DRAFT

MS. CAROL ROBERTS-ORB
ASSOCIATED STUDENTS OF CSULA
CLIENT COPY
2019
YEAR ENDING JUNE 30, 2020



DRAFT



Independent Member of Nexia International cohnreznick.com





MS. CAROL ROBERTS-ORB ASSOCIATED STUDENTS OF CSULA 5154 STATE UNIVERSITY DR, USU NO. 203 LOS ANGELES, CA 90032

DEAR CAROL:

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.

2019 FORM 990

2019 CALIFORNIA FORM 199

2019 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 TAXING AUTHORITY EXAMINE A 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 RETURN.

VERY TRULY YOURS,

LISA M. CUMMINGS, CPA SENIOR MANAGER





IMPORTANT PLEASE RESPOND IMMEDIATELY

EFILE SIGNATURE AUTHORIZATION FORM(S)

URGENT - NEW E-FILING RULE WITH MAJOR IMPACT

DUE TO MORE STRINGENT STATE REQUIREMENTS REGARDING E-FILED RETURNS, WE MUST RECEIVE YOUR E-FILE FORMS WITHIN THE NEXT 5 BUSINESS DAYS OR BY RETURN'S DUE DATE IF EARLIER. IF NOT RECEIVED, YOUR E-FILING MAY BE DELAYED AND THERE IS A HIGH LIKELIHOOD THAT WE WILL NEED YOU TO RE-SIGN AND DATE ONE OR MORE E-FILE FORMS.

PLEASE REVIEW YOUR TAX RETURN(S) <u>IMMEDIATELY!</u> YOUR TAX RETURN(S) <u>CANNOT BE FILED</u> BY US UNTIL WE RECEIVE THE ENCLOSED AUTHORIZATION FORM(S) FROM YOU AUTHORIZING US TO FILE THE ATTACHED FORMS!

THE IRS WILL ACCEPT AN ELECTRONIC SIGNATURE FOR ALL FEDERAL E-FILE FORMS PROVIDED THE RETURN IS E-FILED IN 2020.

AS THE STATE/LOCAL RULES MAY VARY, MANUAL SIGNATURES ARE RECOMMENDED ON SUCH E-FILE AUTHORIZATION FORMS.

RETURN THE SIGNED AND DATED AUTHORIZATION FORM(S) VIA:

- EMAIL: SACREFILE@COHNREZNICK.COM
- FAX: (916) 930-5739
- SECURE UPLOAD VIA SHAREFILE WEB SOLUTION: CLICK <u>THIS LINK</u> TO ACCESS USE OTHER RETURN OPTIONS IF UNABLE TO ACCESS SHAREFILE LINK

IF AN ELECTRONIC PAYMENT IS BEING MADE WITH THE RETURN(S), PLEASE NOTIFY YOUR BANKING INSTITUTION OF THE PENDING WITHDRAWAL AND ENSURE THAT YOU HAVE VERIFIED YOUR BANK ACCOUNT NUMBER AND WITHDRAWAL AMOUNTS WITH YOUR ENGAGEMENT TEAM.

WE APPRECIATE YOUR EFFORTS TO RETURN THE COMPLETED ENCLOSED FORM(S) AS SOON AS POSSIBLE.

THANK YOU,

COHNREZNICK LLP

CohnReynickIII



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2020

PREPARED FOR:

MS. CAROL ROBERTS-ORB 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 17, 2021

IRS e-file Signature Authorization for an Exempt Organization

	-		•			
r calendar year 2019, or fiscal year beginning	${\sf JUL}$	1	, 2019, and ending	JUN	30	, 20 2 (

Department of the Treasury	Do not send to the IRS. Keep for your records.		
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	identification number
	FUDENTS OF CALIFORNIA		
STATE UNIVER	SITY, LOS ANGELES, INC.	95-2	044300
Name and title of officer			
CAROL ROBERT	S-ORB		
	JTIVE DIRECTOR		
Part I Type of	Return and Return Information (Whole Dollars Only)		
Check the box for the re	rurn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	m the retur	n. If you check the box
on l ine 1a, 2a, 3a, 4a, or	5a, below, and the amount on that line for the return being filed with this form was blank,	then leave l	ine 1b, 2b, 3b, 4b, or 5b,
whichever is applicable,	blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	line below	. Do not complete more
than one l ine in Part I.			
1a Form 990 check her	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1h	1.387.316.
2a Form 990-EZ check			2700770200
3a Form 1120-POL che			
	, , , , , , , , , , , , , , , , , , , ,		
4a Form 990-PF check	<u> </u>	-	
5a Form 8868 check he	re b Balance Due (Form 8868, line 3c)	5b .	
Dout II Dealow	stion and Cignoture Authorization of Officer		
	ation and Signature Authorization of Officer		
	y, I declare that I am an officer of the above organization and that I have examined a copy		
	companying schedules and statements and to the best of my knowledge and belief, they a mount in Part I above is the amount shown on the copy of the organization's electronic ret		
	rider, transmitter, or electronic return originator (ERO) to send the organization's electronic ret		
	of receipt or reason for rejection of the transmission. (b) the reason for any delay in proce		
` ,	applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an e	-	
	al institution account indicated in the tax preparation software for payment of the organiza		
	nstitution to debit the entry to this account. To revoke a payment, I must contact the U.S.		
	than 2 business days prior to the payment (settlement) date. I also authorize the financial in		
	nic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic ref		
	electronic funds withdrawal.	um anu, m	applicable, trie
3			
Officer's PIN: check on	e box only		
	•		OF 01 4
A lauthorize	OHNREZNICK LLP	to enter my	
	ERO firm name		Enter five numbers, b do not enter all zeros
	e on the organization's tax year 2019 electronically filed return. If I have indicated within the		
•	rith a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth	norize the a	forementioned ERO to
enter my PIN o	on the return's disclosure consent screen.		
As an officer of	f the organization, I will enter my PIN as my signature on the organization's tax year 2019 ϵ	ectronicall	y filed return. If I have
	n this return that a copy of the return is being filed with a state agency(ies) regulating chari	ties as part	of the IRS Fed/State
program, I will	enter my PIN on the return's disclosure consent screen.		
Officer's signature	Date ▶		
Part III Certific	ation and Authentication		
ERO's EFIN/PIN. Enter	our six-digit electronic filing identification		
	by your five-digit self-selected PIN. 68297668297		
	Do not enter all zeros		
I certify that the above n	umeric entry is my PIN, which is my signature on the 2019 electronically filed return for the	organizatio	on indicated above. I
	ting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF		
e-file Providers for Busin		,	
o 1110			
ERO's signature ► COH	NREZNICK LLP Date ▶ 03/	/19/21	
ENUS SIGNALUTE - CON		<u> </u>	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do	So	
			5 0070 FO (00.10

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

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

(Rev. January 2020) Department of the Treasury Internal Revenue Service ▶ 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.

Open to Public Inspection

OMB No. 1545-0047

<u>A 1</u>	or th	e 2019 calendar year, or tax year beginning 00L 1, 2019 and end	aing U	UN 30, 2020							
B (Check if upplicab	ASSOCIATED STUDENTS OF CALIFORNIA		D Employer identif	ication number						
	Addre										
	Name chang	Doing business as		95-20443	00						
Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
Final Final 5154 STATE UNIVERSITY DR, USU 203 323-343-4780											
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,387											
Amended LOS ANGELES, CA 90032 H(a) Is this a group return											
	Application	F Name and address of principal officer. CITY 15 101 11 11 10 01 11 15 01		for subordinate	s? Yes X No						
	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [527	If "No," attach a	a list. (see instructions)						
<u>J \</u>	N ebsi	te: ► WWW.ASICSULA.ORG		H(c) Group exemption	on number 🕨						
		forganization: X Corporation Trust Association Other	L Year	of formation: 1959	M State of legal domicile: CA						
Pa	art I	Summary									
4	1	Briefly describe the organization's mission or most significant activities: BUILDI	NG A	N ACTIVE CA	MPUS						
Activities & Governance		COMMUNITY WITH VISIBLE REPRESENTATION AND A	A QUA	LITY EDUCAT	IONAL						
rna	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets.						
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	22						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4							
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0						
/iţi	6	Total number of volunteers (estimate if necessary)		6	0						
ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
	b	Net unrelated business taxable income from Form 990-T, line 39			0.						
				Prior Year	Current Year						
Φ	8	Contributions and grants (Part VIII, line 1h)		0.	0.						
ğ	9	Program service revenue (Part VIII, line 2g)		1,416,103.	1,344,336.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34,268.	28,914.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,542.	14,066.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,469,913.	1,387,316.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		106,707.	263,855.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		472,152.	349,941.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>. </u>								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		706,025.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,284,884.							
	19	Revenue less expenses. Subtract line 18 from line 12		185,029.	167,313.						
Net Assets or			Be	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		2,009,743.	2,156,559.						
t As	21	Total liabilities (Part X, line 26)		135,865.	87,191.						
<u>Re</u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,873,878.	2,069,368.						
	art II	Signature Block									
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules an	d stateme	nts, and to the best of m	y know l edge and belief, it is						
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.							
Sig	n	Signature of officer		Date							
Her	е	•	RECTO	<u>)R</u>							
		Type or print name and title	1.5	Octo Lauri	DTIN						
	_	Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		LISA M. CUMMINGS, CPA LISA M. CUMMINGS,	CB 0	3/19/21 "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 I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

