2016 TAX RETURN







AUXILIARY ORGANIZATIONS ASSOCIATION P.O. BOX 2177 CHICO, CA 95927-2177

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$75, PAYABLE TO ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

KCOE ISOM, LLP

Form	8879-EC)
FUIII		

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning <u>JUL 1</u>, 2016, and ending <u>JUN 30</u>, 20<u>17</u>

Do not send to the IRS. Keep for your records.
 Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

2016

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

33-0204176

AUXILIARY ORGANIZATIONS ASSOCIATION

Name and title of officer RICHARD JACKSON SECRETARY/TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	682,192.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize KCOE ISOM, LLP	to enter my PIN 1	1111
ERO firm name		ive numbers, bu enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. I is being filed with a state agency(ies) regulating charities as part of the IRS Fed enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the org indicated within this return that a copy of the return is being filed with a state a program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature	Date	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	48250821222 do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electr confirm that I am submitting this return in accordance with the requirements of Pub. 416 <i>e-file</i> Providers for Business Returns.		
ERO's signature CHRISTY M. NORTON	Date 01/08/18	
ERO Must Retain This Form - See Do Not Submit This Form To the IRS Unles		
LHA For Paperwork Reduction Act Notice, see instructions.	Form 887	'9-EO (2016)

623051 09-26-16

			EXTENDED TO MAY 15, 201			OMB No. 1545-0047
-	Q	90	Return of Organization Exempt Fro			
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			^{s)} 2016
		of the Treasury enue Service	Do not enter social security numbers on this form as	-	-	Open to Public Inspection
_			Information about Form 990 and its instructions is at lar year, or tax year beginning JUL 1, 2016 and end		UN 30, 2017	Inspection
_	heck if		f organization		D Employer identific	ation number
	pplicab	le:	l'organization			
	Addre		LIARY ORGANIZATIONS ASSOCIATION			
	Name	9	usiness as		33-02	204176
	Initial			om/suite	E Telephone number	
	 Final returr	D D O	BOX 2177		(530	
	termi	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	682,192.
	Amer returr	ided OUTO	C, CA 95927-2177		H(a) Is this a group re	turn
	Appli tion	^{ca-} F Name a	nd address of principal officer: KEITH KOMPSI		for subordinates'	? Yes X No
	pendi		AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	empt status: [X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or [527	If "No," attach a	list. (see instructions)
			CSUAOA.ORG		H(c) Group exemption	
			X Corporation	L Year c	of formation: 1970 N	I State of legal domicile: CA
Pa	nrt I					
¢	1		be the organization's mission or most significant activities: TO FAC			CATION AND
Governance			OF INFORMATION. SEE SCHEDULE O FOR			
erné	2		x ► if the organization discontinued its operations or disposed	of more		
No.	3					19
	4		dependent voting members of the governing body (Part VI, line 1b)			18
ies	5		of individuals employed in calendar year 2016 (Part V, line 2a)			0
Activities &	6		of volunteers (estimate if necessary)			26
Act			d business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated	business taxable income from Form 990-T, line 34	<u> </u>		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		Prior Year 190,125.	<u>196,725.</u>
ne	9				388,715.	471,990.
Revenue		-	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		14,863.	13,477.
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		593,703.	682,192.
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
S	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		46,679.	48,080.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
bei	b		-).		
ŵ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		596,680.	680,263.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		643,359.	728,343.
	19	Revenue less	expenses. Subtract line 18 from line 12		-49,656.	-46,151.
s or				Beg	inning of Current Year	End of Year
t Assets or d Balances	20		Part X, line 16)		469,806.	435,714.
t As	21		s (Part X, line 26)		99,600.	100,100.
Fund	22		fund balances. Subtract line 21 from line 20		370,206.	335,614.
	rt II	Signatur				
			I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	i preparer l	nas any knowledge.	
Sia	_	Signatur	e of officer		Date	
2101	1				Dato	

Sign						
Here	RICHARD JACKSON, SECRE	TARY/TREASURER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	CHRISTY NORTON	CHRISTY NORTON	01/08/18 self-employed P00167448			
Preparer	Firm's name 🕨 KCOE ISOM, LLP		Firm's EIN ► 48-0567703			
Use Only	Firm's address 3013 CERES AVENU	E				
	CHICO, CA 95973		Phone no. (530) 891-6474			
May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	1-16 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2016			
S	EE SCHEDULE O FOR ORGANIZ	ATTON MISSION STATEME	NT CONTINUATION			

11-11-16LHA For Paperwork Reduction Act Notice, see the separate instructions.SEESCHEDULEOFORORGANIZATIONMISSIONSTATEMENTCONTINUATION

Form	AUXILIARY ORGANIZATIONS ASSOCIATION 33-0204176 Page 2 t III Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO FACILITATE COMMUNICATION AND SHARING OF INFORMATION REGARDING
	AUXILIARY ORGANIZATIONS OPERATING WITHIN THE CALIFORNIA STATE UNIVERSITY SYSTEM
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? Yes X No
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	ANNUAL CONFERENCE FOR APPROXIMATELY 90 AUXILIARY ORGANIZATIONS,
	PROVIDING INFORMATION, TRAINING, RESOURCES, AND NETWORKING
	OPPORTUNITIES FOR MEMBERS
4b	(Code:) (Expenses \$156 , 112 including grants of \$) (Revenue \$)
	TRAINING AND INFORMATION-SHARING MEETINGS FOR CAMPUS SUB-GROUPS
	(FINANCIAL SERVICES, HUMAN RESOURCES, STUDENT BODY ORGANIZATIONS,
	STUDENT UNIONS/REC CENTERS, COMMERCIAL SHOPS, ETC.)
	21 260
4c	(Code:) (Expenses \$31,267. including grants of \$) (Revenue \$)
	ARRANGE FOR ACCESS TO LEGAL SERVICES AND GROUP INSURANCE PROGRAMS FOR
	MEMBER ORGANIZATIONS
<u>م ۸</u>	Other program services (Describe in Schedule O)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 13,000. including grants of \$) (Revenue \$)
-	
4e	
	Form 990 (2016)
63200	2 11-11-16

