	•	Return of Organization Exempt From	Incomo Tav	OMB No. 1545-0047							
Forr	"У	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc		2009							
	rtment o		Open to Public Inspection								
	Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010										
B Check if Place C Name of organization D Employer identification											
	pplicab		D Employer identifica								
	Addre										
	Name Chang		95-20	44300							
	Initial return	See Number and street (or P.0. box if mail is not delivered to street address) Room/suite		11000							
	 ated			343-4780							
	Amen return	ded tions.	G Gross receipts \$	1,196,055.							
			H(a) Is this a group ret								
	pendi	F Name and address of principal officer: INTEF W. WESER	for affiliates?	Yes X No							
		SAME AS C ABOVE	H(b) Are all affiliates inclu								
ΙT	ax-ex	empt status: 🔟 501(c) (3) ◀ (insert no.) 🛄 4947(a)(1) or 🛄 527		st. (see instructions)							
		te: WWW.ASICSULA.ORG	H(c) Group exemption	number 🕨							
κF	orm of	organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 Year	r of formation: 1959 M	State of legal domicile: CA							
Pa	nrt I	Summary									
ė	1	Briefly describe the organization's mission or most significant activities: STRIVE TO	UNIFY, INSPI	RE, AND							
anc		REVOLUTIONIZE THE CAMPUS COMMUNITY.									
Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of mor	e than 25% of its net ass								
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		25							
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)		25							
Activities &	5	Total number of employees (Part V, line 2a)		14							
tivit		Total number of volunteers (estimate if necessary)		1							
Aci		Total gross unrelated business revenue from Part VIII, column (C), line 12		0.							
	b	Net unrelated business taxable income from Form 990-T, line 34		0.							
			Prior Year 1,000.	Current Year							
iue		Contributions and grants (Part VIII, line 1h)	1,237,162.	1,162,983.							
Revenue	9	Program service revenue (Part VIII, line 2g)	19,650.	8,330.							
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,460.	24,742.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,278,272.	1,196,055.							
			1,210,2120	19,285.							
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		10,2000							
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	462,169.	569,707.							
Ises		Professional fundraising fees (Part IX, column (A), line 11e)									
Expense		Total fundraising expenses (Part IX, column (D), line 25)									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	777,136.	582,592.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,239,305.	1,171,584.							
		Revenue less expenses. Subtract line 18 from line 12	38,967.	24,471.							
Net Assets or Fund Balances			eginning of Current Year	End of Year							
sets alan	20	Total assets (Part X, line 16)	1,489,041.	1,480,026.							
t As Id B	21	Total liabilities (Part X, line 26)	360,941.	329,855.							
		Net assets or fund balances. Subtract line 21 from line 20	1,128,100.	1,150,171.							
Pa	nrt II	Signature Block									
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	, and to the best of my knowledge e.	and belief, it is true, correct,							
			1								
Sign		Signature of officer	Date								
Her	е		Date								
		INTEF W. WESER, EXECUTIVE DIR. Type or print name and title									
			heck if Preparer	s identifying number							
Paid	l	se	nlopador elf- mployed ►								
Prep	arer's	Firm's name (or WINDES & MCCLAUGHRY ACCT. CORP.									
Use	Only	yours if self-employed), P.O. BOX 87									
address, and $IPP + 4$ Phone no. \blacktriangleright (562)435-12											
Max	tha I	RS discuss this return with the preparer shown above? (see instructions)									
		to discuss this return with the preparer shown above? (See histructions)	atruationa								

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

	ASSOCIATED STUDENTS, INC.
	990 (2009) CALIFORNIA STATE UNIVERSITY, LOS ANGELES 95-2044300 Page 2
Par 1	t III Statement of Program Service Accomplishments Briefly describe the organization's mission: THROUGH ADVOCACY AND COLLABORATION, WE STRIVE TO UNIFY, INSPIRE, AND
	REVOLUTIONIZE OUR CAMPUS COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 303,296. including grants of \$ 20,665.)(Revenue \$ 473,606.) STUDENT GOVERNMENT & ELECTIONS ARE DESIGNED TO ENHANCE COLLEGIATE EXPERIENCE THROUGH PARTICIPATION IN CAMPUS GOVERNANCE. ELECTIONS AIM TO DRAW ALL STUDENTS IN AND ENCOURAGE CAMPUS WIDE PARTICIPATION IN THE OVER 20,000 STUDENTS.
4b	(Code:) (Expenses \$ 189,505. including grants of \$) (Revenue \$ 315,079.) OTHER STUDENT SERVICES SUPPORT OVER 20,000 STUDENTS WHO ATTEND CSULA.
4c	(Code:) (Expenses \$ 152,012. including grants of \$) (Revenue \$ 237,372.) COMMUNITY SERVICES SUPPORT AND ENCOURAGE PARTICIPATION WITHIN THE COMMUNITY THROUGH VARIOUS ACTIVITIES AND INVOLVEMENT.
4d 4e	Other program services. (Describe in Schedule O.) (Expenses \$ 99,957. including grants of \$) (Revenue \$ 156,086.) Total program service expenses ▶ \$ 744,770.
932002 02-04-	Form 990 (2009)

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2009.05030 ASSOCIATED STUDENTS, INC. C 83551_T1

Form 990 (2009) CALIFORNIA STATE UNIVERSITY, LOS ANGELES 95-2044300 Page 3

Fai								
			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A		X	x				
2	Is the organization required to complete Schedule B, Schedule of Contributors?							
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			X X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	. 4						
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		NT /	~				
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	. 5	N/	<u> </u>				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		1	v				
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x				
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7	++					
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; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X							
	as applicable							
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.							
•	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.							
•	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.							
•	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i>							
٠	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
٠	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? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI, XII, and XIII.	12	X					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X				
	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,							
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	. 14b	<u> </u>	X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v				
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	. 15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v				
47	located outside the United States? If "Yes," complete Schedule F, Part III	. 16	<u> </u>	X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i>	17		x				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	· "		<u> </u>				
	1c and 8a? If "Yes," complete Schedule G, Part II	. 18		x				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"							
	complete Schedule G, Part III	. 19		X				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	. 20		X				
		Form	990 (2009)				

