



MR. CHRISTOPHER JOHNSON ASSOCIATED STUDENTS OF CSULA 5154 STATE UNIVERSITY DR, USU NO. 203 LOS ANGELES, CA 90032

DEAR CHRISTOPHER,

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2018 FORM 990

2018 CALIFORNIA FORM 199

2018 CALIFORNIA FORM RRF-1

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A FEDERAL OR STATE TAXING AUTHORITY EXAMINE YOUR RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

LISA M. CUMMINGS, CPA SENIOR MANAGER



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

MR. CHRISTOPHER JOHNSON ASSOCIATED STUDENTS OF CSULA 5154 STATE UNIVERSITY DR, USU NO. 203 LOS ANGELES, CA 90032

PREPARED BY:

COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2020

PLEASE ENSURE YOU HAVE MET ALL YOUR FILING REQUIREMENTS FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTION OR INFORMATION. FAILURE TO FILE FOREIGN INFORMATIONAL FORMS WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE CONTACT US IF YOU BELIEVE YOU HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT THAT NEED TO BE ADDRESSED.

EXTENDED TO MAY 15, 2020

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

A F	or the	pprox 2018 calendar year, or tax year beginning $$ JUL $1,$ 2018 $$ and ending	<u> 3 JUN 30, 2019</u>	
	Check if pplicable	ASSOCIATED STUDENTS OF CALIFORNIA	D Employer identif	ication number
	Addres change	STATE UNIVERSITY, LOS ANGELES, INC.		
	Name change		95-2	044300
	Initial	Number and street (or P.O. box if mail is not delivered to street address)		
	Final return/	5154 STATE UNIVERSITY DR, USU 203	323-	343-4780
	termin ated	, , , , , , , , , , , , , , , , , , , ,	G Gross receipts \$	1,469,913.
L	Ameno	LOS ANGELES, CA 90032	H(a) Is this a group r	
	Applic tion pendir	F Name and address of principal officer: CARISTOFAER TOTALSON	for subordinates	—
		SAME AS C ABOVE	H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		a list. (see instructions)
		te: WWW.ASICSULA.ORG	H(c) Group exemption	
			Year of formation: 1959	M State of legal domicile: CA
P	art I	Summary	1 331 3 CM TITE C3	MDIIG
ø		Briefly describe the organization's mission or most significant activities: BUILDING		
Governance	l	COMMUNITY WITH VISIBLE REPRESENTATION AND A		
ern	l	Check this box if the organization discontinued its operations or disposed of r	1 _	sets.
30			3	1 1
		Number of independent voting members of the governing body (Part VI, line 1b)		19
ijes		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		1 1
Activities &		Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38		0.
	Ь	Net unrelated business taxable income from Point 990-1, line 36	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	l	(D. 1)(III.);	1,454,881.	
Ven	I .	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,945.	34,268.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,888.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,498,714.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	111,476.	106,707.
	I	D 51 11 5 1 (D 11)(1 (A) 1; 4)	0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	729,827.	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
)en	h	Total fundraising expenses (Part IX, column (D), line 25)		J.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	868,658.	706,025.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,709,961.	1,284,884.
		Revenue less expenses. Subtract line 18 from line 12	-211,247.	185,029.
TC a		Totalia isa sapansa. Sapansa ini isa mamina 12	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	1,821,264.	2,009,743.
ASS	21	Total liabilities (Part X, line 26)	395,245.	135,865.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	1,426,019.	1,873,878.
Pa	art II	Signature Block		
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
Sig	n	Signature of officer	Date	
Her	е	CHRISTOPHER JOHNSON, DIR OF NEW STUDENT/PA	ARENT PROGRAMS	5
		Type or print name and title	I Data	T DTIN
		Print/Type preparer's name Preparer's signature	Date Check [PTIN
Paid			P 01/28/20 self-emplo	
-	arer	Firm's name COHNREZNICK LLP	Firm's EIN ▶	22-1478099
Use	Only	Firm's address 400 CAPITOL MALL, SUITE 1200		C 440 0100
		SACRAMENTO, CA 95814	Phone no. 91	.6-442-9100
May	/ the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

·orm 990 ((2018)	SIMIE	OMIA	erolli,	ПОВ	AMG
Dart III	Statement	of Program 9	Service	Accomplis	hment	

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PURPOSE OF ASSOCIATED STUDENTS, INC. IS TO PROVIDE AND PROMOTE
	OPPORTUNITIES FOR STUDENT PARTICIPATION IN CAMPUS GOVERNANCE; PROVIDE
	AN OFFICIAL VOICE THROUGH WHICH STUDENT OPINION MAY BE EXPRESSED; TO
	PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPERIENCE AND TRAINING IN
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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	(Code:) (Expenses \$ 492,681. including grants of \$ 105,957.) (Revenue \$ 740,486.)
	STUDENT GOVERNMENT AND ELECTIONS ARE DESIGNED TO ENHANCE COLLEGIATE
	EXPERIENCE THROUGH PARTICIPATION IN CAMPUS GOVERNANCE. ELECTIONS ARE AIMED TO ENCOURAGE CAMPUS WIDE PARTICIPATION OF APPROXIMATELY 27,000
	STUDENTS WHO ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES.
	SIUDENIS WHO AITENDED CALIFORNIA STATE UNIVERSITI, LOS ANGELES.
4b	(Code:) (Expenses \$ 182,448. including grants of \$) (Revenue \$ 182,936.)
40	COMMUNITY SERVICES SUPPORT AND ENCOURAGE PARTICIPATION WITHIN THE
	COMMUNITY THROUGH VARIOUS ACTIVITIES AND INVOLVEMENT.
	Oddining I I I I I I I I I I I I I I I I I I I
4c	(Code:) (Expenses \$ 430,300 • including grants of \$ 750 •) (Revenue \$ 492,681 •)
	OTHER STUDENT SERVICES TO SUPPORT APPROXIMATELY 27,000 STUDENTS WHO
	ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES.
	·
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,105,429.
	Form 990 (2018)

Form 990 (2018)

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			- T
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		3,7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- T
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			3,7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		37	
	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			- T
	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		<u> </u>
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	3		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 22	
D	, ,	12b	Х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		- 22	Х
13 140	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		144		
D	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	עדי		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	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? If "Yes."			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		х

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Form 990 (2018)

Form 990 (2018)

STATE UNIVERSITY, LOS ANGELES, INC.