2 2016.05020 AUXILIARY ORGANIZATIONS A 05820__1

	2.
990 (2016)	A

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ŭ		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	–		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
40	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	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			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G. Part III	19		х

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Form 990 (2016)		ORGANIZATIONS	ASSOCIATION
Part IV Checklis	st of Required Schedu	lles (continued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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
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? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ia b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Zu	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	2.5		
3a		3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:			<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000	

632005 11-11-16

Form 990 (2016) AUXILIARY ORGANIZATIONS ASSOCIATION Part V Statements Begarding Other IBS Filings and Tax Compliance

Form	990	(2016)
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080

AUXILIARY ORGANIZATIONS ASSOCIATION

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

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

are metarial differences in volting rights among members of the governing body, or if the governing body and its behaule 0. the number of voting members included in line 1a, above, who are independent y officer, director, trustee, or key employee have a family relationship or a business relationship with any other cere, director, or trustee, or key employees to amangement company of other person? a organization disignate control over management duties customarily performed by or under the direct supervision cere, director, or trustee, or key employees to a management company of other person? a organization have any significant changes to its governing documents since the pror Form 980 was flue? a organization have members or stockholders? a organization have members or stockholders? a organization have members or stockholders? a organization charenporaneously document the meetings held or written actors undertaken during the year of a significant diversion of the prover to elect or appoint one or rate with authority to a accounce work of uning the year of a significant diversion of the prover to elect or appoint one or rate with authority to a accounce work of uning the year of a significant diversion of the prover to elect or appoint one or rate with authority to a accounce work of uning the year of a significant diversion of the proven by members. Stockholders, or rate with authority to a accounce work of uning the year of significant diversion is <i>Schedule 0</i> b b c organization have write moleces in <i>Directomes and addresses in <i>Schedule 0</i> c c c c c c c c</i>	Sect	ion A. Governing Body and Management						
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te organization have a written whistleblower policy? 13 X te organization have a written document retention and destruction policy? 14 X te process for determining compensation of the following persons include a review and approval by independent 14 X reganization's CEO, Executive Director, or top management official 15b X officers or key employees of the organization 15b X s' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a X te entity during the year? 16a X s,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation 16a X 2. Disclosure 16b 2 te states with which a copy of this Form 990 is required to be filed ▶CA 16b 2 on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 16a 16a bic in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial ments available to the public during the tax year. 0ther (explain in Schedule O) the name, address, and telephone number of the person who possesses the organization's books and records: . HARD JACKSON - (530) 345-2009 145-2009 W. FRANCES WILLARD AVENUE, CHICO, CA 95926 160	С		,			100	x	
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C. Disclosure ne states with which a copy of this Form 990 is required to be filed ▶CA on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available blic inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) ible in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial nents available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's books and records: HARD JACKSON - (530) 345-2009 W. FRANCES WILLARD AVENUE, CHICO, CA 95926 Form 990 (2010						16b		
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the name, address, and telephone number of the person who possesses the organization's books and records: HARD JACKSON - (530) 345-2009 W. FRANCES WILLARD AVENUE, CHICO, CA 95926 Form 990 (2016		statements available to the public during the tax year.		•				
HARD JACKSON - (530) 345-2009 W. FRANCES WILLARD AVENUE, CHICO, CA 95926 Form 990 (2010	20		ks and	records:	▶.			
W. FRANCES WILLARD AVENUE, CHICO, CA 95926 Form 990 (2010		RICHARD JACKSON - (530) 345-2009						
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	^	managerian of Officers Directors Tructors Key Employees Highest Companyated
Part VII	60	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	nplovees, 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		I	mza			iper	oure	i <i>í</i>	· · · · · · · · · · · · · · · · · · ·	(=)
(A)	(B)	1	(C) Position		(D)	(E)	(F)			
Name and Title	Average			heck	more	than o		Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	(list any	or						from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	se or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	organizations	trust	al tru		oyee	ompe				and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) MONICA KAUPPINEN	2.00									
ELECTED REPRESENTATIVE		Х						0.	0.	0.
(2) ANDREW SINGLETARY	2.00									
ELECTED REPRESENTATIVE		Х						0.	0.	0.
(3) TARI HUNTER	2.00									
ELECTED REPRESENTATIVE		Х						0.	0.	0.
(4) GEORGE JAHN	2.00									
ELECTED REPRESENTATIVE		Х						0.	0.	0.
(5) KIM CLARK	2.00									
ELECTED REPRESENTATIVE		Х						0.	0.	0.
(6) CHRISTIA WILLIAMS	2.00									
ELECTED REPRESENTATIVE		Х						0.	0.	0.
(7) NICOLE LANE	2.00									
ELECTED REPRESENTATIVE		Х						0.	0.	0.
(8) CHUCK KISSEL	2.00									
ELECTED REPRESENTATIVE		Х						0.	0.	0.
(9) KACIE FLYNN	2.00									
STANDING COMMITTEE CHAIR		Х						0.	0.	0.
(10) RICHARD CHESTER	2.00									
STANDING COMMITTEE CHAIR		Х						0.	0.	0.
(11) SYLVANA CICERO	2.00									
STANDING COMMITTEE CHAIR		Х						0.	0.	0.
(12) ANNIE MACIAS	2.00									
STANDING COMMITTEE CHAIR		Х						0.	0.	0.
(13) GENNIFER GONZALES	2.00									
STANDING COMMITTEE CHAIR		Х						0.	0.	0.
(14) MIKE MARCINKEVICZ	2.00									
STANDING COMMITTEE CHAIR		Х						0.	0.	0.
(15) FRANK MUMFORD	2.00									
STANDING COMMITTEE CHAIR		Х						0.	0.	0.
(16) DAVE EDWARDS	2.00									
STANDING COMMITTEE CHAIR		Х						0.	0.	0.
(17) RICHARD JACKSON	30.00									
SECRETARY / TREASURER		Х		Х				48,080.	0.	0.
										Earm 990 (2016)