Form **990** (2009)

932003 02-04-10

_	ASSOCIATED STUDENTS, INC.	200	_					
	990 (2009) CALIFORNIA STATE UNIVERSITY, LOS ANGELES 95-2044	300	P	age 4				
Pa	T IV Checklist of Required Schedules (continued)							
			Yes	No				
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the							
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X				
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,							
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23		X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			<u></u>				
	Schedule K. If "No", go to line 25	24a		X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a							
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		Х				
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified							
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial							
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete							
	Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X				
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х				
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was							
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations?							
	If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		x				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x				
34	Was the organization related to any tax-exempt or taxable entity?							
•••	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x					
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>						
	If "Yes," complete Schedule R, Part V, line 2	35		x				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Х Form 990 (2009)

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Note. All Form 990 filers are required to complete Schedule O.

ASSOCIATED	STUDENTS,	INC.

Form 990 (2009)	CALIFORNIA	STATE	UNIVERSITY,	LOS	ANGELES	95-2044300
Part V Statements	Regarding Other I	RS Filing	s and Tax Complia	ince		

Page 5

a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	I ai									
U.S. Information Returns. Enter-0- if not applicable 11 10 0 b Enter the number of forms W20 clouded in line 1a. Enter-0- if not applicable 10 0 c B Enter the number of ems/W20 clouded in line 1a. Enter-0- if not applicable 10 0 c B Enter the number of ems/W20 clouded in line 1a. Enter-0- if not applicable 12 X 2 Enter the number of ems/W20 clouded in line 2a, did the organization file all required fedoral employment tax returns? 14 14 b If at least one is reported on in 2a, did the organization file all required fedoral employment tax returns? 3a X 3 Did the organization have unrelated business gross income of 51 (000 or more during the year overleap by this return? 3b 3a X 4 Aray time during the calendary year, did the organization have an interest in or a signature or other authority over, a financial account? 4a X b If *ves,* enter the name of the foreign country, Eucle as a bank account security secure as a bank account security accounts. 5a X b Was the organization a party to a prohibited tax sheler transaction at any time during the tax year? 5a X b Was the organization in attrie was or is a party to a prohibited tax sheler transaction? 5b X c H *vss,* in the as a bank account security as a contributions or gifts were not tax deductible? 5				1		Yes	No			
b Enter the number of Forms W-3C included in line 1a. Enter 0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamning (gambing) within set unners within a set and within a within set once within the vacr covered by this return. 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 1d 1d 3b It the organization form a 2a, did the organization file all equired detarel employment tax returns? 2b X Note. If the sum of lines 1 and 2 is greater than 200, you may be required to 4th the return. (see instructions) 3a It "ves," has if field a Form 90-1 for this year? If "No," provide an explanation in Schedule 0 3a It "ves," has if field a Form 90-1 for this year? If "No," provide an explanation in Schedule 0 3a X 3c If "ves," in the the name of the foreign country. See the instructions for exceptions and fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a X 3c Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a X 3c Did any taxable party notify the organization the series statement that such contributions or gifts 6a X 4 Ves," indicate the number of the value of the w	1a			11						
c Ut the organization comply with backup withholding nulse for reportable payments to vendors and reportable gaming (gambing) winnings to pize wenners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 1d 1d 3b If the calendar year ending with or within the year covered by this return. 2a X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a X 3b Dift the organization have unreaded business groups income of 51 Jobo or more during the year covered by this return? 3a X 3b Thrse, 'has it field a form 900-T for the year? If "No," provide an explanation in Schedule O 3b 4a 3c A tary time during the calendary year. (If the organization have interst in, or a signature or other authority over, a financial account)? 4a 4a b If "Yes," is not the argenization that it was or is a party to a prohibited tax shelter transaction? 5a X b Do the organization notify the organization mater the or a signarity to a prohibited tax shelter transaction? 5b X b If "Yes," tool the organization include with were y solicitation an express statement that such contributions or gifts 5c <td< th=""><th></th><th></th><th>-</th><th>11</th><th></th><th></th><th></th></td<>			-	11						
(gambling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 1a 1a 2a Enter the number of employees reported on line 2a, gid the organization file all required (deeral employment tax returns?) 2a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 3c If "set," is this e A Ermol Sol Tor this year? 3a X 3c If "set," is this e A Ermol Sol Tor this year? 5a X 3c Vist, "the reason of the foreign country." Set if "set," to line Sa or Sb, did the organization file Form S886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5b X 3c If "set," to line Sa or Sb, did the organization suder settin and supprise transaction? 5c X 3c If "set," did the organization nucled with every solicitation an express statement that such contributions or gifts were not tax doductible? <t< th=""><th></th><th colspan="9"></th></t<>										
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, the dot the calendar year ending with or within the year covered by this return? 2a 14 b If at least one is reported on line 2a, did the organization file all equived federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effile this return? 3a X b 17 ves,' has it filed a Form 900-Tfor this year? If 'No, 'provide an explanation in Schedule 0 3a X b 17 ves,' has it filed a Form 900-Tfor this year? If 'No, 'provide an explanation in Schedule 0 3a X b 17 ves,' neter the name of the foreign country isouth as a bank account, securities account; or other financial account? 4a X b 17 ves,' neter the name of the foreign country isouth as a bank account, securities account; or other financial account? 5a X b Did any taxable party notify the organization file form 8080-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5a X c Did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible? 5b X c Did any taxable party to a prohibited tax shelter transaction? 5b 5b X <t< th=""><th>С</th><th></th><th></th><th></th><th></th><th>v</th><th></th></t<>	С					v				
The derived year ending with or within the year covered by this return. 2a 14 b If at least one is reported on line 2a, did the organization file all required federal emplyment tax returns? 2b X Mole. If the sum of lines 1s and 2a is greater than 250, you may be required to e ⁷ /life this return. [see instructions] 3a X 3D Did the organization have unrelated business gross income of \$1000 or more during the year covered by this return? 3b X 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authorfty over, a financial account? 3b X 52 Was the organization ap any to a prohibited as shelter transaction at any time during the tax year? 5a X 54 Was the organization ap any to a prohibited as shelter transaction? 5a X 54 Was the organization and provide tax shelter transaction? 5a X 55 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible? 5a X 56 Was the organization neicle with very solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 56 Was the organization neicle with very solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 57 Org	•				10	Δ				
b If at least one is reported on line 2a, did the organization file all required to drift this return? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to drift this return. (see instructions) 3a X 3b Did the organization have emptied bounds gross incore of 15, 000 or more during the year covered by this return? 3a X 4 At any time and or the provide an explanation in Schedule 0 3a X 4 At any time during the calendary expl. (dit the organization have an interset, to, ro signature or other authority over, a 4a X b If "res," hast thied a form 900-Tir or this year? If "No," provide an explanation in Schedule 0 3a X b If "res," enter the name of the foring country. 5a X b Was the organization aparty to a prohibited tax shelter transaction? 5b X c If "res," rotation have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5a X c If "res," ridd the organization near yes solicitation an express statement that such contributions or gifts were not tax deductible? 5a X c Did the organization near yeas of the organization are providid to any canabia schule appl. 5a	2a			1/						
Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e file this return. (see instructions) 30 30 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a timaneial account is a foreign country: 3a X 5 Was the organization count is (such as a bank account, securities account, or other inancial account)? 4a 4a 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 6 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6 Does the organization neave annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible? 6a X 7 Torganization receive apayment in excess of \$75 made parity as a contributions or gifts 6b 6a X 9 If "res," roline factor that was on a seques of the organization neave apayment in excess of \$75 made parity as a contributions or gifts 6b 6a X 9 If "res," roline factors and the organization neave apayment in excess of \$75 made parity as a contributions ora	I 4				Oh	x				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X b If Yes, "has if field a Form 990.T for this year? If 'No," provide an explanation in Schedule 0 3b 3c c 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 torsign country (such as a bark account, securities account, or other financial account)? 4a X b If Yes, "that if the foreign country (such as a bark account, securities account, or other financial account)? 4a X b If Yes, "that the foreign country (such as a bark account, securities account, or other financial account)? 5a X b Was the organization a party to a prohibited tax shelter transaction? 5b X c If Yes, "to line 6a or 5b, did the organization file Form 8896 T, Disclosure by Tax Exempt Ently Regarding Prohibited Tax Shelter Transaction? 5c 5c c Organization shar warnual gross receipts that are normally greater than \$100,000, and did the organization sholt ary contributions that ware not tax deductible? 6a X b If Yes, "did the organization noticude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X b If Yes, "did the organization, outly t	D				20	Δ				
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A 9a b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a					8					
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b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a	а			N/A	9a					
 a Initiation fees and capital contributions included on Part VIII, line 12 N/A b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 	b			/ -	9b					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Image: Constraint of the sources of the	10									
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Image: Constraint of the sources of the	а	Initiation fees and capital contributions included on Part VIII, line 12 $_{ m N/A}$	10a							
 a Gross income from members or shareholders	b		10b							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a	11	77/7								
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b			11a							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b									
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	40	<i>,</i>								
		·····	1	?	12a					
	b	IT "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		Form	900 (2000)			