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Form **990** (2018)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ı
	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			ı
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	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			ı
	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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	٥		v
	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			ı
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
07	complete Schedule L, Part II	26		
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			ı
		27	х	ı
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	21	
20	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		Х
b	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,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
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? <i>If</i> "Yes," <i>complete</i>			
	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	Х	
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			ı
	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		<u>X</u>
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?		,.	ı
Da	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Ia 9 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С		1c	Х	
	(gambling) winnings to prize winners?	1 10		

Form 990 (2018) STATE UNIVERSITY, LOS ANGELES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) STATE UNIVERSITY, LOS ANGELES, INC.

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	Continued)				V	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the averagination have unrelated by since a great income of \$1,000 are more devices the second	,		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule ()		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		_X_
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			37
_	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons oi	gifts	۵.		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	niono r	rovided to the never?	7.		X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
р	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			710		
Ŭ	to file Form 8282?	-		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	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:	ı	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	مدا	ı			
a	Gross income from members or shareholders	11a				
а	Gross income from other sources (Do not net amounts due or paid to other sources against	146				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		.za		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eО		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N.					7.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			-	900	(00.40)
				Form	990	(2018)

Form 990 (2018)

STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300

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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	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			7b		_X_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	in Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13		X	
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	I by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			15a	X		
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)s	only) a	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict of	interest policy, and	financ	ial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	THE ORGANIZATION - 323-343-3571		00000				
	5151 STATE UNIVERSITY DRIVE ADM 514 LOS ANGELES	('A	90032				

STATE UNIVERSITY, LOS ANGELES, INC

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos) than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		Ler an	uau	recto	JI/II US	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	trustee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee or director	al trus		yee	Highest compensated employee		(** 2, 1000 111100)		and related
	below	idual	Institutional t	e	Key employee	est co oyee	ler			organizations
	line)	Indiv	Instit	Officer	Key 6	High emp	Former			
(1) AARON CASTANEDA	5.00									
VP FOR FINANCE		Х		Х				0.	0.	0.
(2) ALYSIN GREEN	5.00									
STUDENT REPRESENTATIVE (OUTGOING)		Х						0.	0.	0.
(3) CHRISTOPHER KOO	5.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(4) DAVID SAN	5.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(5) DAVONA WATSON	5.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(6) EDGAR CHAVEZ	5.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(7) FRITZA PLASCENCIA	5.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(8) JACOB AMAYA	5.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(9) JACQUELYN ACOSTA	5.00									
VP FOR ACADEMIC GOVERNANCE		Х		Х				0.	0.	0.
(10) JENNIFER MARTELL	5.00									
SECRETARY/TREASURER (OUTGOING)		Х		Х				0.	0.	0.
(11) JESUS MORA	5.00									
VP FOR ADMIN (OUTGOING)		Х		Х				0.	0.	0.
(12) JOCELYN VARGAS	5.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(13) JORGE SALAZAR	5.00									
STUDENT REPRESENTATIVE		Х						0.	0.	0.
(14) JOSE ABARCA	5.00									
STUDENT REPRESENTATIVE (OUTGOING)		Х						0.	0.	0.
(15) KRYSTAL RUBIO	5.00									
STUDENT REPRESENTATIVE		Х		L	L	L	L	0.	0.	0.
(16) MATTHEW KEELS	5.00									
VP FOR ADMINISTRATION		Х		Х				0.	0.	0.
(17) NATALY AVILES-RIVAS	5.00									
STUDENT REPRESENTATIVE (OUTGOING)		Х						0.	0.	0.
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Form 990 (2018)

Form 990 (2018) STATE UNI	CVERSITY	7,	LC	S	ΑN	IGE	LE	S, INC.	95-204	1300	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Es	timated
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	an	nount of
	week	_	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		other
	(list any	director						the	organizations		pensation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC)		om the
	related	stee	truste		a.	bens		(W-2/1099-MISC)		1 -	anization
	organizations below	nal tru	ional		ploye	ee e					d related
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizations
(18) NIA JOHNSON	5.00	드	드	ō	<u> </u>	王吉	7			+	
PRESIDENT	3.00	Х		Х				0.	0.		0.
(19) PANDIAN RAJARAM	5.00	-25				\vdash		· · ·		+	
STUDENT REPRESENTATIVE	3,00	х						0.	0.		0.
(20) RASHAD FREEMAN	5.00					H					
STUDENT REPRESENTATIVE (OUTGOING)		х						0.	0.	,	0.
(21) RAUL RODRIGUEZ	5.00								-	1	
STUDENT REPRESENTATIVE		Х						0.	0.	.	0.
(22) RAYMOND PETERS	5.00										
STUDENT REPRESENTATIVE (OUTGOING)		Х						0.	0 .	,	0.
(23) SELENE CASTILLO	5.00										
STUDENT REPRESENTATIVE		Х						0.	0 .	,	0.
(24) SMITKUMAR PATEL	5.00										
STUDENT REPRESENTATIVE		Х						0.	0 .	,	0.
(25) THU-LAN 'LILY' NGUYEN	5.00								_		
VICE CHAIR FOR FINANCE		Х						0.	0 .		0.
(26) VERONICA GARCIA-MARTINEZ	5.00			l							
VP FOR EXTERNAL AFFAIRS & ADVANCEMEN		X		X				0.	0.		0.
1b Sub-total								0.	0.		0.
c Total from continuation sheets to Part VI								182,358. 182,358.	0.	· 1:	5,439. 5,439.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·		<u>. </u>	3,433.
2 Total number of individuals (including but n	ot limited to th	ose	liste	a ar	oove	e) wn	io re	eceived more than \$100,	000 of reportable		1
compensation from the organization											Yes No
3 Did the organization list any former officer,	director or tru	ıcto	a ka	w on	nnlo		ork	nighest compensated er	mplovee on		100 110
line 1a? If "Yes," complete Schedule J for s										3	х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	х
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com										5	Х
Section B. Independent Contractors	,										
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compens	ation fro	m
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C	
Name and business	address	N	INC	3				Description of s	services	Comper	nsation
							_				
							\dashv				
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than		

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\$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

ASSOCIATED STUDENTS OF CALIFORNIA
Form 990 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Reportable Name and title Position Reportable Estimated (check all that apply) compensation compensation amount of hours from related per from other week the organizations compensation Highest compensated employee (W-2/1099-MISC) (list any Individual trustee or director organization from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer 0 line) (27) INTEF WESER 40.00 EXECUTIVE DIRECTOR (OUTGOING) X 117,180. 0. 12,329. 40.00 (28) MARCUS RODRIGUEZ Х 65,178. 0. 3,110. INTERIM EXECUTIVE DIRECTOR 182,358. 15,439. Total to Part VII, Section A, line 1c