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Form 990 (2016)

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Form 990 (2016) AUXILIAR	Y ORGANI	ZA	TI	ON	S	AS	SC	DCIATION	33-02	041	.76	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box offic	not cl , unles	s per	ition more rson i	1 than d is both pr/trus T	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amo	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(fron organ and r	ensation n the nization related izations
(18) CHRISTINA BROWN	2.00											
PAST PRESIDENT		Х		Х				0.		0.		0.
(19) JIM REINHART	4.00											
PRESIDENT-ELECT		Х		Х				0.		0.		0.
(20) KEITH KOMPSI	4.00											0
PRESIDENT		Х		X				0.		0.		0.
(21) STARR LEE	2.00	37								<u> </u>		0
STANDING COMMITTEE CHAIR		Х						0.		0.		0.
										\square		
										\neg		
										$ \rightarrow $		
								48,080.		0.		0.
1b Sub-total								48,080.		0.		0.
c Total from continuation sheets to Part V								48,080.		0.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 							o re			••		
compensation from the organization												0
										Г	<u> </u>	es No
3 Did the organization list any former officer												v
line 1a? If "Yes," complete Schedule J for s										··· -	3	X
4 For any individual listed on line 1a, is the su												x
and related organizations greater than \$15Did any person listed on line 1a receive or										··· -	4	
rendered to the organization? If "Yes," con					-			-	ual IOI Services		5	x
Section B. Independent Contractors		2010	<u> </u>	CIŢ	JEIS	011 .				<u></u>		1
1 Complete this table for your five highest co	•	•								ensati	ion from	1
the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin T		ear.			
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices (C)			
				-							<u> </u>	
							_					
• Table with the state of the	a a b a b a b											
 Total number of independent contractors (\$100,000 of compensation from the organi 	•	ot lin	niteo	to t	thos (τed	above) who received mo	ore than			
						-				I	Form 9 9	90 (2016)

632008 11-11-16

		(2016) AUXILIARY ORG	ANIZATION	IS ASSOCIAT	LION	33-0204	176 Page 9
Pa	t VI	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		(D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			194,225.				
Amo Amo	c	Fundraising events 1c					
Gift: lar /	c	Related organizations 1d					
ns, (Government grants (contributions)					
er S	f	All other contributions, gifts, grants, and	0 500				
Othu		similar amounts not included above	2,500.				
ont nd (Noncash contributions included in lines 1a-1f: \$		106 725			
<u>a</u> C	r	Total. Add lines 1a-1f	► Business Code	196,725.			
	0.0	CONFERENCE SPONSORSHIP	900099	237,500.	237,500.		
vice		CONFERENCE FEES	900099	229,790.			
Ser		SPECIAL EVENTS & COMMI	900099	4,700.			
Program Service Revenue	c			•			
ogr	e						
Ą	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		471,990.			
	3	Investment income (including dividends, intere		10 400			10 400
		other similar amounts)		13,477.			13,477.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	6 -	Gross rents	(ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
ē		Net gain or (loss) Gross income from fundraising events (not	····· >				
Other Revenue		including \$ of					
Rev		contributions reported on line 1c). See					
Jer	Ŀ	Part IV, line 18 a b Less: direct expenses b					
ş		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
	b Less: cost of goods sold b						
ŀ	c	Net income or (loss) from sales of inventory					
ŀ	11 a		Business Code				
	l i a						
	- C						
	c						
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		682,192.	471,990.	0.	13,477.
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Form 990 (2016) AUXILIARY ORG.
Part IX Statement of Functional Expenses AUXILIARY ORGANIZATIONS ASSOCIATION

<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	se or note to any line in t	his Part IX	· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	48,080.	8,742.	39,338.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	26 017	26 017		
b	Legal	<u>26,017.</u> 13,200.	26,017.	13,200.	
c	Accounting	13,200.		13,200.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)	13,000.	13,000.		
12	Advertising and promotion	14,100.	14,100.		
13	Office expenses	16,855.	16,855.		
14	Information technology	30,496.	20,400.	10,096.	
15	Royalties		,	,	
16	Occupancy				
17	Travel	46,491.	46,491.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	456,425.	456,425.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,540.		2,540.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	NT CODI I ANDOLIC	29,360.	9,960.	19,400.	
b	SPECIAL PROJECTS	26,529.	26,529.		
c	COGR DUES	5,250.	5,250.		
d		.,	.,		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	728,343.	643,769.	84,574.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				Earm 990 (2016

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Form 990 (2016)

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AUXILIARY	ORGANIZATIONS	ASSOCIATION
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33-0204176 Page 11

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		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		156,789.	1	64,078.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		23,850.	4	38,150.
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensate	d employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section				
Ś		employees' beneficiary organizations (see instr). Co	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	ſ		7	
As	8	Inventories for sale or use			8	
	9			18,750.	9	19,348.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		270,417.	11	295,041.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	19,097.
	16	Total assets. Add lines 1 through 15 (must equal I		469,806.	16	19,097. 435,714.
	17	Accounts payable and accrued expenses			17	/
	18	Grants payable		18		
	19	Deferred revenue		99,600.	19	100,100.
	20	Tax-exempt bond liabilities		•	20	
	21	Escrow or custodial account liability. Complete Par			21	
6	22	Loans and other payables to current and former of				
Liabilities		key employees, highest compensated employees,	I			
ilidi					22	
Lia	23	Secured mortgages and notes payable to unrelated	ſ		23	
	24	Unsecured notes and loans payable to unrelated th			24	
	25	Other liabilities (including federal income tax, payal				
		parties, and other liabilities not included on lines 1				
		Oshashda D			25	
	26			99,600.	26	100,100.
		Organizations that follow SFAS 117 (ASC 958), o				
6		complete lines 27 through 29, and lines 33 and 3				
čě	27	Unrestricted net assets		370,206.	27	335,614.
alan	28				28	
ä	29				29	
un		Organizations that do not follow SFAS 117 (ASC				
г		and complete lines 30 through 34.	<i>"</i>			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equi			31	
ťΑ	32	Retained earnings, endowment, accumulated inco			32	
Ne	33			370,206.	33	335,614.
	34			469,806.	34	435,714.
				•	-	Form 990 (2016)