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	ise						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.									
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body 1a 25									
b	Enter the number of voting members that are independent 1b 25									
2										
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X						
6	Does the organization have members or stockholders?	6		X						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?	7a		X						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		X						
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with those of the organization?	10b								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X							
	1A Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise									
	to conflicts?	12b	Х							
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v							
	in Schedule O how this is done	12c	Х	37						
13	Does the organization have a written whistleblower policy?	13	v	x						
14	Does the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v							
	The organization's CEO, Executive Director, or top management official	15a	X	x						
b	Other officers or key employees of the organization	15b								
40	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			v						
	taxable entity during the year?	16a		X						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's									
<u> </u>	exempt status with respect to such arrangements?	16b								
-	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA	fa.;								
18										
	public inspection. Indicate how you make these available. Check all that apply.									
40	X Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na fina	nciai							
00	statements available to the public.	tion: ►								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza THOMAS LEUNG - (323)343-3571									

5151 STATE UNIVERSITY DRIVE, ADM 514, LOS ANGELES, CA 90032

Form **990** (2009)

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

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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

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

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

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

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

____ Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(F)		
Name and Title	Average			Pos				Reportable	Estimated	
	hours	(cł	neck	all	that	app	ly)	compensation	compensation	amount of
	per week	ector						from the	from related organizations	other compensation
	WEEK	or dire	в			ated		organization	(W-2/1099-MISC)	from the
		Istee	truste		e.	pensa		(W-2/1099-MISC)	(organization
		ual tri	ional		ıрІоує	t com /ee				and related
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
BEVILLE CONSTANTINE		_	_		-		-			
PRESIDENT $(4/10 - 6/10)$	2.00	x		х				0.	0.	2,226.
BELTRAN JOAQUIN										
PRESIDENT (7/09 - 4/10)	2.00	Х		Х				0.	0.	5,050.
BEVILLE CONSTANTINE										
VP - ACADEMIC (7/09-4/10)	2.00	Х		Х				0.	0.	4,888.
MARIA JEFFERY										
VP - ACADEMIC	2.00	Х		Х				0.	0.	3,743.
STEPHANIE MONTE										4 5 4 6
VP – ADMIN	2.00	X		Х				0.	0.	1,749.
CLAUDIA QUINTERO										
VP - ADMIN	2.00	X		X				0.	0.	2,757.
VERGINEH PETROSIAN	2 00	x		x				0.	0.	E EQE
<u> VP - FINANCE</u> JEREMY WHITE	2.00	A		A				0.	0.	5,585.
SECRETARY/TREASURER	2.00	x		x				0.	0.	5,301.
NATHAN CRUZ	2.00			Λ				0.	0.	5,501.
BOARD MEMBER	2.00	x						0.	0.	3,377.
MICHAEL LEUNG	2.00									575770
BOARD MEMBER	2.00	x						0.	0.	2,991.
ASHLEY BARRIOS										,
BOARD MEMBER	2.00	x						0.	0.	871.
JULIA CERVANTES-ESPINOZA										
BOARD MEMBER	2.00	Х						0.	0.	0.
FAISAL ABDULLAH										
BOARD MEMBER	2.00	Х						0.	0.	2,743.
KRISTINE DICKSON										
BOARD MEMBER	2.00	Х						0.	0.	2,940.
ANA GOMEZ										
BOARD MEMBER	2.00	Х						0.	0.	1,040.
MARIA PACHECO								_		
BOARD MEMBER	2.00	Х						0.	0.	2,220.
RAHUL GUPTA										0 450
BOARD MEMBER	2.00	Х						0.	0.	2,453.