CTATE INTUERCITY LOC ANCELEC

95-2044300

Chack (Schedule Centures a taggories or rote to any line in this Part III		rt III Statement of Program Service Accomplishments	300 Page Z
THE PURPOSE OF ASSOCIATED STUDENTS, INC. IS TO PROVIDE AND PROMOTE OPPORTUNITIES FOR STUDENT PARTICIPATION IN CAMPUS GOVERNANCE, PROVIDE AN OPPORTUNITIES FOR STUDENT PARTICIPATION IN CAMPUS GOVERNANCE, PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPERISED, TO PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPERIENCE AND TRAINING IN PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPERIENCE AND TRAINING IN Proper form 500 #60627 If "ves." describe these new services on Schedule 0. Both the organization cases conducting, or make significant changes in how it conducts, any program services? [Ves. X No. If "ves." describe these changes on Schedule 0. Details the organization cases conducting, or make significant changes in how it conducts, any program services? [Ves. X No. If "ves." describe these changes on Schedule 0. Describe the organization organization reports mervice accomplishments for each of its three largest program services, as measured by expenses. Section 5010(X) and 5010(X) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses. Section 5010(X) and 5010(X) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses. Section 5010(X) and 5010(X) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service to the student of the strength of the services of the strength of th			X
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AN OFFICIAL VOICE THROUGH WHICH STUDENT OPINION MAY BE EXPRESSED; TO PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPREISENCE AND TRAINING IN 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 800 or 980-E2?		THE PURPOSE OF ASSOCIATED STUDENTS, INC. IS TO PROVIDE AND PROMO	TE
PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPRIENCE AND TRAINING IN prior Form 590 or 990-E27 If "Yes," describe these new services on Schedule 0. 3 Did the organization creates conducting, or make significant changes in how it conducts, any program services? [Yes X] No If "Yes," describe these changes on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, as section 501(6)(3) and 501(6)(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 (cost) (Expenses 4 460, 345.) ** Totalory praterior* 3 111, 855.) (Processor, the total expenses, and revenue, if any, for each program service reported. 5TUDENT GOVERNMENT AND ELECTIONS ARE DESIGNED TO ENHANCE COLLEGIATE EXPERIENCE THROUGH PARTICIPATION IN CAMPUS GOVERNANCE, ELECTIONS ARE ALMED TO ENCOURAGE CAMPUS WIDE PARTICIPATION OF APPROXIMATELY 27,000 STUDENTS WHO ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES. 4b (Cost) (Expenses 1 180,145. relatory protect 1 180,145.) COMMUNITY THROUGH VARIOUS ACTIVITIES AND INVOLVEMENT. 4c (Cost) (Expenses 1 444,642. relatory protect 1 152,000.) (Recent 1 180,145.) ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES. 4d (Cost) (Expenses 1 444,642. relatory protect 1 152,000.) (Recent 1 180,1845.) ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES.		·	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. Yes X No If Yes, "describe these changes on Schedula 0. Yes X No If Yes, "describe these changes on Schedula 0. Yes X No If Yes, "describe these changes on Schedula 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, "School (16) and 501 (6) organization service accomplishments for each of its three largest program services, as measured by expenses, Section 501 (6)(3) and 501 (6) and 5			
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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)?			-110
•	If "Yes," complete Schedule A	1	х	
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			
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Х
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21		21	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	4 1	77	

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Form 990 (2019) STATE UNIVERSITY, LOS ANGELES, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	
00	Did the consolidation was at most them the OCO of most and the consistence to soft a describe in this ideal.		Yes	<u>No</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-00		Х
04	Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
L-	Schedule K. If "No," go to line 25a	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 240</u>		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	LOD		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	Х	37
	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	051		
26	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?	26		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 22
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 51		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return2a	0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		<u>3b</u>							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<u>4a</u>		X					
b	If "Yes," enter the name of the foreign country	— I								
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<u>5a</u> 5b		<u>X</u>					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid									
-	any contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?		7c		<u> </u>					
	If "Yes," indicate the number of Forms 8282 filed during the year				37					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		<u>X</u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		7g 7h							
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70 . C?	711							
•	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
100	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?		120							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<u>12a</u>							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	l	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									
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u>X</u>					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v					
	excess parachute payment(s) during the year?		15		X					
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X					
16	If "Yes," complete Form 4720, Schedule O.	·····	16		23					
	ii 100, complete i omi 4720, conecute o.		Eorn	aan	(2019)					

Form 990 (2019)

STATE UNIVERSITY, LOS ANGELES, INC.

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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 on Schedule O. See instructions.

a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing tody deligated broad authority to an executive committee or stimular committee, explain on Saleatate 0, before the number of voting members included on the line 1a, above, who are independent or enterpolated in the properties of the governing body. The properties of the governing body of the organization delegate control over management duties customarily performed by or under the direct supervision of officiors, director, trustee, or key employee? 3 Did the organization have members or stockholders? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders? 7a Did the organization have members, stockholders? 8 Did the organization have members, stockholders? 9 Did the organization have members, stockholders? 9 Did the organization have members, stockholders? 10 Did the organization have members, stockholders? 11 Did the organization have members, stockholders? 12 X X X X X X X X X X X X X	500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					<u>X</u>				
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? *No. * go to for 13 12a X 12b X											
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12 X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed ►CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records											
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13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	⁄es," d	escribe							
14					12c	X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filled ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 323-343-4780	13	Did the organization have a written whistleblower policy?			13		<u> X</u>				
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exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▼ THE ORGANIZATION - 323-343-4780	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation							
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ THE ORGANIZATION - 323-343-4780		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's							
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X Own website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► THE ORGANIZATION - 323-343-4780					,,						
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20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 323-343-4780				ponoj, uno							
THE ORGANIZATION - 323-343-4780	20		oks and	d records							
			ail								
		5154 STATE UNIVERSITY DR, USU, NO. 203, LOS ANGELES	3. 0	A 90032							

STATE UNIVERSITY, LOS ANGELES, INC

95-2044300

<u>Page</u> **7**

Form 990 (2019) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	one	Reportab l e	Reportab l e	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Cer an	uau	recto	ii usi	.66)	from	from related	other
	(list any	lirecto						the organization	organizations (W-2/1099-M I SC)	compensation from the
	related	e or (stee			satec		(W-2/1099-MISC)	(***2/1099-101100)	organization
	organizations	ndividual trustee or director	Institutional trustee		ıyee	Highest compensated employee		(** =/ *********************************		and related
	below	idua	tution	er	Key employee	est co loyee	Jer.			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) AARON CASTANEDA	5.00									
VP FOR FINANCE		Х		Х				0.	0.	0.
(2) AMEYA INGALE	5.00								_	
COLLEGE OF ECS&T REP		Х						0.	0.	0.
(3) ANNA NGUYEN	5.00							_		_
COLLEGE OF NATURAL/SOCIAL SCI REP		Х						0.	0.	0.
(4) CHRISTOPHER KOO	5.00									
VP FOR FINANCE		Х		Х				0.	0.	0.
(5) DAVID SAN	5.00								•	
SECRETARY/TREASURER	F 00	Х		Х				0.	0.	0.
(6) DIANA CHAVEZ	5.00	,,		,,						
VP FOR ACADEMIC GOVERNANCE	F 00	Х		X				0.	0.	0.
(7) ECE ERTUNO	5.00	٠,,							0	
COLLEGE OF ARTS AND LETTERS REP	F 00	Х						0.	0.	0.
(8) JACQUELYN ACOSTA	5.00	Ψ,		7.7					0	_
PRESIDENT	F 00	Х		Х				0.	0.	0.
(9) JAY JOSHI	5.00	х						0.	0.	_
CIVIC ENG (COMMUNITY AFFAIRS REP) (10) JOCELINE RIVERA JIMENEZ	5.00	Λ			_			0.	0.	0.
VP FOR EXTERNAL AFFAIRS/ADVANCEMENT	3.00	х		х				0.	0.	0.
(11) JOCELYN VARGAS	5.00	Δ		^				0.	0.	· ·
COLLEGE OF HEALTH & HUMAN SVCS REP	3.00	х						0.	0.	0.
(12) JORGE CRUZ	5.00								0.	<u> </u>
CAMPUS AFFAIRS REP	7.00	х						0.	0.	0.
(13) JORGE SALAZAR	5.00							•	•	•
COLLEGE OF BUSINESS & ECONOMICS REP	3.00	х						0.	0.	0.
(14) KAYLA MISA	5.00							•	•	
COLLEGE OF BUSINESS & ECONOMICS REP	3.00	х						0.	0.	0.
(15) KIMBERLINE RODRIGUEZ	5.00								0.1	
CAMPUS AFFAIRS REP		х						0.	0.	0.
(16) KYLE MISA	5.00	1								
COLLEGE OF ECS&T REP		Х						0.	0.	0.
(17) MATIANA PARRA	5.00									
CAMPUS AFFAIRS REP		Х						0.	0.	0.