Form **990** (2016)

Form 990 (2016) 2 Part X Balance Sheet Chack if Schedule () contain ulia dia dalla Davit V

_	AUXILIARY ORGANIZATIONS ASSOCIATION	33-02	04176	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			92.
2	Total expenses (must equal Part IX, column (A), line 25)	2			43.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>51.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			06.
5	Net unrealized gains (losses) on investments	5	11	.,5	59.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	335	5,6	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	(0010)
			_		

SCHEDULE A	
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the	organization
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Nam	lame of the organization Employer identification number								
D -	AUXILIARY ORGANIZATIONS ASSOCIATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						3	3-0204176	
Pa	τı	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions	3.	
The o	organ	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
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	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	and state of	the college	or
		university:						-	
10	Х	An organization that norma	Ily receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersh	nip fees, an	d gross receipts from
		activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Cor		,		·	, .		,
11		An organization organized a		velv to test for public sat	etv. See	section 50	9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
		more publicly supported or	•	•	•			•	• •
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	aivina
		the supported organization		-	• • • •	-			
		organization. You must c			, ,				11 5
b		Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s). bv hav	vina
		control or management o	-				-		•
		organization(s). You mus						5	
с		Type III functionally inte	-		in connect	ion with. a	nd functional	lv integrate	d with.
		its supported organization	• • •					·,····j	,
d] Type III non-functionally	. , . ,					ted organiz	ration(s)
		that is not functionally int	• •					°,	
		requirement (see instructi			•				
е		Check this box if the orga		•				II Type III	
-		functionally integrated, or					.)pe., .)pe	., . , pe	
f	Ente	r the number of supported of			.9 0.94				
	g Provide the following information about the supported organization(s).								
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990-EZ) 2016 AUXILIARY ORGANIZATIONS ASSOCIATION Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support		-	-	_	_	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	ohere					
See	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the o	organization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2015. 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 qual						
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the "fac			=	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets the						e
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	6a, 16b, 17a, or 17			
					Sch	edule A (Form 990) or 990-EZ) 2016

632022 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 AUXILIARY ORGANIZATIONS ASSOCIATION 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 (c) 2014 (d) 2015 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 183,300. 182,750. 184,900. 190,125. 196,725. 937,800. 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 392,952. 419,545. 393,500. 471,990. 2026884. 348,897. 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 668,715. 532,197. 575,702. 604,445. 583,625. 2964684. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 2964684. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 532,197. 575,702. 583,625. 668,715. 2964684. 604,445 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 4,787. 4,984. 9,818. 10,078. 13,477. 43,144. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 4,787. 4,984 9,818. 10,078. 13,477. 43,144. c Add lines 10a and 10b 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.) 536,984. 580,686. 614,263. 593,703. 682,192. 3007828. 13 Total support. (Add lines 9, 10c, 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 98.57 % Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 15 15 98.78 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.43 17 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) % 1.22 18 18 Investment income percentage from 2015 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2016. 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 ► X 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 - 2015. 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 Schedule A (Form 990 or 990-EZ) 2016 632023 09-21-16 15

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Schedule A (Form 990 or 990-EZ) 2016 AUXILIARY ORGANIZATIONS ASSOCIATION

1

2

3a

3b

3c

4a

Yes No

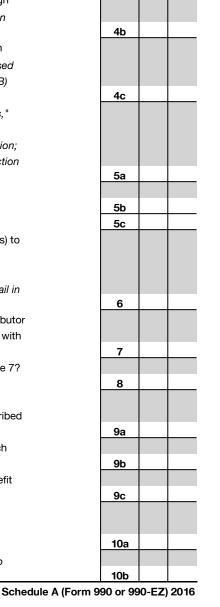
Part IV Supporting Organizations

(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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 (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 disgualified 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(f) (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.)

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Schedule A (Form 990 or 990-EZ) 2016 AUXILIARY ORGANIZATIONS ASSOCIATION 33-0204176 Page 5 Part IV Supporting Organizations (continued) 33-0204176 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations	2		
000			Vac	No
4	Ware a majority of the arganization's directors or tructure during the tay year clash a majority of the directors		Yes	No
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	-		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			V.	
			Yes	No
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?	1		
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).	2		
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.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).	·	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
	en te deposited organization in Tes, describe in Fart vi the role played by the organization in this regard.			

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Schedule A (Form 990 or 990-EZ) 2016

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	dule A (Form 990 or 990-EZ) 2016 AUXILIARY ORGANIZATIONS			33-0204176 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	•		Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	ctions A through E.	
Sect	ion 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		
Sect	ion 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		
е	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		
Sect	ion 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-functiona	lly integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

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instructions).