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Form **990** (2009)

Form 990 (2009)

ASSOCIATED STUDENTS, INC.

CALIFORNIA STATE UNIVERSITY, LOS ANGELES 95-2044300 Page 8

Form 990 (2009) CALIFORN	IA STATI	ΞŢ	JNI	[V]	ER	SI	ΓҮ	, LOS ANGELE	ls 95-2044	1300	Pag	je 8
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mplo	oyee	es, a	nd l	High	est	Compensated Employ	yees (continued)			
(A) Name and title	(B) Average hours	(cl		Pos	C) sitior that	n t app	oly)	(D) Reportable compensation	(E) Reportable compensation	Est	(F) imated ount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	ated other tions compens		on n d
DAPO AKINSIKU BOARD MEMBER	2.00	x						0.	0.		53	8.
RAHUL DASOAR BOARD MEMBER	2.00							0.	0.		84	
KRUPA PAREKH												
BOARD MEMBER HECTOR ESCOBAR	2.00							0.	0.		3,24	
BOARD MEMBER DANIEL NAVARRO	2.00	X	-			-		0.	0.	,	83	6.
BOARD MEMBER DAVID T WANG	2.00	x						0.	0.	. 1	1,45	0.
BOARD MEMBER	2.00	x						0.	0.	. 3	3,29	4.
JOHN MICHAEL SANCHEZ BOARD MEMBER	2.00	x						0.	0.		3,23	9.
HECTOR PINEDA BOARD MEMBER	2.00	x						0.	0.	,	65	3.
SANDRA NDUNA BOARD MEMBER	2.00	x						0.	0.	. 1	L,51	2.
ANDREW FRANKLIN												
BOARD MEMBER 1b Total	2.00	A						0. 142,160.	0.		2,09 3,72	$\frac{1}{3}$
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	no re		-		,,	<u> </u>
compensation from the organization						·					Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s										3		x
 For any individual listed on line 1a, is the su and related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n an	d otl	her compensation from	the organization	4		x
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	n any	y uni	elat	ed organization for serv				x
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	:011 <u>.</u>	<u></u>						5	·	<u>~</u>
1 Complete this table for your five highest co the organization. NONE	mpensated in	depe	ende	ent c	cont	racto	ors t	hat received more thar	1\$100,000 of compen	sation fr	om	
(A) Name and business	address							(B) Description of	services	(C) Compen		
							\neg					
							\neg					
							\dashv					
							\neg					
2 Total number of independent contractors (i	ncludina but r	not li	mite	d to	tho	se li	sted	above) who received r	nore than			
\$100,000 in compensation from the organized	zation 🕨					0						
SEE SCHEDULE J-2 FOR	PART' V.	цТ,	, :	5日(с.Т.	TOI	N 4	A CONTINUATI	.ON	Form 9	90 (20	109)

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CALIFORNIA STATE UNIVERSITY, LOS ANGELES 95-2044300 Page 9

Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
s, c	с	Fundraising events	1c					
ari		Related organizations						
ni's	е	Government grants (contribut	ions) 1e					
rion risi		All other contributions, gifts, gran	· ·					
hel	•	similar amounts not included abo						
ld F	a	Noncash contributions included in lines						
aŭ	-							
-		Total. Add lines 1a-1f						
	•	STUDENT GOVERNM	TENTO	Business Code	473,606.	473,606.		
ice	2 a			900099				
ue v	b				295,919.	295,919.		
n S jen	С			900099	237,372.	237,372.		
je ra	d	UNIVERSITY SUPP	'OR'I'	900099	156,086.	156,086.		
Program Service Revenue	е							
-	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	1162983.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	8,330.			8,330.
	4	Income from investment of tax						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross Rents		19,160.				
		Less: rental expenses						
		Rental income or (loss)		19,160.				
					19,160.	19,160.		
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 4	assets other than inventory						
	h	•						
	D	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •				
ne	8 a	Gross income from fundraising						
Other Revenue		including \$						
Be		contributions reported on line	-					
er		Part IV, line 18	а					
Ę	b	Less: direct expenses	b					
Ŭ	С	Net income or (loss) from func	Iraising events	>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
	с	Net income or (loss) from gam	ing activities	>				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
t		Miscellaneous Revenu		Business Code				
ŀ	11 2	MISC. REVENUE	0	900099	5,582.			5,582.
					2,2020			
	b							
	C L							<u> </u>
		All other revenue			5,582.			
		Total. Add lines 11a-11d			1196055.	1182143.	0.	13,912.
93200	<u>12</u> 9	Total revenue. See instructions.		🕨	TT20022.	1104143.	υ.	
93200 02-04	-10							Form 990 (2009)

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Form 990 (2009)