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Form 990 (2018) STATE U
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(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					312 311
ant		Membership dues						
۾ ق		Fundraising events						
ifts ar A		Related organizations						
a,e		Government grants (contributi						
Sig		All other contributions, gifts, gran	· —					
her		similar amounts not included above	· I I					
Ē	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f						
				Business Code				
ø	2 a	STUDENT GOVERNM	ENT	900099	740,486.	740,486.		
Program Service Revenue	b	STUDENT SERVICE	S	900099	492,681.	492,681.		
Se	С	COMMUNITY SVC.	SUPPORT	900099	182,936.	182,936.		
am	d							
og B	е							
Ą.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	1,416,103.			
	3	Investment income (including	•					
		other similar amounts)		>	34,268.			34,268.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	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)		<u> </u>				
		Net gain or (loss)		·····				
ne	8 a	Gross income from fundraising including \$	•					
Other Reven		contributions reported on line						
æ		Part IV, line 18	•					
je i	b	Less: direct expenses						
Ö		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS R	EVENUE	900099	19,542.			19,542.
	b							
	С							
		All other revenue			10 - 15			
		Total. Add lines 11a-11d			19,542.	1 415 555		F0 015
	12	Total revenue. See instructions			ц.469.913.	1,416,103.	0.	53,810.

STATE UNIVERSITY, LOS ANGELES, INC.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons		this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	106,707.	106,707.		
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	146,681.	110,617.	36,064.	
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	195,596.	147,506.	48,090.	
8	Pension plan accruals and contributions (include				· · · · · · · · · · · · · · · · · · ·
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	104,810.	79,041.	25,769.	
10	Payroll taxes	25,065.	18,902.	6,163.	
11	Fees for services (non-employees):				
а	Management				
b		2,725.	1,711.	1,014.	
С		77,391.	48,605.	28,786.	
d					
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	22,027.	14,640.	7,387.	
12	Advertising and promotion	64,212.	64,212.		
13	Office expenses	8,020.	7,014.	1,006.	
14	Information technology				
15	Royalties				
16	Occupancy	22,453.	14,418.	8,035.	
17	Travel	32,428.	31,458.	970.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,465.	11,909.	6,556.	
23	Insurance	4,856.	3,118.	1,738.	
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	DDOODAM EXPENSES	409,714.	409,714.		
b	OTHER EXPENSES	33,796.	29,556.	4,240.	
c	EQUIP RENTAL & MAINT	8,039.	6,301.	1,738.	
d	ADMIN EXPENSES	1,899.	,	1,899.	
е	All other expenses			·	
25	Total functional expenses. Add lines 1 through 24e	1,284,884.	1,105,429.	179,455.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2018)
Part X Balance Sheet

Pai	τx	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			418,817.	1	913,513.
	2	Savings and temporary cash investments			1,239,227.	2	1,019,595.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			97,056.	4	19,994.
	5	Loans and other receivables from current and fo			·		
		trustees, key employees, and highest compensa	ated employ	rees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(l	B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
Ŋ		employees' beneficiary organizations (see instr).	Complete I	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	39,386.	9	41,199.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	230,987.			
	b	Less: accumulated depreciation	10b	215,545.	26,778.	10c	15,442.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			1,821,264.	16	2,009,743. 56,455.
	17	Accounts payable and accrued expenses	71,816.	17	56,455.		
	18	Grants payable	L		18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of So	chedule D		21	
Se	22	Loans and other payables to current and former					
Ě		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	•			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Co	mplete Part X of	222 420		70 410
		Schedule D			323,429. 395,245.	25	79,410. 135,865.
	26	Total liabilities. Add lines 17 through 25			393,243.	26	133,803.
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🔼 and			
Ses	07	complete lines 27 through 29, and lines 33 an			1 426 010	07	1 072 070
anc	27	Unrestricted net assets			1,426,019.	27	1,873,878.
Bal	28			·····		28	
pu	29	Permanently restricted net assets		29			
Ē		Organizations that do not follow SFAS 117 (A					
s or	20	and complete lines 30 through 34.			20		
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			1,426,019.	32	1,873,878.
_	33	Total liabilities and not assets/fund belonges			1,821,264.	33	2,009,743.
	34	Total liabilities and net assets/fund balances			1,041,404.	34	2,009,743.

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Form 990 (2018) STATE UNIVERSITY, LOS ANGELES, INC.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>13.</u>
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3		185	5,0	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	426	5,0	<u> 19.</u>
5	Net unrealized gains (losses) on investments	5		4	1,0	68.
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		258	3,7	62.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,	873	3,8	78.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		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	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X 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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit 「			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2018)



SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATED STUDENTS OF CALIFORNIA

OMB No. 1545-0047

2018
Open to Public

Inspection
Employer identification number
95-2044300

	STAT	E UNIVERSI	TY, LOS ANGEI	LES,]	INC.		9	5-2044300	
Part	I Reason for Public (Charity Status 🖟	All organizations must co	mplete th	is part.) Se	e instructions			
The org	ganization is not a private found								
1 🗍	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
з 🗏	A hospital or a cooperative		•			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 ur	 nit describe	ed in	
0 _	section 170(b)(1)(A)(iv). (0			o. opo.u.	-				
6	A federal, state, or local go	•	nental unit described in	section 17	70/h)/1)/A)	(v)			
7	An organization that norma	-					o gonoral r	aublic described in	
, _	·	-	iliai part or its support if	om a gove	on in icinai		e general p	Jublic described in	
۰ -	section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Day	. 11 \					
8 _	A community trust describe								
9 _	An agricultural research org				-		-	-	
	or university or a non-land-o	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
🗔	university:								
10 🗵									
	activities related to its exen		• •				• • •	· ·	
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.	
_	See section 509(a)(2). (Co	. ,							
11	An organization organized								
12 _	An organization organized	•	•	•		*	•	•	
	more publicly supported or	~						Check the box in	
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), ty	pically by	giving	
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ıpporting	
	organization. You must o	complete Part IV, Se	ections A and B.						
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	າ(s), by hav	ring	
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	orted	
	organization(s). You mus	t complete Part IV,	Sections A and C.						
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	d with,	
	its supported organizatio	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ration(s)	
	that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and	an attentiv	reness .	
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е	Check this box if the orga	anization received a v	written determination from	n the IRS	that it is a	Type I, Type I	I, Type III		
	functionally integrated, or	r Type III non-function	nally integrated supportin	ng organiz	ation.				
f E	Enter the number of supported o	organizations							
g F	Provide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other	
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
						I		i	

Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY, LOS ANGELES, INC. 95-204<u>4300 Page 2</u>