Form 990 (2019)

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Form 990 (2019) STATE UN	CVERSITY	. <u>, </u>	ЬC	S	ΑN	IGE	LE	ES, INC.	95-2	044	300	Pa	age 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	١,,		Pos				Reportable	Reportable)	l Est	imate	:d
	hours per					than is both		compensation	compensation		l am	ount o	of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related		,	other	
	(list any	ctor						the	organization	ıs	comp	oensa	tion
	hours for	director				- - - -		organization	(W-2/1099-MIS	SC)	fro	om the	Э
	related	tee or	ustee			ensat		(W-2/1099-MISC)			orga	anizati	on
	organizations	trus	la tr		эуее	dwo					and	relate	∍d
	below	Individual trustee	nstitutional trustee	Je.	Key employee	est c	ner				orga	nizatio	วทร
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Former						
(18) NADINE GOSTANTIAN	5.00												
COLLEGE OF HEALTH & HUMAN SVCS REP		Х						0.		0.			0.
(19) PANDIAN RAJARAM	5.00									_			
CAMPUS AFFAIRS REP		Х						0.		0.			0.
(20) SATHYA RAMINANI	5.00												
COLLEGE OF NAT & SOCIAL SCIENCES REP		Х						0.		0.			0.
(21) TEADY OCHOA	5.00												
VP FOR ADMINISTRATION		Х		Х				0.		0.			0.
(22) TU (TYLER) NGUYEN	5.00												
VICE CHAIR FOR FINANCE		Х						0.		0.			0.
(23) CHRISTOPHER JOHNSON	40.00												
DIR OR NEW STUDENT AND PARENT PROG				Х				0.	89,4	07.	33	3,64	12.
(24) MARCUS RODRIGUEZ	40.00												
INTERIM EXEC DIRECTOR (OUTGOING)				Х				77,102.		0.	9	, 68	30.
								·				•	
		1											
1b Subtotal							▶	77,102.	89,4	07.	43	3,32	22.
c Total from continuation sheets to Part VI							•	0.		0.			0.
d Total (add lines 1b and 1c)							•	77,102.	89,4	07.	43	3,32	22.
2 Total number of individuals (including but n						e) wh	o re		000 of reportable	э		•	
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·		-			0
												Yes	No
3 Did the organization list any former officer,	director trusto	ee k	ev e	emp	ove	e or	hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for si		,	•		•		_	•	•		3		Х
4 For any individual listed on line 1a, is the su											Ŭ		
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a											-		
	-				-			=			5		Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u>plete Schedule</u>	e J f	or si	ıch j	oers	on] 3		
Complete this table for your five highest contact the stable for your five highest contact the your five highest contact the your five highest contact the	mnoneated inc	lono	ndo	nt co	ntr	acto	re th	and received more than	100 000 of com	nonea	tion fro	m	
the organization. Report compensation for the	-								-	ренва	lion no	1111	
(A)	irie caleridar ye	Jai C	, i i Gii	ig w	iui c	JI VVI		(B)	cai.		(C	`	
Name and business	address	NO	ІИС	₹.				Description of s	services	C	omper omper		า
-													
							T						
							一						
2 Total number of independent contractors (in	•	ot l ir	nite	d to		_	sted	above) who received me	ore than				
\$100,000 of compensation from the organiz	zation)						200	
											Form §	99 0 (2	2019)

95-2044300

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Form 990 (2019) STATE U STATE UNIVERSITY, LOS ANGELES,

r ai	C VII		or note to any lin	vo in this Dort \/III			
		Check if Schedule O contains a response	or note to any iin	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1c 1d 1e 1e	•				
			Business Code				
g,	2 a	STUDENT SERVICES	900099	703,846.	703,846.		
.≧ ″	b		900099	460,345.	460,345.		
Segre	С	COMMUNITY SVC. SUPPORT	900099	180,145.	180,145.		
eve	d						
Program Service Revenue	е						
ፈ	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> </u>	1,344,336.			
	3	Investment income (including dividends, intereduction other similar amounts) Income from investment of tax-exempt bond p		28,914.			28,914.
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses					
Revenue	С	Gain or (loss)					
- Be		Net gain or (loss)					
Other		Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b					
	D	Net income or (loss) from fundraising events					
	0.0	Gross income from gaming activities. See					
	Эа	Part IV, line 19					
	h	Less: direct expenses 9b					
	0	Net income or (loss) from gaming activities					
	10 0	Gross sales of inventory, less returns					
	10 a	and allowances 10a					
	h	Less: cost of goods sold 10kg	†				
		Net income or (loss) from sales of inventory	<u>"</u>				
\dashv	U	THE THEOTHE OF HOSS/ HOTH SAIGS OF HIVEHLOTY	Business Code				
န္	11 a	MISCELLANEOUS REVENUE	900099	14,066.			14,066.
Miscellaneous Revenue	ii a b			,			,
ke la	C						
Bess		All other revenue					
Σ		Total. Add lines 11a-11d	>	14,066.			
	12	Total revenue. See instructions		1,387,316.	1,344,336.	0.	42,980.

Form 990 (2019)

STATE UNIVERSITY, LOS ANGELES,

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).

Do r					
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	150,000.	150,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	113,855.	113,855.		
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,		24 -46		
	trustees, and key employees	39,299.	31,516.	7,783.	
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	221,800.	175,895.	45,905.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,292.	15,468.	2,824.	
9	Other employee benefits	50,324.	42,555.	7,769.	
10	Payroll taxes	20,226.	17,103.	3,123.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	200.	117.	83.	
С	Accounting	83,135.	48,455.	34,680.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	15,090.	8,795.	6,295.	
12	Advertising and promotion	52,291.	52,291.		
13	Office expenses	12,665.	10,722.	1,943.	
14	Information technology				
15	Royalties				
16	Occupancy	22,453.	13,266.	9,187.	
17	Travel	31,075.	29,575.	1,500.	
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	8,393.	4,959.	3,434.	
23	Insurance	5,642.	3,334.	2,308.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	332,363.	332,363.		
b	GENERAL & ADMIN	16,429.	12,150.	4,279.	
С	OTHER EXPENSES	13,814.	11,696.	2,118.	
d	EQUIP RENTAL & MAINT	12,657.	11,017.	1,640.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,220,003.	1,085,132.	134,871.	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.	I	I	I	

Form **990** (2019)

95-2044300 Page 10

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC

Form 990 (2019)

Part X | Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	913,513.	1	393,878		
	2	Savings and temporary cash investments			1,019,595.	2	1,652,298
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,994.	4	19,507
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	lified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			41,199.	9	45,789
	10a	Land, buildings, and equipment: cost or other		25- 222			
		basis. Complete Part VI of Schedule D	10a	265,988.	4 = 440		45 005
	b	Less: accumulated depreciation		220,901.	15,442.	10c	45,087
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0 000 740	15	0 156 550
	16	Total assets. Add lines 1 through 15 (must equ	2,009,743.	16	2,156,559		
	17	Accounts payable and accrued expenses	56,455.	17	48,896		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subscontrolled entity or family member of any of the				22	
Lial	00	Secured mortgages and notes payable to unrel		,		23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	2 4 25	Other liabilities (including federal income tax, p.				24	
	25	parties, and other liabilities not included on line					
		of Schedule D	.3 17 2 1).	Complete Fart A	79,410.	25	38,295
	26	Total liabilities. Add lines 17 through 25			135,865.	26	87,191
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.		, <u> </u>			
anc	27				1,873,878.	27	2,069,368
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC					
·Fu		and complete lines 29 through 33.					
S OF	29	Capital stock or trust principal, or current funds	s			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	ncome, o	r other funds		31	
Net	32	Total net assets or fund balances			1,873,878.	32	2,069,368.
_	33	Total liabilities and net assets/fund balances	<u></u>		2,009,743.	33	2,156,559.

STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300 Page **12**

	1 990 (2019) STATE UNIVERSITY, LOS ANGELES, INC.	95-20	44300	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,387		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,220	0,0	<u>03.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,873		
5	Net unrealized gains (losses) on investments	5	6	5,3	<u>35.</u>
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 on Schedule O)	9	21	L,8	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,069	7,3	<u>68.</u>
Pa	rt XIII 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	=	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)



SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public

Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATED STUDENTS OF CALIFORNIA Employer identification number STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300

Pa	ırt I	Reason for Public (Charity Status (All organizations must co	omp l ete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	,	<u> </u>	•	•	1\/A\/i\	
							· /(~/(·)•	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
3								
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in section	on 170(b)(1)(A)(III). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	pub l ic described in
		section 170(b)(1)(A)(vi). (C	omp l ete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	unction with a land-grant	college
		or university or a non-land-g				-	=	=
		university:	, and comege or agree				, and class of the comog	
10	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sun	oort from c	ontributio	ne membershin fees ar	nd aross receipts from
10		activities related to its exem	-					-
		income and unrelated busin	•	•			• • •	
				(less section 511 tax) inc	iii busiiles	ses acqui	red by the organization a	arter June 30, 1973.
		See section 509(a)(2). (Con	. ,	i vali vita itaat faw mushii a aas	fatu Caa	: F (20(-)(4)	
11		An organization organized a	•	•	•			•
12		An organization organized a	·	=	-			
		more publicly supported or	=					Check the box in
		lines 12a through 12d that o⊓	· - ·				=	
a	1		•	·		-		= =
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
k	,		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntro l or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	:	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.	
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distri	ibution red	quirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga	•	· ·				
		functionally integrated, or					31 / 31 / 31	
1	Ente	er the number of supported o	• •	, , , , , , , , , , , , , , , , , , , ,	5 5			
		vide the following information	-	d organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				abovo (boo motraotiono))				

Schedule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 2

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and						_	
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
Ŭ	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						-	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	(4) 2010	(5) 2010	(6) 2311	(4) 2010	(0) 2313	(i) rotal	
8	Gross income from interest,							
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
3	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							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						-	
	Gross receipts from related activities,	oto (soo instructio	l			12	_	
	First five years. If the Form 990 is for			t fourth or fifth to				
13	organization, check this box and stor							
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2019 (li			olumn (f))		14	%	
	Public support percentage from 2018					15	%	
	33 1/3% support test - 2019. If the o							
	stop here. The organization qualifies	-					. —	
b	33 1/3% support test - 2018. If the o		•					
_	and stop here. The organization qual	-					► □	
172	10% -facts-and-circumstances test							
. <i>1</i> a	and if the organization meets the "fac							
	meets the "facts-and-circumstances"			=		_	► □	
L	10% -facts-and-circumstances test	•			•			
D	more, and if the organization meets the							
	organization meets the "facts-and-circ						. —	
19	Private foundation. If the organization			•				
10	rivate loundation. If the organizatio	n did flot check a	DOX OF HIRE 13, 108	a, 100, 17a, 01 1/0	, check this box a	nu see mstructions	·······	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300 Page 3

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,						_	
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	1386955.	1453671.	1454881.	1416103.	1344336.	7055946.	
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							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	1386955.	1453671.	1454881.	1416103.	1344336.	7055946.	
7 8	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
k	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.	
	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						7055946.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	1386955.	1453671.	1454881.	1416103.	1344336.	7055946.	
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources	8,694.	15,240.	20,945.	34,268.	28,914.	108,061.	
k	Unrelated business taxable income						_	
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
(Add lines 10a and 10b	8,694.	15,240.	20,945.	34,268.	28,914.	108,061.	
11	Net income from unrelated business						_	
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)	22,079.	21,028.	22,888.	19,542.	14,066.	99,603.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	1417728.	1489939.	1498714.	1469913.	1387316.	7263610.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza		
	check this box and stop here							
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2019 (I	ine 8, co l umn (f), di	ivided by line 13, c	o l umn (f))		15	97.14 %	
	Public support percentage from 2018					16	97.28 %	
Se	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20)19 (line 10c, colun	nn (f), divided by l ir	ne 13, co l umn (f))		17	1.49 %	
18	Investment income percentage from	2018 Schedu l e A, i	Part III, line 17			18	1.16 %	
	33 1/3% support tests - 2019. If the					3 1/3%, and line 17		
	more than 33 1/3%, check this box ar						▶ X	
k	33 1/3% support tests - 2018. If the	-						
	line 18 is not more than 33 1/3%, che	•						
20	Private foundation. If the organization							

Schedule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY, LOS ANGELES, INC.

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? [f "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.)

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ASSOCIATED STUDENTS OF CALIFORNIA
Schedule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY, LOS ANGELES, INC.

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) or (b) above? If "Yes" to a. b., or c., provide detail in Part VI. 11b J A family member of a person described in (a) or (b) above? If "Yes" to a. b., or c., provide detail in Part VI. 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regulately appoint or elect at least a majority of the organization's described new to regulately appoint or elect at least a majority of the organization's described organization, describe how the powers to appoint and/or remove directors or trustees at all times during the tax year? If No. 'describe hor the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, If any, applied to such powers during the tax year.' If Yes, explain in Part VI how the powers to appoint and/or remove directors or trustees were allocated among the supported organization. Because the supported organization of portal trustees of organization such powers during organization organization.' Yes, explain in Part VI how providing such benefit carried out the purposes of the supported organization organization or trustees of oach of the organizations directors or trustees during the tax year also a majority of the directors or trustees of ach of the organization or supported organizations or trustees of ach of the organization or supported organizations or trustees of the power organization organization organization and organization organization organization organization and organization organization organizat	Pa	t IV Supporting Organizations (continued)			
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			Oh		
o Farent of Supported Organizations. Answer (a) and (b) below.	•	·	20		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
	a		20		
trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h		od		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	D		3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (exp l ain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must con	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2019

instructions).

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) 2019 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	<u> </u>
Secti	on D - Distributions		. ,	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s 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	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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,

Schedule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY, LOS ANGELES, INC.

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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 22,079. 2015 AMOUNT: \$ 2016 AMOUNT: 21,028. 22,888. 2017 AMOUNT: 2018 AMOUNT: 19,542. 2019 AMOUNT: 14,066.

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) 2019

Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Simi <mark>l</mark> ar Fund	Is 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 adv	vised 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 purpos	se conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	D, 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 (for example, recreat	tion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the for	m 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			I I
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	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located 🕨	_
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling c	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 co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
Dai	organization's accounting for conservation easements.	Art Historical Transcrives or (Other Circiles Assets
Pai	rt III Organizations Maintaining Collections of		Juner Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		·
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public 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		cial gain, provide
	the following amounts required to be reported under FASB AS	<u> </u>	.
a	, , , , , , , , , , , , , , , , , , , ,		
b	Assets included in Form 990, Part X		