Part IX Statement of Functional Expenses

ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LOS ANGELES

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (C) Management and general expenses (B) **(D)** Fundraising Do not include amounts reported on lines 6b, Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 19,285. 19,285. the U.S. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 258,762. 201,423. 57,339. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 214,739. Other salaries and wages 100,506. 114,233. 7 Pension plan contributions (include section 401(k) 8 4,106. 13,687. 9,581. and section 403(b) employer contributions) 82,519. 32,340. 50,179. Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 Management а 405. 405. b Legal 82,860. 82,860. Accounting С d Lobbying Professional fundraising services. See Part IV. line 17 е Investment management fees f 14,219. 14,219. Other q 600. 600. Advertising and promotion 12 101,821. 69,677. 32,144. 13 Office expenses 14 Information technology 15 Royalties 22,453. 22,453. 16 Occupancy 24,253. 23,978. 275. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19,050. 18,195. 855. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 38,869, 38,869, 22 Depreciation, depletion, and amortization 7,897. 7,897. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 152,012. 152,012. COMMUNITY SERVICES а 76,003. 76,003. UNIVERSITY SUPPORT h CLUBS & ORGANIZATION 23,954. 23,954. С 9,956. 9,956. BOOK VOUCHER PROGRAM d 6,590. CULTURAL EVENT 6,590. е 1,650. 1,270. 380. f All other expenses 1,171,584. 744,770. 426,814. 0. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here 🕨 🛄 if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Form 990 (2009) 932010 02-04-10 10

13290121 794084 83551.TAX

2009.05030 ASSOCIATED STUDENTS, INC. C 83551_T1

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Form 990 (2009)

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ASSOCIATED STUDENTS, INC.

CALIFORNIA STATE UNIVERSITY, LOS ANGELES 95-2044300 Page 11

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			161,732.	1	259,071.
	2	Savings and temporary cash investments			1,135,207.	2	1,042,204.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			15,142.	4	35,472.
	5	Receivables from current and former officers, di	rectors, truste	es, key			
		employees, and highest compensated employee	es. Complete F	Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined under	section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Cor	mplete			
		Part II of Schedule L				6	
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges			20,771.	9	25,959.
	10a	Land, buildings, and equipment: cost or other		4 - 0 0 0 -			
		basis. Complete Part VI of Schedule D	10a	179,937.	156 100		118 200
	b	• • • • • • • • • • • • • • • • • • • •		62,617.	156,189.		117,320.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1 400 041	15	1 400 000
	16	Total assets. Add lines 1 through 15 (must equa			1,489,041.	16	1,480,026.
	17	Accounts payable and accrued expenses		139,228.	17	83,164.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
les	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director					
LIa		highest compensated employees, and disqualifi					
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated			221,713.	24 25	246,691.
	25	Other liabilities. Complete Part X of Schedule D			360,941.	25 26	329,855.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	oro 🕨 🗴	and complete	500,541.	20	525,055.
S		lines 27 through 29, and lines 33 and 34.		and complete			
e S	27	Unrestricted net assets			1,128,100.	27	1,150,171.
alar	28	Temporarily restricted net assets			_,,	28	_,,
ñ	29					29	
ŭ		Organizations that do not follow SFAS 117, cl	heck here			25	
ř		complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds			30		
sse	31	Paid-in or capital surplus, or land, building, or ec				31	
Ϋ́	32	Retained earnings, endowment, accumulated in				32	
Net Assets or Fund Balances	33	Total net assets or fund balances			1,128,100.	33	1,150,171.
	34	Total liabilities and net assets/fund balances			1,489,041.	34	1,480,026.

Form 990 (2009)

11 2009.05030 ASSOCIATED STUDENTS, INC. C 83551_T1

ASSOCIATED	STUDENTS, INC.			
CALTFORNTA	STATE UNIVERSITY	LOS ANGELES	95-2044300	Page 12

Form	n 990 ((2009) CALIFORNIA STATE UNIVERSITY, LOS ANGELES 95-2044	300	Pa	_{ge} 12
Ра	rt XI	Financial Statements and Reporting			
				Yes	No
1	Acco	punting method used to prepare the Form 990: Cash X Accrual Other			
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were	e the organization's financial statements audited by an independent accountant?	2b	Х	
С	lf "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	revie	w, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	lf "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	cons	olidated basis, separate basis, or both:			
	X	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act a	and OMB Circular A-133?	3a		X
b	lf "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or au	idits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			Form	99 0 (2009)

932012 02-04-10

·	0 or 990-EZ) If the Treasury	Comple	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.							OMB No. 1545-0047 2009 Open to Public Inspection		
Name of t	the organizati		TED STUDENTS						mployer ic	lentificati	on nu	mber
	•		NIA STATE UN	-		LOS A	NGELE			-2044		
Part I	Reason		ity Status (All organiz									
	ization is not a A church, coi A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170(A community An organizati activities rela income and u See section An organizati An organizati	private foundation nvention of churches cribed in section 17 a cooperative hospi search organization of e:	because it is: (For lines 1 s, or association of churce O(b)(1)(A)(ii). (Attach Sc tal service organization of operated in conjunction benefit of a college or un ete Part II.) ent or governmental unit eives a substantial part of te Part II.) ection 170(b)(1)(A)(vi). (eives: (1) more than 33 1 notions - subject to certa axable income (less sect	I through ches desc hedule E.) described with a hos niversity ov t described of its supp (Complete 1/3% of its in excepti tion 511 ta st for publ he benefit of	11, check ribed in section pital desci- wned or op d in sectio bort from a Part II.) s support f ons, and (<i>i</i> x) from bu- ic safety. S	only one b ction 170 170(b)(1) ribed in se perated by on 170(b)(governme z) no more sinesses a See sectio	(A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)((A)(ii). (A	(b)(1)(A)(ii mental uni or from the nembershi I/3% of its by the orga i).	t described general pr p fees, and s support fr anization af y out the p	d in ublic desc of gross rea rom gross iter June 3 ourposes c	ribed i ceipts invest 0, 197	in from tment 75.
e 🗔 f g	a Type I By checking foundation m If the organiz supporting of Since August (i) A person the gove	b this box, I certify that anagers and other t ation received a writ ganization, check th 17, 2006, has the c n who directly or ind erning body of the su	t the organization is not han one or more publicly ten determination from t	Controlled v supporte the IRS that y gift or co one or tog	e III - Fund I directly o ed organiza at it is a Ty ontributior ether with	tionally inf r indirectly ations des pe I, Type from any persons c	of by one of cribed in s II, or Type of the follo	ection 509 e III owing pers in (ii) and (qualified p 9(a)(1) or se sons? iii) below,		ner tha	In
												<u> </u>
6			person described in (i) o							11g(iii)		L
• •	of supported	ollowing information	about the supported org organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the c in col. (i) lis	(s). organization sted in your document? No	organizat	u notify the ion in col. r support? No	(vi) Is organizatic (i) organiz U.S Yes	on in col.	(vii) Am sup		ſ