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
J	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,						
6							
	Public support. Subtract line 5 from line 4. ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(4,) = 0	(2) 20 10	(0) = 0 + 0	(4,) = 3	(5) = 5 : 5	(1) 10101
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
		oto (ooo inotructio				12	
	Gross receipts from related activities, or First five years. If the Form 990 is for	•		d fourth or fifth to			
13	organization, check this box and stop	-			-		ightharpoonup
Sec	ction C. Computation of Public						
	Public support percentage for 2018 (lin		-	olumn (fl)		14	%
	Public support percentage from 2017		•	* * * *		15	%
	33 1/3% support test - 2018. If the o					· ·	
	stop here. The organization qualifies a						. \square
b	33 1/3% support test - 2017. If the o		~				
-	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test						
., .	and if the organization meets the "fact	-					
	meets the "facts-and-circumstances" t				=	-	
h	10% -facts-and-circumstances test						
D		-					
	more, and if the organization meets the organization meets the "facts-and-circu		•		•		,
19	·			•	,		······································
ΙŐ	Private foundation. If the organization	така пот спеск а	DUX UIT IIITE 13, 16	a, 100, 1/a, 0r 1/k	b, check this box a		000 FZ) 2019

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY, LOS ANGELES, INC.

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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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the	100040-	40060==	4.50654	4.54004		
	organization's tax-exempt purpose	1283495.	1386955.	1453671.	1454881.	1416103.	6995105.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
Э	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1283495.	1386955.	1453671.	1454881.	1416103.	6995105.
	Amounts included on lines 1, 2, and						3333103.
, ,	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						6995105.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1283495.	1386955.	1453671.	1454881.	1416103.	6995105.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	4,193.	8,694.	15,240.	20,945.	34,268.	83,340.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	4 100	0.604	15 040	00 045	24 262	00 040
	Add lines 10a and 10b	4,193.	8,694.	15,240.	20,945.	34,268.	83,340.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
14	or loss from the sale of capital	26,433.	22,079.	21,028.	22,888.	19,542.	 111,970.
10	assets (Explain in Part VI.)	1314121.	1417728.	1489939.	1498714.	1469913.	7190415.
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						
14		· ·	•	,	,	()()	,
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2018 (I			column (f))		15	97.28 %
	Public support percentage from 2017					16	97.85
	ction D. Computation of Inves					1 1	/
	Investment income percentage for 20			ne 13, column (f))		17	1.16 %
	Investment income percentage from					18	.73 %
	a 33 1/3% support tests - 2018. If the						
_	more than 33 1/3%, check this box ar	-					► 3 7
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	Ja		
	3b		
	2-		
	Зс		
	4a		
	4b		
	4c		
	5a		
	5b 5c		_
	50		
	6		
	6		
	7		
	0		
	8		
	9a		
	0'-		
	9b		
	9c		
	10a		
	10b		
1 Q	90 or 99	0-F7	2018

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	dule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY, LOS ANGELES, INC. 95-20	4430	U Pa	age 5
Pa	t IV Supporting Organizations _(continued)		V	N
44	Healtha arganization accepted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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	110		
	71 11 5 5		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			
			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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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)-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	tructions		
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	6.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4

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5

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 7

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		,	Current Year			
1	Amounts paid to supported organizations to accomplish exe						
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	es of supported organizations	3				
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 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	T					
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i_	Carryover from 2013 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
•	and 4c.						
8_	Breakdown of line 7:						
	Excess from 2014 Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 26,433. 2014 AMOUNT: \$ 2015 AMOUNT: \$ 22,079. 21,028. 2016 AMOUNT: \$ 2017 AMOUNT: \$ 22,888. 2018 AMOUNT: \$ 19,542.

Part VI



SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.

Employer identification number 95-2044300

Schedule D (Form 990) 2018

Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(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 v	writing that the assets held in donor advis	ed funds
	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 ad		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
Da	conservation easements.	Art Historical Traccures or Ot	hay Cimilay Assats
Pai	rt III Organizations Maintaining Collections of		Her Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (ASI	·· ·	· ·
	historical treasures, or other similar assets held for public exh	,	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea		I gaın, provide
	the following amounts required to be reported under SFAS 11		. .
a	, , , , , , , , , , , , , , , , , , , ,		
b	Assets included in Form 990, Part X		

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

-		NIVERSITY,								Page 2
Par	t III Organizations Maintaining C								_	
3	Using the organization's acquisition, accession	on, and other record	ls, check ar	ny of the fol	llowing that	are a sig	gnificant u	ise of its c	ollection it	ems
	(check all that apply):									
а	Public exhibition	C			ange progra					
b	Scholarly research	•	Ot Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they	further the	organizatio	n's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o		•		•				_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the o	rganization	answered "	Yes" on	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								٦	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:						
									Amount	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
7-	Ending balance								7 ٧	□ Na
	Did the organization include an amount on Fo						•		」Yes	∐ No
Par	t V Endowment Funds. Complete i									
	The state of the s	(a) Current year	(b) Pric		(c) Two year			veare hack	(a) Four v	ware hack
1a	Beginning of year balance	(a) Ourrent year	(6)1110	n year	(C) TWO year	3 Dack	(u) miles	y cars back	(e) rour y	cars back
	Contributions									
c	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a. c	column (a)) I	held as:					
a	Board designated or quasi-endowment	,	%	, (a)						
b	Permanent endowment	%								
С	Temporarily restricted endowment	<u></u> - %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that a	re held and	administer	ed for th	e organiza	ation		
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sch	edule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fun	ds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, li			, Part X,	line 10.			
	Description of property	(a) Cost or o		(b) Cost o	I		ccumulate		(d) Book	value
		basis (investr	ment)	basis (o	ther)	de	preciation	\perp		
	Land									
	Buildings									
	Leasehold improvements							\		
d	Equipment			230	,987.		215,5	45.	15	<u>,442.</u>
	Other									115
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column	(B). line 10d	2.)				15	,442.

Schedule D (Form 990) 2018

95-2044300 Page 3

CUTALL IMILATOR TIOS ANGETIES THO

Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 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
) Financial derivatives			
2) Closely-held equity interests			
B) Other			
(A)			
(B)			
(C)			
• •			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		>
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV lin	e 11e or 11f See Form 990 Part X line	25
(a) Description of liability	111 01111 000, 1 411 14, 1111	(b) Book value	20.
(1) Federal income taxes		(, = = = : : : : : : : : : : : : : : : :	
(2) NET POST-RETIREMENT BENEFI	π		
(3) OBLIGATION	±	52,147.	
(4) DUE TO AFFILIATES		27,263.	
		41,403.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Caluman (h) must accuse Form OOO Dort V and (D) line		79 410	

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) 2018

Schedule D (Form 990) 2018

Part XI Reconciliation

95-2044300 Page 4 STATE UNIVERSITY, LOS ANGELES, INC.