Schedule A (Form 990 or 990-EZ) 2016 AUXILIARY ORGANIZATIONS ASSOCIATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
0		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A Part VI	(Form 990 or 990-EZ) 2016 Supplemental Infor Part IV, Section A, lines 1,	mation. Provide th	ne explanations rec a, 6, 9a, 9b, 9c, 11a	uired by Part I a, 11b, and 11c	l, line 10; Part II, li ; Part IV, Section	ne 17a or 17b B, lines 1 and	2; Part IV, Section	C,
	line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	lines 2 and 3; Part IV	, Section E, lines 1	c, 2a, 2b, 3a, a	nd 3b; Part V, line	e 1; Part V, See	ction B, line 1e; Pa	rt Ý,
632028 09-21-1	6					Schedule A (Form 990 or 990-	EZ) 2016

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

(Form 9	90)
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► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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



AUXILIARY ORGANIZATIONS ASSOCIATION

Employer identification number 33-0204176

Par	t I Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	; , , ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	erring
Der			
Par			IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or ed	<i>,</i>	
	Protection of natural habitat	Preservation of a certified	I NISTORIC STRUCTURE
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualifi	ad concentration contribution in the form of a	concervation accoment on the last
2	day of the tax year.	ed conservation contribution in the form of a	Held at the End of the Tax Year
а			
	T 1 1 1 1 1 1 1 1		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year 🕨		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri-	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserva	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	easements during the year
0	\$ Does each conservation easement reported on line 2(d) above	x action the requirements of eaction $170(b)(4)$	
8		• • • • • • • • • • • • • • • • • • • •	
9	and section 170(h)(4)(B)(ii)?		
Ũ	include, if applicable, the text of the footnote to the organizati	-	
	conservation easements.		
Par		Art, Historical Treasures, or Other	[•] Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat the following amounto required to be reported under SEAS 11		n, provide
~	the following amounts required to be reported under SFAS 11		► ¢
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2016
	08-29-16		
		21	

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		RY ORGANIZZ							04176	
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, o	r Other	Similar	Asset	s _{(continu}	ied)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t are a sigr	nificant us	se of its o	collection it	tems
	(check all that apply):									
а	Public exhibition	d	I 🗌	Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	how th	ey further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit o			•	-	-				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	llection?				Yes	No
Pa	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par			5				, ,		
1 a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for o	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII							······ –		
			liotting t						Amount	
с	Beginning balance						1c		7 unoune	
ь Ч	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						16 1f			
	Did the organization include an amount on Fe								Yes	No
	If "Yes," explain the arrangement in Part XIII.					-		····· ∟		
	t V Endowment Funds. Complete i						<u></u>			
		(a) Current year		Prior year	(c) Two yea		d) Three y	oare back		/ears back
10	Beginning of year balance	(a) Current year	(0) -	noi yeai		IIS DACK (J THEE y	Cars Dack		Cais Dack
1a ⊾										
b	Contributions									
C J	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance			. ,	<u> </u>					
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administe	red for the	organiza	tion	L.	
	by:									<u>res No</u>
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990), Part X, lii	ne 10.			
	Description of property	(a) Cost or o		. ,	t or other	1	cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	depr	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
e	Other									
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		<u>X. co</u> lun	nn (B). line 1	0c.)	<u> </u>				0.
		-						Schedule	D (Form	990) 2016

Schedule D (Form 990) 201	16 AUXILIARY	ORGANIZATIONS	ASSOCIATION
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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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

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.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2016

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	edule D (Form 990) 2016 AUXILIARY ORGANIZATIONS AS				204176	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	707	<u>,351.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	11,559.			
b	Donated services and use of facilities	2b	13,600.			
с	Recoveries of prior year grants					
d						
е				2e		<u>,159.</u>
3	Subtract line 2e from line 1			3	682,	<u>,192.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
				5	682	100
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)					,192.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	kpenses per F			,192.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With Ex	xpenses per F			
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Ex a.	kpenses per F			,943.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With Ex a.	xpenses per F	Return		
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With E	kpenses per F	Return		
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 22 22	xpenses per F	Return		
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a2b	xpenses per F	Return		
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	xpenses per F	Return	741,	,943.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per F	Return	741, 13,	<u>,943.</u>
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	xpenses per F	1	741, 13,	,943.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per F	1 2e	741, 13,	<u>,943.</u>
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	xpenses per F	1 2e	741, 13,	<u>,943.</u>
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	xpenses per F	1 2e	741, 13,	<u>,943.</u>
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	xpenses per F	1 2e	13 , 728 ,	,943. ,600. ,343. 0.
Pa 1 2 d c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per F	1 2e 3	13 , 728 ,	,943. ,600. ,343.

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:

Schedule D (Form 990) 2016 AUXILIZ	ARY ORGANIZATIC	NS ASSOCIATION	33-0204176 Page 5
IDENTIFIED OR RELATED INTER		IES RECORDED AS	OF JUNE 30, 2017
AND 2016, AND THE ASSOCIATI	ON DOES NOT EX	PECT THIS TO CH	ANGE SIGNIFICANTLY
OVER THE NEXT 12 MONTHS.			
			Schedule D (Form 990) 2016

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SC		EDL	JLE	0	
(Fo	rm	990	or 9	90-	EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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



AUXILIARY ORGANIZATIONS ASSOCIATION

Employer identification number 33-0204176

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO FACILITATE COMMUNICATION AND SHARING OF INFORMATION REGARDING

AUXILIARY ORGANIZATIONS OPERATING WITHIN THE CALIFORNIA STATE

UNIVERSITY SYSTEM.

PART III, LINE 4D, OTHER PROGRAM SERVICES: FORM 990,

DEVELOPMENT OF MONOGRAPHS AND WHITE PAPERS FOR THE MEMBERSHIP ON

MATTERS OF POLICY, GOVERNANCE, COMPLIANCE, SALARY SURVEY, ETC.

EXPENSES \$ 13,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS THAT MAKE UP THE AUXILIARY ORGANIZATIONS ASSOCIATION (AOA) ARE

THE APPROXIMATELY 90 ORGANIZATIONS THAT ARE AUXILIARIES TO THE 23 CAMPUSES

IN THE CSU SYSTEM.