Total

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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	edule A (Form 990 or 990-EZ) 2009	<u> </u>					Page 2
Pa	rt II Support Schedule for	-			0(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I.				
	ction A. Public Support				1	1	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		-		-		
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						
_	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
~							
	Public support. Subtract line 5 from line 4.						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(4) 2008	(e) 2009	(f) Total
	Amounts from line 4	(a) 2003	(b) 2000	(c) 2007	(d) 2008	(e) 2009	(I) IOIAI
8	Gross income from interest,						
0	,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities		tions)			12	
	First five years. If the Form 990 is fo						
10	organization, check this box and stop	•					
Sec	ction C. Computation of Public	ic Support Pe	ercentage				
	Public support percentage for 2009 (column (f))		14	%
	Public support percentage from 2008						%
	33 1/3% support test - 2009.If the c						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2008. If the c						
	and stop here. The organization qua	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	a box on line 13, 10	<u>6a, 16b, 17a, or 17</u>	7b, check this box	and see instruction	ns 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2009

932022 02-08-10

Sch Pa	edule A (Form 990 or 990-EZ) 2009 C. art III Support Schedule for C	ALIFORNIA Drganizations	STATE UN	IVERSITY , Section 509(a)	LOS ANGE	LES95–204	4300 Page 3
	ction A. Public Support	<u> </u>		()			<u>, x on line e err arrin</u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(u) 2000	(1) 2000	(0) 2001	(4) 2000	(0) 2000	(i) rotai
-	membership fees received. (Do not						
	include any "unusual grants.")				1,000.		1,000.
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	1,174,756.	1,174,000.	1,237,938.	1,237,162.	1,182,143.	6,005,999.
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	1,174,756.	1,174,000.	1,237,938.	1,238,162.	1,182,143.	6,006,999.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						6,006,999.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	1,174,756.	1,174,000.	1,237,938.	1,238,162.	1,182,143.	6,006,999.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	46,556.	48,029.	72,740.	36,191.	8,330.	211,846.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	46,556.	48,029.	72,740.	36,191.	8,330.	211,846.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,084.	3,316.	6,180.	3,919.	5,582.	25,081.
	Total support (Add lines 9, 10c, 11, and 12.)	1,227,396.	1,225,345.	1,316,858.	1,278,272.	1,196,055.	6,243,926.
14	First five years. If the Form 990 is for	-			•		ation,
_	check this box and stop here		<u> </u>)
	ction C. Computation of Publi						06 01
15						15	96.21 %
16						16	95.50 %
Sec	ction D. Computation of Inves						2 20
17						17	3.39 %
18	Investment income percentage from 2					18	3.73 %
19a	a 33 1/3% support tests - 2009. If the	-					
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2008. If the	-					
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n aid not check a l	oox on line 14, 19a	a, or 190, check th	is pox and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2009

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2009.05030 ASSOCIATED STUDENTS, INC. C 83551_T1

Sc	hedule D	Supplemental Financial Statements	tal Financial Statements				
	n 990)	 Complete if the organization answered "Yes," to Form 990, 			20	09	
•		Part IV, line 6, 7, 8, 9, 10, 11, or 12.			Open t	o Public	
Interna	ment of the Treasury Revenue Service	Attach to Form 990. See separate instructions.			Inspec		
Nam	e of the organization	on ASSOCIATED STUDENTS, INC.	Emp			on number	
		CALIFORNIA STATE UNIVERSITY, LOS ANGELES			-2044		
Pa	rt I Organiza	tions Maintaining Donor Advised Funds or Other Similar Funds or A	CCOL	I nts. Co	mplete if	the	
	organizatior	n answered "Yes" to Form 990, Part IV, line 6.					
) Fun	ds and o	ther acco	unts	
1		d of year					
2		utions to (during year)					
3		rom (during year)					
4		end of year	<u> </u>				
5		n inform all donors and donor advisors in writing that the assets held in donor advised func-		Г	Yes		
6		n's property, subject to the organization's exclusive legal control?		L	⊥ res		
0		n inform all grantees, donors, and donor advisors in writing that grant funds can be used o oses and not for the benefit of the donor or donor advisor, or for any other purpose confer					
		ate benefit?	-		Yes		
Pa		ation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,					
1		ervation easements held by the organization (check all that apply).					
•		of land for public use (e.g., recreation or pleasure)	v impo	ortant lan	d area		
		natural habitat					
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualified conservation contribution in the form of a co	nserva	ation eas	ement on	the last	
	day of the tax year						
				Held at t	he End of t	he Tax Year	
а	Total number of co	nservation easements	2a				
b	Total acreage restr	icted by conservation easements	2b				
		vation easements on a certified historic structure included in (a)	2c				
d		vation easements included in (c) acquired after 8/17/06	2d				
3		vation easements modified, transferred, released, extinguished, or terminated by the organ	zatior	n during t	he tax		
	year ►						
4		vhere property subject to conservation easement is located					
5		ion have a written policy regarding the periodic monitoring, inspection, handling of		Г	Yes		
6		prcement of the conservation easements it holds?			⊥ res		
7		es incurred in monitoring, inspecting, and enforcing conservation easements during the ye					
8		vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B		Φ		_	
Ŭ		(4)(B)(ii)?			Yes		
9		be how the organization reports conservation easements in its revenue and expense stater					
-		le, the text of the footnote to the organization's financial statements that describes the org					
	conservation ease				0		
Pa	rt III Organiza	tions Maintaining Collections of Art, Historical Treasures, or Other S	Simil	ar Asse	ets.		
	Complete if	the organization answered "Yes" to Form 990, Part IV, line 8.					
1a	If the organization	elected, as permitted under SFAS 116, not to report in its revenue statement and balance	sheet	works of	art, histo	rical	
	treasures, or other	similar assets held for public exhibition, education, or research in furtherance of public ser	vice, p	provide, ii	n Part XIV	/, the text of	
		financial statements that describes these items.					
b		elected, as permitted under SFAS 116, to report in its revenue statement and balance she					
		ets held for public exhibition, education, or research in furtherance of public service, provi	le the	following	j amounts	s relating to	
	these items:			•			
		uded in Form 990, Part VIII, line 1		\$			
•		d in Form 990, Part X		\$			
2		received or held works of art, historical treasures, or other similar assets for financial gain,	סועטוכ	e			
~	-	nts required to be reported under SFAS 116 relating to these items: I in Form 990, Part VIII, line 1		¢			
		Form 990, Part X					
U		, on 1000, Fait A		Ψ			
LHA	For Privacy Act a	nd Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedul	e D (Forn	n 990) 2009	
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_		NIA STATE									
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (cont	inuea	0
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	at are a s	ignificant	use of its	collectio	n iten	ns
	(check all that apply):										
а	Public exhibition	c	1 🖂 L	oan or exc	hange progr	ams					
b	Scholarly research	e	• L (Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how th	ey further t	he organizat	ion's exe	mpt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er similai	assets	_	-	_	_
	to be sold to raise funds rather than to be m							L	Yes		No
Pa	t IV Escrow and Custodial Arran		ete if org	anization ar	nswered "Ye	s" to For	m 990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for o	contribution	is or other as	ssets not	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able:							
									Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIV										
Pai	t V Endowment Funds. Complete	if the organization ar	nswered '	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pr	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	r years	s back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	ar end balance held a	as:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	ered for t	he organiz	zation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	ule R?					Зb		
4	Describe in Part XIV the intended uses of the										
Pa	t VI Investments - Land, Building	gs, and Equipm	ent. See	e Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o basis (investi			or other (other)		ccumulate preciation	ed	(d) Boo	k valu	le
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			17	9,937.		62,6	17.	11	7,3	20.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	0(c).)				11	7,3	20.