Par	rt XI Reconciliation of Revenue per Audited Financial State	ments with	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			1 516 100
1	Total revenue, gains, and other support per audited financial statements			1	1,546,103.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	4 050		
а	• • • • • • • • • • • • • • • • • • • •		4,068.		
b			72,122.		
С	1 7 3				
d	Other (Describe in Part XIII.)	2d			
е				2e	76,190.
3	Subtract line 2e from line 1			3	1,469,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	Other (Describe in Part XIII.)	4b			_
				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State		··· <u>·</u>	5	1,469,913.
Pai			n Expenses per F	Returr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	1,098,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	72,122.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-258,762.		
е	Add lines 2a through 2d			2e	-186,640.
3	Subtract line 2e from line 1			3	1,284,884.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
С	Add lines 4a and 4b	·		4c	0.
5				5	1,284,884.
Pai	rt XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	*	•	; Part X	, line 2; Part XI,
PAF	RT X, LINE 2:				
ASS	SOCIATED STUDENTS IS A NOT-FOR-PROFIT ORG	SANIZATI	ON EXEMPT F	ROM	INCOME
TAX	XES UNDER SECTION 501(C)(3) OF THE INTERN	NAL REVE	NUE CODE AN	D SI	ECTION
237	701(D) OF THE REVENUE TAXATION CODE OF CA	LIFORNI.	A. ACCORDIN	GLY,	NO
PRO	OVISION FOR INCOME TAXES IS INCLUDED IN T	THE ACCO	MPANYING FI	NANC	CIAL
STZ	ATEMENTS.				
ASS	SOCIATED STUDENTS HAS NO UNRECOGNIZED TAX	K BENEFI	TS AT JUNE	30,	2019 AND
201	18. ASSOCIATED STUDENTS' FEDERAL AND STAT	E INCOM	E TAX RETUR	NS I	PRIOR TO
201	16 AND 2015, RESPECTIVELY, ARE CLOSED, AN	ID MANAG	EMENT CONTI	NUAI	ıLY
	ALUATES EXPIRING STATUTES OF LIMITATIONS.				

CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 5 Schedule D (Form 990) 2018 Part XIII | Supplemental Information (continued) IF APPLICABLE, ASSOCIATED STUDENTS RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF INCOME TAX EXPENSE AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE STATEMENTS OF FINANCIAL POSITION. PART XII, LINE 2D - OTHER ADJUSTMENTS: PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION -258,762. COSTS/BENEFIT

Schedule D (Form 990) 2018



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization ASSOCIAT							Employer identification number
		LOS ANGELES	, INC.				95-2044300
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record							
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's							
Part II Grants and Other Assistance					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
recipient that received more that 1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3	and government or	ganizations listed in th	e line 1 table	L	L	1	•
3 Enter total number of other organizati	-	~					

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

STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300

Page 2

Schedule I (Form 990) (2018) STATE UNIVERSIT	Y, LOS A	NGELES, INC	C.		95-2044300	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.				990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
STUDENT GRANT-IN-AID	50	105,957.	0.			
STUDENT SCHOLARSHIPS	4	750.	0.			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.	1	
PART I, LINE 2:						
THE ORGANIZATION PERIODICALLY MONI	TORS ELIC	BIBILITY AN	ID USE OF S	TUDENT		
GRANT AID AND SCHOLARSHIP RECIPIEN	rs.					
PART III, COL B:						
THE ORGANIZATION IS REPORTING THE	ACTUAL NU	MBER OF RE	ECIPIENTS.			



SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization ASS(

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.

Employer identification number 95-2044300

Part I Excess Bene	fit Transa	actio	ons (section 50)1(c)(3), secti	ion 501(c)(4), and 50	1(c)((29) organizations	s only)					
Complete if the o	organization	answ	vered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, li	ne 40	b.			
1 (a) Name of disqualified p	0,000	(b) R	elationship betv			ified	-\ D	acceintion of tean	oooti o	_		(d)	Corre	cted?
(a) Name of disqualified p	erson		person and or	ganiza	ation	(0	c) D	escription of tran	sactio	n		Ye	es	No
2 Enter the amount of tax in	ncurred by t	he or	ganization mana	agers	or disc	ualified persons dur	ing 1	the year under						
section 4958										> \$				
3 Enter the amount of tax, i	if any, on lin	ie 2, a	above, reimburse	ed by	the or	ganization				> \$				
	.,													
Part II Loans to and														
Complete if the o	organization	answ	ered "Yes" on F	orm 9	990-EZ	, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26; c	r if th	e orga	nizatio	n	
reported an amou	unt on Form	990,				.					les s A			
(a) Name of (b) Relation		mamp (c) i di posci i				(e) Original	(1	f) Balance due		(9) "' h		proved ard or	ar (I) WILLIO	
interested person	with organiz	ation	of loan		ization?	principal amount			default?		? commit		agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
														<u> </u>
														<u> </u>
Total Cronto or Ac-		<u>.</u>	ofiting Inter		<u></u>	> \$								
Part III Grants or Ass			•											
Complete if the o		answ	vered "Yes" on F	orm 9	990, Pa			1						
(a) Name of interested p	erson	(b) Relationship			(c) Amount of assistance		(d) Type assistan) Purp		f
			interested pers the organiza		a	assistance		assistan	ce			assista	ince	
		-	- trio organiza			100.06	1	CDANE TH	3.71			CCT	~ m	CDII
		+				100,06	⊥ •	GRANT-IN	-AT	<u>ון ה</u>	U A	SSI	2.1,	2.T.O
		+								+				
		+								+				
		+								_				
		_												

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

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2018 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 2

Part IV Business Transactions Involving Complete if the organization answered	-	8b. or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's ues?
				Yes	No
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
SCH L, PART III, GRANTS OR	ASSISTANCE BENEFITT	ING INTERES	STED PERSONS	:	
(C) AMOUNT OF GRANT \$ 100	,061.				
(D) TYPE OF ASSISTANCE: GR.	ANT-IN-AID				
(E) PURPOSE OF ASSISTANCE:	TO ASSIST STUDENTS	IN DEFRAYIN	G EDUCATION	•	
RELATED EXPENSES					



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Employer identification number 95-2044300

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPERIENCE.

DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, RESPONSIBLE CIVIC PARTICIPATION AND COMMUNITY LEADERSHIP; TO ADVOCATE FOR THE RIGHTS AND INTERESTS OF STUDENTS; AND TO SUPPORT THE PHYSICAL AND CULTURAL WELLBEING OF THE UNIVERSITY EDUCATIONAL, SOCIAL, COMMUNITY.