FORM 990, PART VI, SECTION A, LINE 7A:

OFFICERS AND OTHER EXECUTIVE COMMITTEE MEMBERS SHALL BE ELECTED BY VOTE OF

THE ASSOCIATION MEMBERS PRESENT AT THE ANNUAL CONFERENCE.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL ISSUES BROUGHT TO MEMBERSHIP FOR DECISION.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT OF THE FORM 990 IS SENT ELECTRONICALLY TO THE BOARD MEMBERS FOR

REVIEW AND COMMENT BEFORE IT IS FILED.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016) Page 2								
Name of the organization	Employer identification number							
AUXILIARY ORGANIZATIONS ASSOCIATION	33-0204176							

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE ANNUAL QUESTIONNAIRES AND ARE REQUIRED TO DISCLOSE

ANY POTENTIAL CONFLICTS THAT ARISE DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS ANNUALLY APPROVED BY THE BOARD AND RECORDED IN THE MINUTES.

RECENT CONTRACT APPROVED IN JANUARY 7, 2017.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST. ALL PUBLIC

DOCUMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS AND THE SELECTION PROCESS HAVE NOT CHANGED FROM

THE PRIOR YEAR.

27

632212 08-25-16

TAXABL	e yeaf								628941 11-30-16 FORM
20	16	Annual Information Return	ו						199
Calendar Ye		6 or fiscal year beginning (mm/dd/yyyy) 07/01/	2016	, and e	nding (mm/d	d/yyyy) California corp		0/201 er	7.
·	Ū	Y ORGANIZATIONS ASSOCIATION				1542			
Additional in	formatio	n. See instructions.				FEIN 33-0	20417	6	
Street addres		· · · · · ·				PMB no.			
City CHICO					State CA	ZIP code	7-217	7	
Foreign coun	ntry name	e Foreign province/sta	te/county		·	Foreign p	ostal code		
 B Amend C IRC Sec D Final In ● Enter dat E Check a F Federal (4) X G Is this a H Is this o If "Yes," I Did the 	ed Retriction 4 format Disso te: (mm/ accoun return Othe a group organiz " what i organi	Yes X Nu Jrn	 engage K Is the o If "Yes," L If orgar and me fee is re M Is the o N Did the report t O Is the o IRS auc P Is a fed Date fill 	d in politic rganization enter the ization is e ets the filin equired. rganization organizati axable ince rganization lited in a p eral Form	al activities? n exempt und gross receipt exempt under ng fee excepti n a Limited Li on file Form ome? n under audit prior year?	See instructio ler R&TC Sect s from nonme R&TC Sectio ion, check box ability Compa 100 or Form 1 by the IRS or ending?	ns. ion 23701g imber sourc n 23701d No filing ny? 	• • • • • • • • • • • • • • • • • • •	Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No
Part I	Comp	lete Part I unless not required to file this form. See General In	structions B					405	
Receipts and	1 2 3 4	Gross sales or receipts from other sources. From Side 2, Part Gross dues and assessments from members and affiliates Gross contributions, gifts, grants, and similar amounts receive Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Cost of grade acade	ed			•	1 2 3 4	194 2	,467.00 ,225.00 ,500.00 ,192.00
Revenues	6	Cost of goods sold Cost or other basis, and sales expenses of assets sold Total costs. Add line 5 and line 6	•	6			7	600	00
Expenses	8	Total gross income. Subtract line 7 from line 4 Total expenses and disbursements. From Side 2, Part II, line 1	8			•	8 9	728	,192.00 ,343.00
cypenses	10	Excess of receipts over expenses and disbursements. Subtrac	t line 9 from l	ine 8		•	10	-46	,151. 00

	17 Balance due. Add line 12, line 15, and line 16. Then subtract lin	🖲 🛛 17	00	
Sign	Under penalties of perjury, I declare that I have examined this return, including acco it is true, correct, and complete. Declaration of preparer (other than taxpayer) is base	mpanying schedules and statements, a ed on all information of which preparer	and to the best of my know has any knowledge.	ledge and belief,
Here	Signature	Title	Date	• Telephone
	of officer	SECRETARY/TREA		530-345-2009
		Date	Check if	● PTIN
	signature CHRISTY NORTON	01/08/18	self-employed	₽00167448
Paid	Firm's name			● FEIN
Preparer's	(or yours, if self-			48-0567703
Use Only	employed) 3013 CERES AVENUE			Telephone
	and address CHICO, CA 95973			(530) 891-6474
	May the FTB discuss this return with the preparer shown above? See	instructions	• X Yes	No

12 Use tax. See General Instruction K

Total payments

14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12

Penalties and Interest. See General Instruction J

• Payment balance. If line 11 is more than line 12, subtract line 12 from line 11