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

		IVERSITY,					<u> </u>		44300	
Pai	t III Organizations Maintaining Col								S (continue	e <i>d</i>)
3	Using the organization's acquisition, accession	, and other record	s, check	any of the f	following that	t make si	ignificar	it use of its		
	collection items (check all that apply):									
а	Public exhibition	c	t	Loan or exc	hange progra	am				
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	n how th	ey further th	ne organizatio	on's exer	npt purp	oose in Part	XIII.	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be main	tained as part of t	he orgar	ization's co	llection?				Yes	No No
Pai	t IV Escrow and Custodial Arrange	ements. Compl	ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part I V,	line 9, or	
	reported an amount on Form 990, Part >	<, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for o	contributions	s or other as	sets not i	included	k		
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII an									
									Amount	
С	Beginning balance						10	:		
d	Additions during the year							ı		
е	Distributions during the year							,		
f	Ending balance									
2a	Did the organization include an amount on Forr								Yes	No No
	If "Yes," explain the arrangement in Part XIII. Cl									
Pai										
		(a) Current year		rior year	(c) Two yea			e years back	(e) Four y	ears back
1a	Beginning of year balance			•						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curren	t vear end halance	e (line 1c	r column (a)) held as:				<u>J</u>	
a	Board designated or quasi-endowment	•	% %	i, oolamii (a)	n noia ao.					
b	Permanent endowment	%	_′°							
	Term endowment ▶%									
C	The percentages on lines 2a, 2b, and 2c should	Logua l 100%								
20	Are there endowment funds not in the possessi	•	ation tha	t are bold ar	nd administa	rod for th	o organ	ization		
Sa		on or trie organiza	alion ina	i are rielu ar	iu auriiriiste	ieu ioi iii	ie organ	ization	[v	es No
	by: (i) Unrelated organizations								3a(i)	es No
										+-
	(ii) Related organizations								3a(ii)	+
									3b	
Par	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipmen		wment i	unas.						
· ui	Complete if the organization answered) Part IV	lina 11a S	ee Form 990	Dart Y	lina 10			
	Description of property	(a) Cost or o			or other		ccumul	atod	(d) Book v	volue.
	Description of property	basis (investr			(other)	(-,	preciatio		(u) book (/alue
12	Land	223.0 (1110011		54010	(/	40	₋			
	Land									
	Buildings Leasehold improvements									
c C				26	5,988.	 	220,	901	45	,087.
	Equipment			۷ ۵	5,500.	 '	<u></u> ∪,		#3	,
<u>e</u>		15 000 5		/D) " :	0 1	l			15	,087.
rota	. Add lines 1a through 1e. (Column (d) must equ	aı rorm 990. Part	л. colum	in (B). line 1	UC.)			<u> ▶ </u>	-	,

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300 Page	ae 3	Page 3	0	0	3	4	4	0	-2	5-	9
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Part VII Investments - Other Securities.	,	,	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book va l ue	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			l of year manufest yelling
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	>	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11a or 11f Soo Form 990 Part V lina 25	
(a) Description of liability	orr omi 990, Fait IV, line	FITE OF THE GET OHN 990, FAIT A, line 25.	(b) Book value
(1) Federal income taxes			(b) Book value
(2) NET POST-RETIREMENT BENEFI	ф		
(3) OBLIGATION	<u> </u>		37,929.
(4) DUE TO AFFILIATES			366.
(5)			300.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	>	38,295.

Schedule D (Form 990) 2019

X

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

ASSOCIATED STUDENTS OF CALIFORNIA INC. STATE UNIVERSITY, LOS ANGELES, 95-2044300 Page 4 Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,473,938. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 6,335 80,287. Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) d 86,622. Add lines 2a through 2d 2e 1,387,316. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 387 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,278,448. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 80,287. a Donated services and use of facilities **b** Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) d 58,445. Add lines 2a through 2d 1,220,003. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: ASSOCIATED STUDENTS IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE TAXATION CODE OF CALIFORNIA. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ASSOCIATED STUDENTS HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2020 AND 2019. ASSOCIATED STUDENTS' FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO 2017 AND 2016, RESPECTIVELY, ARE CLOSED, AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS,

CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 5 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
COSTS/BENEFIT -21,842.

DRAFT

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.

ne 21 or 22.

Open to Public

Inspection

• Schedule I (Form 990) (2019) **≗ Employer identification number** 95-2044300 PROVIDE EMERGENCY RELIEF JNIVERSITY'S MISSION TO TO STUDENTS DUE TO THE (h) Purpose of grant or assistance X Yes TO SUPPORT THE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. SEE PART IV FOR COLUMN (H) DESCRIPTIONS (d) Amount of 150,000, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. ASSOCIATED STUDENTS OF CALIFORNIA LOS ANGELES, (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 95-4016653 STATE UNIVERSITY, General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? ANGELES AUXILIARY SERVICES, INC. -1 (a) Name and address of organization 5151 STATE UNIVERSITY DR., GE 314 CALIFORNIA STATE UNIVERSITY LOS - LOS ANGELES, CA 90032-8530 or government Name of the organization Part Part II

932101 10-26-19

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STATE UNIVERSITY, LOS ANGELES,

Page 2

95-2044300

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)

Part III | Grants and Othe

(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 assistance
STUDENT GRANT-IN-AID	49	111,855.	.0		
STUDENT SCHOLARSHIPS	4	2,000.	0.		
Part IV Supplemental Information. Provide the information required in		2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	

LINE PART I, TO THE AUXILIARY TO ENSURE THAT THE THE ORGANIZATION MONITORS FUNDS PAID

THEIR INTENDED PURPOSE(S) FUNDS ARE USED FOR

STUDENT GRANT THE ORGANIZATION PERIODICALLY MONITORS ELIGIBILITY AND USE OF

AID AND SCHOLARSHIP RECIPIENTS.

LINE 1, COLUMN (H): PART II, NAME OF ORGANIZATION OR GOVERNMENT:

Schedule I (Form 990) (2019)

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Schedule I	Form	990)	۱
Ochicadic i	(1 01111	330)	,



SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

ASSOCIATED STUDENTS OF CALIFORNIA

OMB No. 1545-0047

2019 Open To Public

Inspection
Employer identification number

	S	TATE U	JNI.	VERSITY,	LO	S AI	NGEL	ES, INC	Ξ.				443	00		
Part I	Excess Bene	fit Trans	actio	ons (section 50	01(c)(3), secti	ion 501	(c)(4), and sec	ction	n 501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the c	organization	ansv	vered "Yes" on F	orm 9	90, Pa	art IV, Iir	ne 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b			
1 (a) Non	ne of disqua l ified p	oroon	(b) F	Relationship betv			lified	1.	-) D	escription of tran	oootio	n		(d)	Corre	cted?
(a) Nai	ne or disqualined p	berson		person and or	ganiza	ation		- (0	3) D	escription of tran	ISactio)[]		Υ.	es	No
														_		
							-							_		
sectio	the amount of tax in 4958 the amount of tax,											► \$ ► \$				
3 Linter t	ine amount of tax,	ii airy, oir iii	16 2, 6	above, reimburs	eu by	uie oig	garnzan			• • • • • • • • • • • • • • • • • • • •		Ψ				
Part II	Loans to and	l/or From	Inte	erested Pers	sons.	ı										
	Complete if the c	organization	ansv	vered "Yes" on F	orm 9	90-EZ	. Part V	'. l ine 38a or F	orm	n 990, Part IV, lin	e 26: d	or if th	e orga	nizatio	n	
	reported an amo	-					,	,		,	,		J			
(a) Name of	(b) Relation	nship	(c) Purpose	(d) Lo	an to or	(e)) Original	(1) Balance due) I n	(h) Ap by bo	proved		/ritten
intere	ested person	with organiz	zation	of l oan		n the zation?	princi	ipal amount			defa	ault?	comm	nittee?	agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
																<u> </u>
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otal						<u> </u>	<u> </u>	> \$								
Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.	Ψ								
	Complete if the o	organization	ansv	vered "Yes" on F	orm 9	90. Pa	art IV. Iir	ne 27.								
(a) Na	ame of interested p			(b) Relationship interested pers the organiza	betwe	en	(c	e) Amount of assistance		(d) Type assistan			•) Purp assista		f
			+					113 /18	1	GRANT-IN	_ A T	- -	'O A	CCT	СT	CTTT
			+					113,40	.	OVVIII - III	-AT	ا ر	<u> </u>	ນນ⊥	<u> </u>	<u>010</u>
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2019 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 2

	ed "Yes" on Form 990, Part IV, line 28a, 2		l	(e) Sharin
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organization
				Yes I
t V Supplemental Information.				
	anamana ta musatiana an Cabadula I (aasi			
Provide additional information for re-	sponses to questions on Schedule L (see i	nstructions).		
L, PART III, GRANTS C	R ASSISTANCE BENEFITT	ING INTERES	STED PERSONS	:
2, 11111 111, 01111110			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
AMOUNT OF GRANT \$ 11	3,484.			
TYPE OF ASSISTANCE: G	RANT-IN-AID			
PURPOSE OF ASSISTANCE				
PURPOSE OF ASSISTANCE	: TO ASSIST STUDENTS	IN DEFRAYIN	IG EDUCATION	
ATED EXPENSES				

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES,

Employer identification number 95-2044300

PARTLINE 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, ALL TAX 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.