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

AFTER FORM 990 HAS BEEN PREPARED BY AN OUTSIDE ACCOUNTING FIRM, DOCUMENTS FILED BY ASI ARE REVIEWED BY THE BUSINESS FINANCIAL SERVICES AND THEN FORWARDED TO THE EXECUTIVE DIRECTOR OF ASI FOR REVIEW AND COMMENTS. UPON APPROVAL, THE RETURN IS FINALIZED. BEFORE THE RETURN IS FILED, A COPY OF THE RETURN IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW.

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

ALL BOARD MEMBERS SIGN A STATEMENT OF CONFLICT OF INTEREST ANNUALLY. ALSO, EACH EMPLOYEE UPON BEING HIRED IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM. EACH BRANCH OF ASI IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM UPON BEING ELECTED OR APPOINTED TO OFFICE. UPON THE IDENTIFICATION OF ANY CONFLICTS, THE BOARD OF DIRECTORS WILL DETERMINE THE MOST APPROPRIATE COURSE OF ACTION. DURING ANY DISCUSSION, THE CONFLICTED PARTY WILL NOT BE PRESENT AT THE MEETING.

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

Schedule O (Form 990 or 990-EZ) (2018)



Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA En STATE UNIVERSITY, LOS ANGELES, INC.	mployer identification number 95-2044300
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A PERS	SONNEL
COMMITTEE AND CAMPUS HUMAN RESOURCES. THE BOARD OF DIRECTORS	APPROVES THE
COMPENSATION IN A CLOSED DOOR MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS WILL BE PLACED ON THE ASI WEBSITE AFTER (CAREFUL REVIEW
AND APPROVAL.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COST /	
BENEFIT	258,762.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A SEPARATE COMMITTEE THAT ASSUMES THE	
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT PERFORMED BY AN INI	DEPENDENT
AUDITOR.	



SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.

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

Employer identification number 95-2044300

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total inco	me End-of-yea	ar assets Direct	s Direct controlling entity		
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	e or more related tax-ex	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?	
		J ,,		501(c)(3))		Yes	No	
CALIFORNIA STATE UNIVERSITY, LOS ANGELES - 95-4386558, 5154 STATE UNIVERSITY DR. U-SU	_							
203, LOS ANGELES, CA 90032	PUBLIC UNIVERSITY	CALIFORNIA	115	N/A	N/A		Х	
Con Donouscula Doducation Ask Nation and the Instruction					Calcadada F	\	20, 00 40	

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300

Page 2

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

	, , , , , , , , , , , , , , , , , , ,	,	ı	•							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate allocations?		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity		income	end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Page 3

Yes No

ASSOCIATED STUDENTS OF CALIFORNIA

STATE UNIVERSITY, LOS ANGELES, INC. Schedule R (Form 990) 2018

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)							
	Loans or loan guarantees by related organization(s)				1e	X	
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on whether the instructions are information on whether the instructions are information on whether the instructions are information on which is the instruction of the instruction	ho must complete th	nis line, including covered re	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
<u>(1)</u>							
(2)							
(3)							
<u>(4)</u>							
<u>(5)</u>							
(6)							
832163	10.02.18			Schedule	R (Forr	n 990)	2018



ASSOCIATED STUDENTS OF CALIFORNIA Schedule R (Form 990) 2018 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are partner 501(d orgs	;)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	s sec.	Share of	Share of	Dispi	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	related, unrelated,	501(d orgs	s)(3) s.?	total	end-of-year	alloca	itions?	amount in box 20 of Schedule K-1	part	ner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	No	
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TO SMILDENING OF CALL

ASSOCIATED STUDENTS OF CALIFORNIA

Schedule F	R (Form 990) 2018	STATE	UNIVERSITY	, LOS AN	GELES, INC.	95-2044300) Page 5
Part VII	R (Form 990) 2018 Supplemental Info						
	Provide additional inform	mation for resp	oonses to questions o	n Schedule R. S	See instructions.		
_							

5 10-02-18 Schedule R (Form 990) 2018



Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Form 8868 (Rev. 1-2019)

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or ASSOCIATED STUDENTS OF CALIFORNIA print 95-2044300 STATE UNIVERSITY, LOS ANGELES, File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 5154 STATE UNIVERSITY DR, USU, NO. 203 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90032 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Return Application **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION -5151 STATE UNIVERSITY DRIVE, ADM 514 The books are in the care of ► - LOS ANGELES, CA 90032 Telephone No. ► 323-343-3571 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $_$, and ending $_$ \mathtt{JUN} $\,\,30$, $\,\,2019$ ► X tax year beginning JUL 1, 2018 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

823841 12-19-18

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.



TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

MR. CHRISTOPHER JOHNSON ASSOCIATED STUDENTS OF CSULA 5154 STATE UNIVERSITY DR, USU NO. 203 LOS ANGELES, CA 90032

PREPARED BY:

COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$ 373
LESS: PAYMENTS AND CREDITS	\$ 0
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
BALANCE DUE	\$ 373

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED	\$ 0
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

MAKE CHECK PAYABLE TO:

FRANCHISE TAX BOARD

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE MAY 15, 2020.



SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$373, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531



TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

MR. CHRISTOPHER JOHNSON ASSOCIATED STUDENTS OF CSULA 5154 STATE UNIVERSITY DR, USU NO. 203 LOS ANGELES, CA 90032

PREPARED BY:

COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814

AMOUNT OF TAX:

BALANCE DUE OF \$150

MAKE CHECK PAYABLE TO:

ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS

MAIL TAX RETURN TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

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



TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

828941 12-12-18

FORM 199

Ca	lendar Year	2018 or fiscal year beginning (mm/dd/yyyy)	07/01/2018	, and ending (n	nm/dd/yyy	y)	06	/30/2019	
	•	ganization name			Calif	ornia corpo	ration n	iumber	
		ATED STUDENTS OF CALIF				0277	210		
		UNIVERSITY, LOS ANGELE mation. See instructions.	S, INC.		FEI	03778	318		
^	danional inio	nation. See instructions.				 95-20	144	300	
s	treet address	(suite or room)				PMB no.	, , , , , , , , , , , , , , , , , , , 	300	
		TATE UNIVERSITY DR, US	U, NO. 203						
	ity	,	,	;	State	ZIP code			
L	OS AN	GELES			CA	90032	2		
F	oreign country	name	Foreign province/state/county			Foreign po	stal co	de	
_ A	First Retu	ırn	Yes X No J If e	cempt under R&TC Se	ction 2370	11d. has t	ne ora:	anization	
В	Amended	l Return •		aged in political activit					No
C		on 4947(a)(1) trust							No
D	Final Info	rmation Return?	If "Y	es," enter the gross re	eceipts fror	n nonmei	nber s	sources \$	
	•	Dissolved Surrendered (Withdrawn)		rganization is a public	•	•			
		(mm/dd/yyyy) ●		tion 23701d and meet	-				
E		counting method: (1) Cash (2) X Accrus		. No filing fee is requir					1 a.
F		eturn filed? (1) ● 990T (2) ● 990PF (3) Other 990 series		ne organization a Limit the organization file F				• Yes _A_] NO
G		group filing? See instructions		ort taxable income?				• Yes X	l No
Н		ganization in a group exemption		ne organization under] 140
		what is the parent's name?		audited in a prior year	-				No
				ederal Form 1023/102					No
I	Did the o	rganization have any changes to its guidelines		e filed with IRS					
_		ted to the FTB? See instructions							
_	Part I 0	omplete Part I unless not required to file this fo						1 460 011	1 00
		1 Gross sales or receipts from other sources					2	1,469,913	-
		2 Gross dues and assessments from members3 Gross contributions, gifts, grants, and sim					3		00
	Receipts	Total gross receipts for filing requirement test. Add This line must be completed. If the result is less that	line 1 through line 3. an \$50,000, see General Information	 1В			4	1,469,913	-
	and Revenues	5 Cost of goods sold		• 5		00			
•	tevenues	6 Cost or other basis, and sales expenses of	assets sold	• 6		00			
		7 Total costs. Add line 5 and line 6					7	1 460 013	00
_		8 Total gross income. Subtract line 7 from li					8 9	1,469,913	
ı	Expenses	9 Total expenses and disbursements. From \$10 Excess of receipts over expenses and disb					10	185,029	$\overline{}$
_			ursements. Subtract fine 5 fre				11		00
		12 Use tax. See General Information K					12	373	-
		13 Payments balance. If line 11 is more than					13		00
F	iling Fee	14 Use tax balance. If line 12 is more than line					14	373	3 00
		15 Filing fee \$10 or \$25. See General Informa					15	N/A	00
		16 Penalties and Interest. See General Inform					16	2.7.1	00
_		17 Balance due. Add line 12, line 15, and line Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer (c	3 16. Then subtract line 11 from this return, including accompanying the subtract line 11 from the subtract line 11 fro	om the result g schedules and statement	ts, and to the	best of my	17 knowle	dge and belief,	3 00
Si	-	it is true, correct, and complete. Declaration of preparer (c		information of which prepa		knowledge.			
Не	ere	Signature of officer	Title DTR	OF NEW ST	Date			Telephone	
_		or officer		Date	Check i	f		● PTIN	
		Preparer's LISA M. CUMMINGS	S, CPA	01/28/20		ployed		₽00043433	
Pa	ıid	Firm's name						Firm's FEIN	
Pr	eparer's	(or yours, if self-						22-1478099	
Us	e Only	employed) 400 CAPITOL MALI	•					• Telephone	,
_		SACRAMENTO, CA 9				. T 7		916-442-9100	<u> </u>
		May the FTB discuss this return with the prepare	<u>er shown above? See instruct</u>	ions		• X	Yes	No	

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.

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.

828951 12-12-18

		1	Gross sales or receipts from all b	ousiness activities. See instruc	tions	•	1		00
		2	Interest				2		34,268 00
		3	Di il I			_	3		00
Rec	eipts	4				_	4		00
fror	•	5	Gross royalties				5		00
Oth		6	Gross amount received from sale	e of assets (See Instructions)		•	6		00
	rces	7	Other income		SEE STA	TEMENT 1 •	7		,435,645 00
-	1000	8	Total gross sales or receipts from	m other sources. Add line 1 th	rough line 7 Enter here and o	n Side 1 Part I line 1	8		,469,913 00
		9	Contributions, gifts, grants, and				9		106,707 00
		10					10		00
		11	Disbursements to or for member Compensation of officers, director	ore and truetone	SEE STA	πΕΜΕΝΤ 3 .	11		146,681 00
							12		195,596 00
F./-		12	Other salaries and wages				13		
-	enses	13	Interest						25,065 00
and		14	Taxes				14		
	burse-	15	Rents				15		22,453 00
mei	nts	16	Depreciation and depletion (See	instructions)		——————————————————————————————————————	16		18,465 00
		17	Other Expenses and Disburseme	nts	SEE STA	TEMENT 4 •	17		769,917 00
			Total expenses and disbursemen				18		,284,884 00
Sc	hedu	ie L	Balance Sheet	Beginning of			of taxa	ble ye	
Ass	ets			(a)	(b)	(c)			(d)
	Cash				1,658,044			•	1,933,108
			s receivable		97,056			•	19,994
			ceivable					•	
4	Invento	ories .						•	
			state government obligations					•	
			in other bonds					•	
7	Investr	nents	in stock					•	
8	Mortga	ige loa	ans					•	
9	Other i	nvesti	ments					•	
10	a Depi	reciab	le assets	224,004		230,98			
	b Less	accu	mulated depreciation	(197,226	26,778	(215,545	5)		15,442
11			<u>.</u>					•	_
12	Other a	issets	STMT 5		39,386			•	41,199
					1,821,264				2,009,743
			et worth						
	Accour		t t		71,816			•	56,455
			s, gifts, or grants payable		•			•	· · ·
			notes payable					•	
			payable					•	
18	Other I	iahiliti	ies STMT 6		323,429				79,410
19	Canital	stock	c or principal fund		7 - 7			•	
			tal surplus. Attach reconciliation					•	
			nings or income fund		1,426,019			•	1,873,878
			ies and net worth		1,821,264				2,009,743
	hedu			oer books with income per ret					2,003,743
-				dule if the amount on Schedule		s than \$50.000.			
1	Net inc	ome i	per books	1 44-					
	Federal			_	not included in th			•	
			pital losses over capital gains		8 Deductions in this				
			recorded on books this year			me this year		•	
			corded on books this year not		9 Total. Add line 7			Ť	
J				•					
e					10 Net income per re				185,029
	TUIAI. F	auu III	ne 1 through line 5		Subtract line 9 fro	om line 6			100,029

CA 199	OTHER INCOME		STATEMENT 1
DESCRIPTION			AMOUNT
MISCELLANEOUS REVENUE	1	-	19,542.
STUDENT GOVERNMENT			740,486.
STUDENT SERVICES			492,681.
COMMUNITY SVC. SUPPOR	T	_	182,936.
TOTAL TO FORM 199, PA	RT II, LINE 7	=	1,435,645.
CA 199	CASH CONTRIBUTIONS, GIFTS AND SIMILAR AMOUNTS P.		STATEMENT 2
ACTIVITY CLASSIFICATI	ON: STUDENT GRANT-IN-AID		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STUDENT GRANT-IN-AID	5154 STATE UNIVERSITY DR. USU 203 - LOS ANGELES, CA 90032	STUDENTS	105,957.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SCHOLARSHIPS	5154 STATE UNIVERSITY DR. USU 203 - LOS ANGELES, CA 90032	STUDENTS	750.
	TOTAL FOR THIS ACTIVITY		106,707.
TOTAL INCLUDED ON FOR	M 199, PART II, LINE 9		106,707