Filing fee \$10 or \$25. See General Instruction F

Filing Fee

N/A

AUXILIARY ORGANIZATIONS ASSOCIATION

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

628951 11-30-16

		1	Gross sales or receipts from all I	ousiness	activities. See instru	uctions		•	1		00
		2	Interest					•	2		11,066. ₀₀
		3	Dividends						3		2,411. ₀₀
Recei	ipts	4	•					-	4	L	00
from		5	Gross royalties					•	5		00
Other	·	6	Gross amount received from sale	e of asset	s (See Instructions))		•	6		00
Sourc	es	7	Other income				SEE STA	TEMENT 1 •	7		471,990. oo
		8	Total gross sales or receipts from						8		485,467. ₀₀
		9	Contributions, gifts, grants, and	similar ar	nounts paid			•	9		00
		10	Disbursements to or for member	S				•	10		00
		11	Compensation of officers, directed	ors, and t	rustees		SEE STA	TEMENT 2 •	11		48,080. 00
		12	Other salaries and wages					•	12		00
Exper	ises	13	Interest						13		00
and		14	Taxes						14		00
Disbu	rse-	15	Rents						15		00
ments	s	16	Depreciation and depletion (See	instructio	ins)			•	16		00
		17	Other Expenses and Disburseme	nts	,		SEE STA	TEMENT 3 •	17		680,263.00
		18	Total expenses and disbursemer	nts. Add li	ine 9 through line 1	7. Enter	here and on Side 1, Pa	rt I, line 9	18		728,343.00
Sch	edul		Balance Sheet		Beginning o				of tax	able <u>y</u>	
Asset	S				(a)		(b)	(C)			(d)
1 0	Cash						156,789.			•	64,078.
2 N			s receivable				23,850.			•	38,150.
			ceivable				-			•	
										•	
			state government obligations							•	
			in other bonds							•	
			in stock							•	
	/lortga									•	
)ther in		4				270,417.			•	295,041.
			le assets								·
b	Less	accu	mulated depreciation	()		()		
11 L						,			-	•	
)ther as	ssets	STMT 5				18,750.			•	38,445.
							469,806.				435,714.
			et worth								
			yable							•	
			s, gifts, or grants payable							•	
			otes payable							•	
			ayable							•	
18 ()ther lia	ahiliti	es STMT 6				99,600.				100,100.
19 0	anital (stock	or principal fund							•	
			al surplus. Attach reconciliation							•	
			nings or income fund				370,206.			•	335,614.
			ies and net worth				469,806.				435,714.
	edul			ner hooks	with income per r	eturn					
			Do not complete this schee	dule if the	amount on Schedu	ıle L, lin				_	
			per books		-46,1	51.					
			me tax				not included in th			•	
			pital losses over capital gains				8 Deductions in thi				
4 li	ncome	not r	ecorded on books this year				against book inco	ome this year		•	

5	Expenses recorded on books this year not	
	deducted in this return	•
6	Total. Add line 1 through line 5	

Side 2 Form 199 C1 2016

022 36

-46,151.

9 Total. Add line 7 and line 810 Net income per return.

Subtract line 9 from line 6

-46,151.

33-0204176

FORM 199	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
CONFERENCE FEES CONFERENCE SPONSORSHIPS SPECIAL EVENTS & COMMITTEES		229,790. 237,500. 4,700.
TOTAL TO FORM 199, PART II, LI	NE 7	471,990.

FORM 199	COMPENSATION OF	F OFFICERS,	DIRECTO	RS AND TRUSTEES	STATEMENT 2			
NAME AND ADI	DRESS			ITLE AND HRS WORKED/WK	COMPENSATION			
MONICA KAUPI P.O. BOX 21 CHICO, CA	77		ELECTED	REPRESENTATIVE 2.00	0.			
ANDREW SING P.O. BOX 21 CHICO, CA	77		ELECTED	REPRESENTATIVE 2.00	0.			
TARI HUNTER P.O. BOX 21 CHICO, CA	77		ELECTED	REPRESENTATIVE 2.00	0.			
GEORGE JAHN P.O. BOX 21 CHICO, CA	77		ELECTED	REPRESENTATIVE 2.00	0.			
KIM CLARK P.O. BOX 21 CHICO, CA			ELECTED	REPRESENTATIVE 2.00	0.			
CHRISTIA WII P.O. BOX 21 CHICO, CA	77		ELECTED	REPRESENTATIVE 2.00	0.			
NICOLE LANE P.O. BOX 21 CHICO, CA	77		ELECTED	REPRESENTATIVE 2.00	0.			
CHUCK KISSEI P.O. BOX 21 CHICO, CA	77		ELECTED	REPRESENTATIVE 2.00	0.			

AUXILIARY ORGANIZATIONS ASSOCIATION		33-0204176
KACIE FLYNN P.O. BOX 2177 CHICO, CA 95927-2177	STANDING COMMITTEE CHAIR 2.00	0.
RICHARD CHESTER P.O. BOX 2177 CHICO, CA 95927-2177	STANDING COMMITTEE CHAIR 2.00	0.
SYLVANA CICERO P.O. BOX 2177 CHICO, CA 95927-2177	STANDING COMMITTEE CHAIR 2.00	0.
ANNIE MACIAS P.O. BOX 2177 CHICO, CA 95927-2177	STANDING COMMITTEE CHAIR 2.00	0.
GENNIFER GONZALES P.O. BOX 2177 CHICO, CA 95927-2177	STANDING COMMITTEE CHAIR 2.00	0.
MIKE MARCINKEVICZ P.O. BOX 2177 CHICO, CA 95927-2177	STANDING COMMITTEE CHAIR 2.00	0.
FRANK MUMFORD P.O. BOX 2177 CHICO, CA 95927-2177	STANDING COMMITTEE CHAIR 2.00	0.
DAVE EDWARDS P.O. BOX 2177 CHICO, CA 95927-2177	STANDING COMMITTEE CHAIR 2.00	0.
RICHARD JACKSON P.O. BOX 2177 CHICO, CA 95927-2177	SECRETARY / TREASURER 30.00	48,080.
CHRISTINA BROWN P.O. BOX 2177 CHICO, CA 95927-2177	PAST PRESIDENT 2.00	0.
JIM REINHART P.O. BOX 2177 CHICO, CA 95927-2177	PRESIDENT-ELECT 4.00	0.
KEITH KOMPSI P.O. BOX 2177 CHICO, CA 95927-2177	PRESIDENT 4.00	0.

STARR LEE P.O. BOX 2177 CHICO, CA 95927-2177 STANDING COMMITTEE CHAIR 2.00

TOTAL TO FORM 199, PART II, LINE 11

FORM 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
MISCELLANEOUS SPECIAL PROJECTS COGR DUES LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE		29,360. 26,529. 5,250. 26,017. 13,200. 13,000. 14,100. 16,855. 30,496. 46,491. 456,425. 2,540.
TOTAL TO FORM 199, PART II, LIN	NE 17	680,263.

FORM 199	OTHER	INVESTMENTS		STATEMENT 4
DESCRIPTION			BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS			270,417.	295,041.
TOTAL TO FORM 199, SCHEDULE L	, LINE	9	270,417.	295,041.
FORM 199	OTH	IER ASSETS		STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES WEBSITE DEVELOPMENT IN PROCESS	18,750. 0.	19,348. 19,097.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	18,750.	38,445.