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

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 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) (2019)



Name of the organization	ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.		Employer identification number 95-2044300
FORM 990, PART	VI, SECTION B, LINE 15A:		
THE EXECUTIVE	DIRECTOR'S COMPENSATION IS DETERMINED BY	A P	ERSONNEL
COMMITTEE AND	CAMPUS HUMAN RESOURCES. THE BOARD OF DIRE	CTC	RS APPROVES THE
COMPENSATION I	N A CLOSED DOOR MEETING.		
FORM 990, PART	VI, SECTION C, LINE 19:		
GOVERNING DOCU	MENTS WILL BE PLACED ON THE ASI WEBSITE A	\FTE	R CAREFUL REVIEW
AND APPROVAL.			
FORM 990, PART	XI, LINE 9, CHANGES IN NET ASSETS:		
PENSION RELATE	D CHANGES OTHER THAN PERIODIC PENSION		
COSTS/BENEFIT			21,842.
FORM 990, PART	XII, LINE 2C:		_
THE ORGANIZATI	ON HAS A SEPARATE COMMITTEE THAT ASSUMES	THE	
RESPONSIBILITY	FOR OVERSIGHT OF THE AUDIT PERFORMED BY	AN	INDEPENDENT
AUDITOR.			_
-			

DRAFI

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection 2019

▶ Go to www.irs.gov/Form990 for instructions and the latest information. 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 $95-204\,4\,300$

Direct controlling End-of-year assets Total income ੁ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part

(a)	(q)	(0)	(p)	(e)	(t)	(6)	0,000
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	(c)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	5
				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		×

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

Schedule R (Form 990) 2019

Page 2

95-2044300

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, 1.00 ANTOTAL

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. Schedule R (Form 990) 2019

Part III

Percentage ownership 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. 乏 General or F managing partner? Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN of related organization <u>a</u> Part IV

	1	ı '	ı	ı	ı
tion (13) olled ity?					
Secl Secl 512(b contra enti					
Percentage (5/12(b)/13) controlled entity?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Type of entity (C corp., S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Schedule R (Form 990) 2019

95-2044300

Page 3

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×

ASSOCIATED STUDENTS OF CALIFORNIA

STATE UNIVERSITY, LOS ANGELES, INC Schedule R (Form 990) 2019 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Yes × × 4 <u>4</u> 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 Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. c Gift, grant, or capital contribution from related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) b

ᆵ ¥ = Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s)

Reimbursement paid to related organization(s) for expenses ۵

q Reimbursement paid by related organization(s) for expenses

Sharing of paid employees with related organization(s)

⊆

r Other transfer of cash or property to related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. s Other transfer of cash or property from related organization(s)

×

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×

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		- · · · · · · · · · · · · · · · · · · ·	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			

932163 09-10-19

Schedule R (Form 990) 2019

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

Schedule R (Form 990) 2019

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.

(k) Percentage ownership				
ral or F				
(j) General or managing partner?				
(i) (i) (k) Code V-UBI General or Percentage amount in box 20 managing ownership St of Schedule K-1 partner? (Form 1065) Yes No				
(h) Disproportionate allocations?				
_ □ □ >				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) Gr Ves No				
(d) Predominant income related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

36

TED STILLENTS OF CALL

ASSOCIATED STUDENTS OF CALIFORNIA

Chedule R (Form 990) 2019 STATE UNIVERSITY, LOS ANGELES, INC. Part VII Supplemental Information	95-2044300 Pa
Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
	-

932165 09-10-19 Schedule R (Form 990) 2019



Form **8868**

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

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

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 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.

fi l ing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.					
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).					
	ations required to file an income tax return other than Fo		· · · · · · · · · · · · · · · · · · ·	s, REM I Cs	s, and trusts			
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.					
Type or print	Name of exempt organization or other filer, see instruction in the control of the		A	Taxpayer	ridentification nu	ımber (T İ N)		
-	STATE UNIVERSITY, LOS ANGEL				95-2044	300		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 5154 STATE UNIVERSITY DR, U							
instructions.	City, town or post office, state, and ZIP code. For a for LOS ANGELES, CA 90032	_						
	Return Code for the return that this application is for (file					0 1 1		
Application	on	Return	Application			Return		
Is For	or Form 990-E7	Code	Is For			Code 07		
	form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 form 990-BL 02 Form 1041-A 08							
	Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09							
Form 990	•	04	Form 5227	10				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
Teleph If the o	hoks are in the care of \blacktriangleright 203 - LOS ANGET one No. \blacktriangleright 323-343-4780 organization does not have an office or place of business as for a Group Return, enter the organization's four digit (). If it is for part of the group, check this box \blacktriangleright	in the Un	Fax No. ▶ited States, check this box	f this is foi	r the who l e group			
the ►[►[quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or tax year beginning JUL _ 1 , 2019 etax year entered in line 1 is for less than 12 months, cl Change in accounting period	anization's	return for:	the exem	npt organization r ·	return for		
	is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069, 6	enter the tentative tax, less	3a	\$	0.		
	is application is for Forms 990-PF, 990-T, 4720, or 6069					^		
	mated tax payments made. Include any prior year overp			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). See	-	•	3c	\$	0.		
	If you are going to make an electronic funds withdrawal							
		_			_			

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

Form **8868** (Rev. 1-2020)



TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2020

Р	R	FI	PΔ	R	FI	ו ח	F	n	R	

MS. CAROL ROBERTS-ORB ASSOCIATED STUDENTS OF CSULA 5154 STATE UNIVERSITY DR, USU NO. 203 LOS ANGELES, CA 90032

PREPARED BY:

COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1: SACRAMENTO, CA 95814	200		
TO BE SIGNED AND DATED BY:			
NOT APPLICABLE			
AMOUNT OF TAX:			
TOTAL TAX LESS: PAYMENTS AND CREDITS PLUS: OTHER AMOUNT PLUS: INTEREST AND PENALTIES NO PAYMENT IS REQUIRED	\$ \$ \$ \$ \$	0 0 0 0	
OVERPAYMENT:			
CREDITED TO YOUR ESTIMATED TAX OTHER AMOUNT REFUNDED TO YOU	\$ \$ \$	0 0 0	
MAKE CHECK PAYABLE TO:			
NOT APPLICABLE			

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. 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:



TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2020

PREPARED FOR:

MS. CAROL ROBERTS-ORB 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:

DEPARTMENT OF JUSTICE

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).



California Exempt Organization Annual Information Return

928941 12-04-19 FORM

FORM **199**

_								
<u>Ca</u>	lendar Year	2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019	, and ending (r	nm/dd/yyy	y)	06/	/30/2020 .	
С	orporation/Or	ganization name		Cali	fornia corpo	ration nu	mber	
A	SSOCI	ATED STUDENTS OF CALIFORNIA						
<u>S'</u>	TATE !	UNIVERSITY, LOS ANGELES, INC.			03778	318		
A	dditiona l infor	mation. See instructions.		FE	IN			
					95-20	0443	300	
St	treet address	(suite or room)			PMB no.			
<u>5</u>	154 S'	TATE UNIVERSITY DR, USU, NO. 203						
С	ity			State	ZIP code			
<u>L</u>	OS AN	GELES		CA	90032	2		
F	oreign country	name Foreign province/state/county	,		Foreign po	stal code	е	
_								
A	First Retu		exempt under R&TC Se					
В			ngaged in politica l activi					
С			the organization exemp					No
D			"Yes," enter the gross re					
			organization is a public					
_			ection 23701d and meet					
E			ox. No filing fee is requi					
F			the organization a Limi				• Yes X	No
_	. ,		d the organization file F				● Yes X	Ma
G			port taxable income? the organization under				• Yes X	NO
Н			S audited in a prior yea	-			• Yes X	No
	11 165, W		federal Form 1023/102					No
	Did the o		ate filed with IRS				[] 163 [21]	NO
•		ted to the FTB? See instructions Yes X No	ate filed with Into					
F		omplete Part I unless not required to file this form. See General Informati	on B and C					
_		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			•	1	1,387,316	00
		2 Gross dues and assessments from members and affiliates				2	, ,	00
						3		00
	Receipts	 Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Informat 	ion B			4	1,387,316	00
_	and	5 Cost of goods sold	• 5		00		· ·	
F	Revenues	6 Cost or other basis, and sales expenses of assets sold	• 6		00			
		7 Total costs. Add line 5 and line 6				7		00
		8 Total gross income. Subtract line 7 from line 4				8	1,387,316	00
		9 Total expenses and disbursements. From Side 2, Part II, line 18				9	1,220,003	
	xpenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 to	from line 8			10	167,313	00
		11 Total payments			• [11	<u></u>	00
		12 Use tax. See General Information K				12		00
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from				13		00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from l				14		00
		15 Filing fee \$10 or \$25. See General Information F				15	N/A	00
		16 Penalties and Interest. See General Information J				16		00
_		17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 f Under penalties of perjury, I declare that I have examined this return, including accompany it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	rom the result	ts and to the	e best of my	17	dge and belief	00
Sig	_{nn} l	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	Il information of which prepa	arer has any	knowledge.		-9a adio.;	
He		Signature _ Title		Date			● Telephone	
_		of officer \(\bigs\)	FERIM EXECU				323-343-4780 • PTIN	
		Preparer's TTGA M CITMMETATOG CDA		Check			_	
_	.,	Preparer's ► LISA M. CUMMINGS, CPA	03/19/21	self-en	nployed		P00043433 ● Firm's FEIN	
Pa		Firm's name (or yours, COHNDETNICK T.T.D					22-1478099	
	eparer's	(or yours, if self- employed) COHNREZNICK LLP (or if self- employed) ✓ 400 CAPITOL MALL, SUITE 1200					22-14/8099 ● Telephone	
US	e On i y	and address SACRAMENTO, CA 95814					916-442-9100	
_		May the FTB discuss this return with the preparer shown above? See instru	ctions		• X			
_		may the fire discuss this return with the preparer shown above? See histru	UIIU118		22	_ res	No	

