.
DUSTIN DEBRUM CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	EX OFFICO/LIAISON REPRES 2.00	0.
SUE DEROSA CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	EX OFFICO/LIAISON REPRES 2.00	0.
ROBERT EATON CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	EX OFFICO/LIAISON REPRES 2.00	0.
ROBERT GRIFFIN CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	EX OFFICO/LIAISON REPRES 2.00	0.
DOUGLAS ROBINSON CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	EX OFFICO/LIAISON REPRES 2.00	0.
MARY STEPHENS CALIFORNIA STATE UNIVERSITY, CHICO, BUILDING 25 CHICO, CA 95929-0246	STANDING COMMITTEE CHAIR 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>0.</u>

FORM 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
BAD DEBT	2,000.
EXECUTIVE COMMITTEE MEETINGS	34,157.
ANNUAL CONFERENCE MEETINGS	8,933.
ANNUAL CONFERENCE EXPENSES	47,314.
COMMITTEE MEETINGS	35,879.
COGR DUES	4,325.
WEB SITE EXPENSE	16,947.
SPECIAL PROJECTS	7,950.
AUDIT FEES	7,350.
ACCOUNTING SERVICES	31,500.
INSURANCE	1,589.
DEPRECIATION	11,364.
MISCELLANEOUS	5,827.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS	31,533.
TOTAL TO FORM 199, PART II, LINE 17	246,668.

FORM 199 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SOFTWARE	22,727.	11,363.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	22,727.	11,363.

FORM 199 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	55,689.	6,656.
DEFERRED INCOME	54,060.	50,287.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	109,749.	56,943.

FORM 199

INCOME RECORDED ON BOOKS THIS YEAR
NOT INCLUDED IN THIS RETURN

STATEMENT 7

DESCRIPTION

AMOUNT

UNREALIZED GAINS/LOSSES ON INVESTMENTS

11,849.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 7

11,849.

COPY

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

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

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

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

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

State Charity Registration Number: CT <u>066068</u>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
AUXILIARY ORGANIZATIONS ASSOCIATION <small>Name of Organization</small> <u>C/O CSU RESEARCH FOUNDATION CSU BLDG 25</u> <small>Address (Number and Street)</small> <u>CHICO, CA 95929-0246</u> <small>City or Town, State and ZIP Code</small>	Corporate or Organization No. <u>1542069</u> Federal Employer I.D. No. <u>33-0204176</u>

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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list:
 Gross annual revenue \$ 146,688 . Total assets \$ 326,353 .

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

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

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

Organization's area code and telephone number 530-898-6811

Organization's e-mail address FWOODMANSEE@CSUCHICO.EDU

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

RICHARD JACKSON
SECRETARY/TREASURER

Signature of authorized officer
Printed Name
Title
Date