48,080.

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AUXILIARY ORGANIZATIONS ASSOCIATION

33-0204176

FORM 199	OTHER LIABILITIES		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		99,600.	100,100.
TOTAL TO FORM 199, SCHEDULE L, 1	LINE 18	99,600.	100,100.
FORM 199	FUND BALANCES		STATEMENT 7
FORM 199 DESCRIPTION	FUND BALANCES	BEG. OF YEAR	STATEMENT 7 END OF YEAR
	FUND BALANCES	BEG. OF YEAR 370,206.	END OF YEAR

<u>тахаві</u> 20	<u>e yea</u> 16			e-file Ro Irganizat	eturn Aut tions	horizati	ion fe	or				8	FORM 3453-EO
Exempt Or	ganizatio	n name								I	dentifying n	umber	
AUXI	LIAI	RY ORGAN	IZATIC	ONS ASSO	CIATION						33-02	20417	6
Part I	Elec	tronic Return Ir	nformatior	n (whole dollars	only)								
	Ũ	ss receipts (Form		,							. 1_		<u>,192. oo</u>
	•	ss income (Form		,									<u>,192. oo</u>
3 Tot	tal exp	enses and disbu	rsements ((Form 199, line	9)						. 3_	/28	,343.00
Part II	Sett	le Your Accoun	t Electron	ically for Taxal	ole Year 2016								
4	Elec	tronic funds with	ndrawal	4a Amount			4b Wi	thdrawal c	date (mm	/dd/yy	yy)		
Part III	Ban	king Information	n (Have yo	ou verified the e	xempt organizatio	on's banking i	nformati	on?)					
5 Rou	iting nu	umber						-					
6 Acc						7 T	ype of a	ccount:	Che	cking		Savings	
		laration of Offic											
l authoriz on line 4a		kempt organizatior	i's account f	to be settled as de	esignated in Part II.	If I check Part	II, Box 4,	l authorize	an electro	nic fund	ls withdra	wal for the	e amount listed
transmitt California a balance organizat statemen	ter, or in a electro e due re tion will its be tra	ntermédiate service onic return. To the turn, I understand remain liable for t ansmitted to the F	e provider ar best of my l that if the Fi he fee liabili FB by the EF	nd the amounts ir knowledge and be ranchise Tax Boa ty and all applical RO, transmitter, o	bove exempt organ Part I above agree ilief, the exempt org d (FTB) does not re ole interest and pen i intermediate servi diate service provi	with the amoun panization's retu eccive full and t alties. I authoriz ce provider. If der the reason	nts on the irn is true imely pay ze the exe the proce (s) for the	e correspon , correct, ar ment of the mpt organia ssing of the	ding lines nd comple e exempt o zation retu e exempt	of the e ete. If th organiza urn and organiz	exempt or e exempt tion's fee accompar	ganization organizatio liability, th nying sche	's 2016 on is filing le exempt idules and
Here		Signature of officer			Date	Title	RETA	RI/TR	EASU	RER			
nere					2410	1110							
Part V	Dec	laration of Elect	tronic Ret	urn Originator	(ERO) and Paid	Prenarer							
am only a accuratel provided 1345, 20 the exem I declare	that I ha an intern y reflec: the org 16 e-file pt organ that I ha	ave reviewed the a mediate service pri ts the data on the i anization officer w Handbook for Au nization return is fi ave examined the a	bove exemp ovider, I und return.) I ha ith a copy o thorized e-fi iled, whiche above exem	t organization's r derstand that I an ve obtained the o f all forms and in le Providers. I wi ver is later, and I pt organization's	terurn and that the e not responsible fo ganization officer's formation that I will I keep form FTB 84 will make a copy av return and accompa information of whi	ntries on form r reviewing the signature on fo file with the FT 53-EO on file fo ailable to the F anying schedule	exempt o orm FTB & B, and I h or four ye TB upon r es and sta	rganization 3453-EO be have followe ars from the equest. If I	's return. fore transi ed all othei e due date am also th	l declar mitting r require e of the ne paid	e, howeve this returr ements de return or f preparer,	r, that form to the FT scribed in four years under pen	n FTB 8453-EO B; I have FTB Pub. from the date alties of perjury,
ERO	ERO's- signatu					Date		Check if also paid		Check if self-			
Must	Firm's r	name (or yours	RCOF	ISOM, L	LP			preparer		employe		20127 3-056	
Sign		mployed)	3013								FEIN 48	5-050	1105
0.9.1	and add	uress		D, CA	VIIIOL						ZIP code (95973	
			e that I have	e examined the ab	ove organization's aration based on all					ments,			
Paid	, ,	, ,				mormation of			0		L Daid	preparer's P	
Prepa	, ,	Paid preparer's					Date		Check if self-	. —		20016	
Must	-	signature	N KC	DE ISOM,	LLP		I		employed	' <u> </u>	J J J FEIN		567703
Sign	i	f self-employed)	$\frac{RC}{30}$								FEIN		501105
		and address		ICO, CA							ZIP code	95973	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2016

629021 11-17-16

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: CT 066068		Check if:			
	Change of address				
AUXILIARY ORGANIZATIONS ASSOCIATION		Amended report			
P.O. BOX 2177 Address (Number and Street)		Corporate or Organization No. <u>1542069</u>			
CHICO, CA 95927-2177 City or Town, State and ZIP Code		Federal Employer I.D. No. $33 - 0204176$			
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 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million		\$150 \$225 \$300	
PART A - ACTIVITIES					
For your most recent full accounting period (beginning 07/01/2016 Gross annual revenue \$ 682,192. ending 06/30/2017 Hold (beginning 07/01/2016)					
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.					
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization			Yes	No	
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	
 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	
 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	
 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) 345–2009					
Organization's e-mail address					
l 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					
820201					