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

95-2044300

928951 12-04-19

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.

	1	Gross sales or receipts from all I	business activities. See instruc	ctions		•	1	00
	2	Interest				T T	2	28,914 00
	3	Dividends					3	00
Receipts	4	Gross rents					4	00
rom	5	Gross royalties					5	00
Other	6	Gross amount received from sale	e of assets (See Instructions)			•	6	00
Sources	7	Other income		SEE	STA	TEMENT 1 •	7	1,358,402 00
304.000	8	Total gross sales or receipts fro	m other sources. Add line 1 th	rough line 7. Enter her	e and o	n Side 1. Part I. line 1	8	1,387,316 00
	9	Contributions, gifts, grants, and					9	263,855 00
	10	Disbursements to or for member	rs			•	10	00
	11		ore, and trustees	SEE	STA	TEMENT 3 •	11	39,299 00
	12	<u> </u>					12	221,800 00
xpenses	13	Interest					13	00
and	14	Taxes					14	20,226 00
Disburse-	15	_					15	22,453 00
ments	16	Depreciation and depletion (See	instructions)			•	16	8,393 00
	17	Other Expenses and Disburseme	ents	SEE	STA	TEMENT 4 •	17	643,977 00
	1	Total expenses and disbursement	nts. Add line 9 through line 17	- Enter here and on Sid	le 1. Pa	rt I. line 9	18	1,220,003 00
Schedu			Beginning of		10 1, 1 u			able year
Assets			(a)	(b)		(c)		(d)
1 Cash				1,933,	108			• 2,046,176
2 Net ac	count	s receivab l e		19,	994			19,507
		ceivab l e						•
4 Invent	ories .							•
		state government ob l igations						•
6 Invest	ments	in other bonds						•
7 Invest	ments	in stock						•
8 Mortg								•
		ments						•
		le assets	230,987		4.4.0	265,98		45.005
		mulated depreciation	(215,545)	15,	442	(220,901	L)	45,087
11 Land		CONTRACT C		4.1	1 0 0			45 700
		STMT 5		41,				• 45,789 2 156 550
				2,009,	/43			2,156,559
Liabilities				56,	155		-	• 48,896
		yable		50,	4 33			• 40,090
		s, gifts, or grants payable						•
		otes payable						•
17 WOLLY 10 Other	ayes p Lighilit	ayable les STMT 6		79,	410			38,295
10 Cinei 10 Canita	l stock	or principal fund		, , ,				• 30,233
		tal surplus. Attach reconciliation						•
		nings or income fund		1,873,	878			• 2,069,368
		ies and net worth		2,009,				2,156,559
Schedu			per books with income per re	turn				
		Do not complete this sche	dule if the amount on Schedul), is l ess	s than \$50,000.		
1 Net in	come	oer books	• 167,	313 7 Income re	corded	on books this year		
		me tax		not includ	ed in th	is return		•
		pital losses over capital gains				s return not charged		
		recorded on books this year				me this year		•
		corded on books this year not		9 Total. Add				
		this return	4 6 = -	10 Net incom				167 212
6 Fotal.	Add l ii	ne 1 through line 5	167,	Subtract li	ne 9 fro	om line 6		167,313

CA 199	OTHER INCOME		STATEMENT 1
DESCRIPTION			AMOUNT
MISCELLANEOUS REVENUE STUDENT GOVERNMENT STUDENT SERVICES COMMUNITY SVC. SUPPOR		-	14,066. 460,345. 703,846. 180,145.
TOTAL TO FORM 199, PA	RT II, LINE 7	=	1,358,402.
CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PAI		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	111,855.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SCHOLARSHIPS	5154 STATE UNIVERSITY DR. USU 203 - LOS ANGELES, CA 90032	STUDENTS	2,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSULA AUXILIARY SERVICES, INC.	5151 STATE UNIVERSITY DR, GE 314 - LOS ANGELES, CA 90032	N/A	150,000.
	TOTAL FOR THIS ACTIVITY		263,855.

CA 199 COMPENSATIO	OF OFFICERS	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
AARON CASTANEDA 5154 STATE UNIVERSITY DF 203 LOS ANGELES, CA 90032	A, USU, NO.	VP FOR FINANCE 5.00	0.
AMEYA INGALE 5154 STATE UNIVERSITY DF 203 LOS ANGELES, CA 90032	a, USU, NO.	COLLEGE OF ECS&T REP	0.
ANNA NGUYEN 5154 STATE UNIVERSITY DE 203 LOS ANGELES, CA 90032	a, USU, NO.	COLLEGE OF NATURAL/SOCIAL 5.00	0.
CHRISTOPHER KOO 5154 STATE UNIVERSITY DF 203 LOS ANGELES, CA 90032	a, USU, NO.	VP FOR FINANCE 5.00	0.
DAVID SAN 5154 STATE UNIVERSITY DF 203 LOS ANGELES, CA 90032	a, USU, NO.	SECRETARY/TREASURER 5.00	0.
DIANA CHAVEZ 5154 STATE UNIVERSITY DF 203 LOS ANGELES, CA 90032	A, USU, NO.	VP FOR ACADEMIC GOVERNANCE 5.00	0.
ECE ERTUNO 5154 STATE UNIVERSITY DF 203 LOS ANGELES, CA 90032	A, USU, NO.	COLLEGE OF ARTS AND LETTER 5.00	0.
JACQUELYN ACOSTA 5154 STATE UNIVERSITY DF 203 LOS ANGELES, CA 90032	a, usu, no.	PRESIDENT 5.00	0.
JAY JOSHI 5154 STATE UNIVERSITY DF 203 LOS ANGELES, CA 90032	a, usu, no.	CIVIC ENG (COMMUNITY AFFAI 5.00	0.

		DR	ΔET	
ASSOCIATED STUDENTS OF CAL	IFORN	NIA STATI	E	95-2044300
JOCELINE RIVERA JIMENEZ 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	usu,	NO.	VP FOR EXTERNAL AFFAIRS/AD 5.00	0.
JOCELYN VARGAS 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	usu,	NO.	COLLEGE OF HEALTH & HUMAN 5.00	0.
JORGE CRUZ 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	usu,	NO.	CAMPUS AFFAIRS REP 5.00	0.
JORGE SALAZAR 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	usu,	NO.	COLLEGE OF BUSINESS & ECON 5.00	0.
KAYLA MISA 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	usu,	NO.	COLLEGE OF BUSINESS & ECON 5.00	0.
KIMBERLINE RODRIGUEZ 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	USU,	NO.	CAMPUS AFFAIRS REP 5.00	0.
KYLE MISA 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	USU,	NO.	COLLEGE OF ECS&T REP 5.00	0.
MATIANA PARRA 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	usu,	NO.	CAMPUS AFFAIRS REP 5.00	0.
NADINE GOSTANTIAN 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	USU,	NO.	COLLEGE OF HEALTH & HUMAN 5.00	0.
PANDIAN RAJARAM 5154 STATE UNIVERSITY DR, U 203 LOS ANGELES, CA 90032	usu,	NO.	CAMPUS AFFAIRS REP 5.00	0.