Schedule D (Form 990) 2009

932052 02-01-10

ASSOCIATED	STUDENTS, 1	INC.		
		ERSITY, LOS A	NGELES	95-2044300 Page 3
Part VII Investments - Other Securities. Securities	ee Form 990, Part X, lir	ne 12.		
 (a) Description of security or category (including name of security) 	(b) Book value	Co	(c) Method of v st or end-of-year	
Financial derivatives				
Closely-held equity interests				
Other				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	L Soo Form 000 Part X II	ino 13		
			(c) Method of v	aluation:
(a) Description of investment type	(b) Book value	Co	st or end-of-year	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
(a,) Description			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)			
Part X Other Liabilities. See Form 990, Part X	, line 25.			
1. (a) Description of liability		(b) Amount		
Federal income taxes				
DEFERRED EMPLOYEE BENEFITS		123,763.		
NOTE PAYABLE TO AFFILIATE		122,928.		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25.)	246,691.		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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02-01-10	

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Schedule D (Form 990) 2009 CALIFORNITA STATE UNIVERSITY, LOS ANCELES 95-2044300 Page 4 Part XI [Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 1, 196, 055. 2 1, 171, 584. 2 1, 171, 584. 3 24, 471. 4 4 4 5 5 6		ASSOCIATED STUDENTS, INC.						
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 1,196,055. 2 1,171,584. 3 24,471. 4 4 4 24,471. 4 4 5 5 6 7 7 7 6 7 7 7 <tr< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Page 4</td></tr<>								Page 4
2 Total expenses (Form 990, Part IX, column (A), line 25) 2 1,171,584. 3 3 24,471. 4 3 24,471. 5 Donated services and use of facilities 5 6 Investment expenses 6 7 7 - 8 Other (Describe in Part XIV.) 8 -2,2,400. 9 Total adjustments (net). Add lines 4 through 8 7 - 1 Total revenue, gains, and other support per audited financial statements 1 1,196,055. 1 Total revenue, gains, and other support per audited financial statements 2a 2a 2 Donated services and use of facilities 1 1,196,055. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2a 2 Donated services and use of facilities 2a 2a 0. 3 1,196,055. 3 1,196,055. 3 4 Amounts included on Ine 1 thout not on Form 990, Part VIII, line 72, but not on line 1: 3 1,196,055. 4 Amounts included on Form 990, Part VIII, line 72, but not on line 1: 3 1,196,055. </th <th>Pa</th> <th>t XI Reconciliation of Change in Net Assets from Form 990 to</th> <th>Audite</th> <th>d Financial</th> <th>Stater</th> <th>nent</th> <th>ts</th> <th></th>	Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial	Stater	nent	ts	
3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 24,471. 4 4 4 5 Donated services and use of facilities 5 6 7 7 7 7 7 9 Total adjustments 6 7 7 7 9 Total adjustments (net). Add lines 4 through 8 8 -2,400. 9 Total adjustments (net). Add lines 4 through 8 9 -2,400. 9 Total adjustments (net). Add lines 4 through 8 9 -2,400. 9 Total adjustments (net). Add lines 4 through 8 9 -2,400. 9 Total adjustments (net). Add lines 4 through 9 9 -2,400. 9 Total adjustments (net). Add lines 4 through 9 9 -2,400. 10 22,071. Part XII Reconciliation of Revenue per Addited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 1,196,055. 2 Amounts included on form 990, Part VIII, line 12. 2a 0. 3 0 Other (Describe in Part XIV) 2a	1	Total revenue (Form 990, Part VIII, column (A), line 12)		1				
4 4 5 Donated services and use of facilities 6 Investment expenses 7 7 8 Other (Describe in Part XIV) 9 Total adjustments (n): Add lines 4 through 8 9 -2,400. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 11 Total adjustments (net). Add thres 4 pbrot per audited financial statements. 12 Total adjustments (net). Add the support per audited financial statements. 14 1,196,055. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 14 Atter (Describe in Part XIV) 2a 2b 2b 2c 2c 2c 2c 2c 2d 2d 2d 2d 2d 2c 2d 2c 2d 2c 2d 2d 2d 2d 2d 2d 2d 2d <	2	Total expenses (Form 990, Part IX, column (A), line 25)		2			1,171,	584.
4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Toir prior period adjustments 7 8 Other (Describe in Part XIV) 8 -2,400. 9 -2,400. 9 -2,400. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 22,071. Part XIII Reconciliation of Revenue per Audited financial statements 1 1,196,055. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 1 1,196,055. 2 Amounts included on ine 1 but not on Form 990, Part VIII, line 12: 2a 2a 0. 3 Subtract line 2e from line 1 3 1,196,055. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4a 4c 0. 5 Total revenue, Add lines 3 and 4e, (This must equal Form 990, Part I, line 12) 5 1,196,055. 1,196,055. 4 Amounts included on Form 990, Part IVII, line 7b 4a 4b 4c 0. 5 Total revenue, Add lines 3 and 4e, (This mu	3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			24,	471.
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Part XIV Supplemental Information	5					5	1,171,	584.
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Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DEFERRED EMPLOYEE BENEFIT PLAN - PRIOR YEAR COST INCURRED IN