CA 199 COMPENSATION	OF OFFICERS,	DIRECTORS AND TRUSTEES STA	ATEMENT 3
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK CO	OMPENSATION
AARON CASTANEDA 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	VP FOR FINANCE 5.00	0.
ALYSIN GREEN 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	STUDENT REPRESENTATIVE (OU 5.00	0.
CHRISTOPHER KOO 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	STUDENT REPRESENTATIVE 5.00	0.
DAVID SAN 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	SECRETARY/TREASURER 5.00	0.
DAVONA WATSON 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	STUDENT REPRESENTATIVE 5.00	0.
EDGAR CHAVEZ 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	STUDENT REPRESENTATIVE 5.00	0.
FRITZA PLASCENCIA 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	STUDENT REPRESENTATIVE 5.00	0.
JACOB AMAYA 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	STUDENT REPRESENTATIVE 5.00	0.
JACQUELYN ACOSTA 5154 STATE UNIVERSITY DR, 203 LOS ANGELES, CA 90032	USU, NO.	VP FOR ACADEMIC GOVERNANCE 5.00	0.

0. STUDENT REPRESENTATIVE PANDIAN RAJARAM 5154 STATE UNIVERSITY DR, USU, NO. 203 5.00 LOS ANGELES, CA 90032

STATEMENT(S) 3

	DAET	
ASSOCIATED STUDENTS OF CALIFORNIA	STATE	95-2044300
RASHAD FREEMAN 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE (OU 5.00	0.
RAUL RODRIGUEZ 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
RAYMOND PETERS 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE (OU 5.00	0.
SELENE CASTILLO 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
SMITKUMAR PATEL 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
THU-LAN 'LILY' NGUYEN 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VICE CHAIR FOR FINANCE 5.00	0.
VERONICA GARCIA-MARTINEZ 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VP FOR EXTERNAL AFFAIRS & 5.00	0.
INTEF WESER 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	EXECUTIVE DIRECTOR (OUTGOI 40.00	83,056.
MARCUS RODRIGUEZ 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	INTERIM EXECUTIVE DIRECTOR 40.00	63,625.
TOTAL TO FORM 199, PART II, LINE 1	- .1 =	146,681.

CA 199 OTHER EXPENSES		STATEMENT 4
DESCRIPTION		AMOUNT
PROGRAM EXPENSES OTHER EXPENSES EQUIP RENTAL & MAINT ADMIN EXPENSES OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE TOTAL TO FORM 199, PART II, LINE 17		409,714. 33,796. 8,039. 1,899. 104,810. 2,725. 77,391. 22,027. 64,212. 8,020. 32,428. 4,856.
CA 199 OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	39,386.	41,199.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	39,386.	41,199.
CA 199 OTHER LIABILITIES		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET POST-RETIREMENT BENEFIT OBLIGATION DUE TO AFFILIATES	263,344. 60,085.	52,147. 27,263.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	323,429.	79,410.
CA 199 FUND BALANCES		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	1,426,019.	1,873,878.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,426,019.	1,873,878.



Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

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

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd

month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

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

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

839035 12-12-18

_ DETACH HERE _ _ _ _ _ _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ _ _ DETACH HERE _ _ _ **CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corporations and Exempt **Organizations e-filed Returns** 2018

CALIFORNIA FORM

3586 (e-file)

0377818 95-2044300 3 ASSO 000000000000 18 FORM

07-01-2018 TYE06-30-2019

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY LOS ANGELES INC

5154 STATE UNIVERSITY DR USU NO 203 LOS ANGELES 90032 CA

(323) 343-4780

Amount of Payment

022 6181186 FTB 3586 2018

373.



MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than the 15th day of the 5th month 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 10308	Check if:	<u>'</u>		
ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Name of Organization		nge of address ended report		
5154 STATE UNIVERSITY DR, USU, NO. 203 Address (Number and Street)	Corporate	or Organization No. 0377818		
LOS ANGELES, CA 90032 City or Town, State and ZIP Code	Federal Em	ployer I.D. No. 95-2044300		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R				
Gross Receipts Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fe	<u>e</u>
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$25 \$30	25
PART A - ACTIVITIES				
For your most recent full accounting period (beginning $\frac{07/01/20}{1,469,913}$ Total assets \$		ing 06/30/2019) list: , 009, 743		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	PORT		
Note: If you answer "yes" to any of the questions below, you must attach a se "yes" response. Please review RRF-1 instructions for information requi		e providing an explanation and details fo	r eac	h
During this reporting period, were there any contracts, loans, leases or other file that the second state of the second state		· ·	Yes	No
and any officer, director or trustee thereof either directly or with an entity in whany financial interest?	lich any suc	n oπicer, director or trustee nad		x
2. During this reporting period, were there any theft, embezzlement, diversion or or funds?	misuse of th	e organization's charitable property		х
3. During this reporting period, did non-program expenditures exceed 50% of gro	ss revenue?			Х
4. During this reporting period, were any organization funds used to pay any penawith the Internal Revenue Service, attach a copy.	alty, fine or j	udgment? If you filed a Form 4720		Х
5. During this reporting period, were the services of a commercial fundraiser or full full "yes," provide an attachment listing the name, address, and telephone numbers.	•	···		х
During this reporting period, did the organization receive any governmental fur name of the agency, mailing address, contact person, and telephone number.	nding? If so,	provide an attachment listing the		х
 During this reporting period, did the organization hold a raffle for charitable put the number of raffles and the date(s) they occurred. 	rposes? If "y	es," provide an attachment indicating		х
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity or whether the organization contracts with a commercial contract of the charity of the charity or whether the organization contracts with a commercial contract of the charity of the				х
9. Did your organization have prepared an audited financial statement in accorda principles for this reporting period?	nce with ge	nerally accepted accounting	Х	
Organization's area code and telephone number 323-343-4780				
Organization's e-mail address				
I declare under penalty of perjury that I have examined this report, including accompanying is true, correct and complete.	•		e conte	ent
CHRISTOPHER JOHNSON		IR OF NEW TUDENT/PARENT		
Signature of authorized officer Printed Name	Tit			

829291 04-01-18 RRF-1 (08/2017)