	AFT	
ASSOCIATED STUDENTS OF CALIFORNIA STAT	E_	95-2044300
SATHYA RAMINANI 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	COLLEGE OF NAT & SOCIAL SC 5.00	0.
TEADY OCHOA 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VP FOR ADMINISTRATION 5.00	0.
TU (TYLER) NGUYEN 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VICE CHAIR FOR FINANCE 5.00	0.
CHRISTOPHER JOHNSON 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	DIR OR NEW STUDENT AND PAR 40.00	0.
MARCUS RODRIGUEZ 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	INTERIM EXEC DIRECTOR (OUT 40.00	39,299.
TOTAL TO FORM 199, PART II, LINE 11	-	39,299.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
PROGRAM EXPENSES GENERAL & ADMIN OTHER EXPENSES EQUIP RENTAL & MAINT PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE		332,363. 16,429. 13,814. 12,657. 18,292. 50,324. 200. 83,135. 15,090. 52,291. 12,665. 31,075. 5,642.
TOTAL TO FORM 199, PART II,	LINE 17	643,977.

CA 199	OTHER ASSETS		STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED C	CHARGES	41,199.	45,789.
TOTAL TO FORM 199, SCHEDULE L,	LINE 12	41,199.	45,789.
CA 199	OTHER LIABILITIE	SS	STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET POST-RETIREMENT BENEFIT OBL DUE TO AFFILIATES	JIGATION	52,147. 27,263.	37,929. 366.
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	79,410.	38,295.
CA 199	FUND BALANCES	 	STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRI	CTIONS	1,873,878.	2,069,368.
TOTAL TO FORM 199, SCHEDULE L,	LINE 21	1,873,878.	2,069,368.

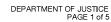


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Date Accepted		

Date Aco	cepted				_					DO	NOI MA	AIL I	HIS	FORI	MIOI	HE FIB
TAXABL 20				e-file rganiz			utho	rizat	ion fo	or						ORM 53-EO
Exempt Org	ganization name												Identi	fying numb	ber	
ASSO	CIATED	STUDE	NTS O	F CALI	FORN:	IA										
STAT:	E UNIVE	RSITY	, LOS	ANGEL	ES,	INC.							95	-204	4300	
Part I	Electronic			•	ars only)										1 22	
	al gross recei													1		7,316
	al gross incor	•												2		7,316
3 lot	al expenses a	and disburs	sements (F	orm 199, I II	ne 9)									3	1,44	0,003
Part II	Settle Your	Account	Electronic	ally for Ta	xable Ye	ar 2019										
4	Electronic fu	unds withd	Irawa	4a Amou	ınt				4b Wi	hdrawa	date (mm	n/dd/y	ууу)			
Part III	Banking In	formation	(Have you	verified the	e exempt	organiza	ation's b	anking	informati	on?)						
5 Rout	ting number												_	_		
6 Acco	ount number							7 7	Type of ac	count:	Che	ecking		Sav	/ings	
Part IV																
l authoriz on line 4a	e the exempt or	rganization's	account to	be settled a	s designat	ed in Part	II. If I ch	eck Part	II, Box 4,	l authorize	an electro	onic fur	nds wi	thdrawa	I for the am	ount listed
organizati statement delayed,	due return, I ui ion will remain ts be transmitte I authorize the	liable for the ed to the FTE	e fee liability 3 by the ERC	vand all app l O, transmitte	icab l e`inte r, or intern	rest and p nediate se	oena l ties. ervice pro	I author vider. If e reasor	ize the exe the proces n(s) for the	mpt organ ssing of th delay.	zation ret e exempt	urn and organi	d accc zatior	mpanyir n 's retur r	ng schedule n or refund	s and
Sign Here	Signature	of officer			Date			Title	<u> </u>	EXEC	:0.1.1.0	E D	TKE	iC.I.O.	<u>K</u>	
пеге	Olg. Idia	01 0111001			Jaio											
Part V	Declaration	n of Electr	onic Retu	rn Originat	or (ERO)	and Pai	id Prepa	arer.								
am only a accurately provided 1345, 201 the exemp I declare t	that I have revieus intermediate of the date of the date of the date of the organization of the organizati	service provata on the re n officer with or Authorized return is file mined the ab	vider, I unde turn.) I have h a copy of a d e-file Prov ed, whicheve love exempt	erstand that I e obtained th all forms and iders. I will k er is later, and t organization	am not re e organiza d informati ceep form l d I will ma n's return a	sponsible tion office on that I v FTB 8453- lke a copy and accon	e for revie er's signa will file w -EO on fi available npanying	wing the ture on t ith the F le for fo u to the F schedul	e exempt o form FTB 8 TB, and I h ur years fro TB upon ro es and sta	rganization 453-EO be ave follow om the due equest. If I tements, a	's return. fore trans ed all othe date of th am also t	I decla mitting r requi ne retui he paid	re, ho this remer n or f l prep	wever, the total t	hat form FT o the FTB; I I ribed in FTB rs from the der penaltie	B 8453 - EO have Pub. date s of perjury,
ERO	ERO's- signature	COLLAID	EGNT (<i>y</i>				Date	10/01	Check if also paid		Check if self-			O's PTIN	2.2
Eno Must	Firm's name (or y		EZNIC	K LLP EZNICE	7 T T D			03/.	L9/21	preparer	X	employ			00434 2-147	
Sign	if self-employed) and address			APITOI			UITE	120	0				Firm	's FEIN 💪	<u> </u>	6033
	and address	ŕ		MENTO,		_, _	·						ZIP (ode 9 5	814	
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and belief Paid	Paid Preparer's	<u>,</u>	i complete.	i illane lilis u	igoiai aliUII	nascu UII	ı an 11110[1	nauun 0	Date	ave KIIUWI	Check	_	_	Paid prep	parer's PT I N	
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For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019



STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.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 four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

ASSOCIATED STUDENTS OF OSTATE UNIVERSITY, LOS AN Name of Organization			unge of address ended report					
List all DBAs and names the organization uses or has used 5154 STATE UNIVERSITY DI	R, USU, NO. 203	State Charity Registration Number CT10308						
Address (Number and Street) LOS ANGELES, CA 90032		Corporation	on or Organization No. 0377818					
City or Town, State, and ZIP Code 323-343-4780 Telephone Number E-mail Address		Federal Er	mployer ID No. <u>95-2044300</u>					
·	ENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departn							
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fe				
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million	\$150				
			Greater than \$50 million	\$3	00			
PART A - ACTIVITIES								
For your most recent full accounting p	eriod (beginning $07/01/20$)	<u>19</u> end	ing <u>06/30/2020</u>) l ist:					
Gross Annual Revenue \$1,387,3 Program Expenses \$	16 Noncash Contributions \$	Total Expe	0 Total Assets \$ 2,15 enses \$ 1,220,003	<u>6,5</u>	<u>59</u>			
PART B - STATEMENTS REGARDING ORGA	ANIZATION DURING THE PERIOD C	OF THIS REI	PORT					
Note: All questions must be answered. If y providing an explanation and details			, you must attach a separate page 1 instructions for information required.	Yes	No			
During this reporting period, were there a and any officer, director or trustee thereo	ny contracts, loans, leases or other fi	nancial trans	sactions between the organization	162	NO			
any financial interest?	, cancer amount or man arronning in m	norrany out	omooi, anooioi oi naoioo nao		x			
During this reporting period, was there are or funds?	y theft, embezzlement, diversion or n	nisuse of the	e organization's charitable property		х			
3. During this reporting period, were any org	panization funds used to pay any pena	a l ty, fine or j	udgment?		х			
During this reporting period, were the ser commercial coventurer used?	vices of a commercial fundraiser, fund	draising cou	nsel for charitable purposes, or		х			
5. During this reporting period, did the organ	nization receive any governmental fur	nding?			Х			
6. During this reporting period, did the organ	nization hold a raffle for charitable pur	rposes?			Х			
7. Does the organization conduct a vehicle of	donation program?				Х			
8. Did the organization conduct an independ generally accepted accounting principles		ial statemer	nts in accordance with	Х				
9. At the end of this reporting period, did the	e organization hold restricted net asse	ets, while re	porting negative unrestricted net assets?		х			
I declare under penalty of perjury that I have and belief, the content is true, correct and c			g documents, and to the best of my kno	wledg	e			
		I	NTERIM EXECUTIVE					
	OL ROBERTS-ORB		IRECTO					
Signature of Authorized Agent Print	ed Name	Tit	le Date					