CURRENT YEAR: -2400.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DEFERRED EMPLOYEE BENEFIT PLAN - PRIOR YEAR COST INCURRED IN

CURRENT YEAR: 2400.

932054 02-01-10 Schedule D (Form 990) 2009

19

13290121 794084 83551.TAX 2009.05030 ASSOCIATED STUDENTS, INC. C 83551_T1

	ASSOCIATED STUDENTS, INC.
Schedule D (Form 990) 2009	CALIFORNIA STATE UNIVERSITY, LOS ANGELES95-2044300 Page
Part XIV Supplemental Infor	ormation (continued)
THE ORGANIZATION RE	ECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX
POSITIONS, SUCH AS	FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING
THAT THE RELEVANT T	TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE
POSITION FOLLOWING	AN AUDIT. THE ORGANIZATION IS SUBJECT TO POTENTIAL
INCOME TAX AUDITS O	ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT
OPERATES. THE STATU	JTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE
PURPOSES IS GENERAL	LLY THREE AND FOUR YEARS, RESPECTIVELY.

Schedule D (Form 990) 2009

932055 02-01-10

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SCHEDULE I									OMB No. 15	45-0047	
(Form 990)					e to Organization in the United Sta	•			200)9	
Department of the Treasury		Comple	ete if the organization		-	rt IV, line 21 or 22.			Open to Public		
Internal Revenue Service				Attach to For	m 990.				Inspec	tion	
Name of the organizat		D STUDENT A STATE U	S, INC. NIVERSITY,	LOS ANGEL	ES			Employer id	entification 95-204		
Part I General I	nformation on Grants a	and Assistance									
1 Does the organi	zation maintain records	to substantiate the	amount of the grants	or assistance, the	e grantees' eligibilit	ty for the grants or ass	istance, and the selec	tion			
criteria used to a	award the grants or assi	stance?	-					[X Yes	No No	
	IV the organization's pr										
Part II Grants an	nd Other Assistance to	Governments and	d Organizations in the	e United States.	Complete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, fo	or any		
recipient t	hat received more than	\$5,000. Check this	box if no one recipier	nt received more th	nan \$5,000. Use P		(Form 990) if addition	nal space is n	eeded		
· · ·	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		rpose of gr assistance		
2 Enter total numb	per of section 501(c)(3) a	and government or	ganizations		•	•		►			
	per of other organization		<u></u>)			
LHA For Privacy Ac	t and Paperwork Redu	ction Act Notice,	see the Instructions	for Form 990.				Schedu	ile I (Form	990) 2009	

CALTEORNIA GRAPE INTUERSIVE LOS ANGELES

Schedule I	(Form 990) 2009	CALIFORNIA	STATE	UNIVERSITY,	LOS	ANGELES	9
Part III	Grants and Other Assi Use Part IV and Schedu				e organiz	zation answered "Yes" to Form 990, Part IV, line 22.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					STUDENT SCHOLARSHIPS AWARDED
STUDENT SCHOLARSHIPS	26	19,285.	0.		TO STUDENTS FOR TUITION
Part IV Supplemental Information. Complete this part to provide	de the informatio	n required in Part I.	line 2, and any other	additional information.	

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PROVIDES GRANTS IN AID TO

STUDENTS WHO ARE ACTIVELY INVOLVED WITH ASSOCIATED STUDENTS, INC. THESE

FUNDS ARE USE TO HELP SUPPLEMENT THE TUITION AND FEES THAT EACH STUDENT

PAYS TO ATTEND CSULA.

95-2044300

Page 2

SCHEDULE J-2 (Form 990)	Co	ontinuat	io	n S	Sh	ee	et f	or	Form 990		01	MB No. 1545-0047
Department of the Treasury	Attach to Form 990	0 to list additi ► See							orm 990, Part VII, Sectio	on A, line 1a.	0	pen to Public Inspection
Name of the Organizatio		ED STUDI	ENT	rs,	,]	ENC	2.					fication number
Part I Continua	ation of Officers, Di								, LOS ANGELE oyees, and Highes			4300 Employees
(4	A) and title	(B) Average hours			(C Pos	C) ition		-	(D) Reportable compensation	(E) Reportat	ble	(F) Estimated amount of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizati (W-2/1099-N	ons	other compensation from the organization and related organizations
INTEF W. WES EXECUTIVE DI		40.00			x				74,861.		0.	22,507.
RAINEE C. RE ASSISTANT DI	DMOND RECTOR	40.00			x				67,299.		0.	23,584.
LHA For Privacy Act a	nd Paperwork Reductio	n Act Notice,	see	the	Ins	truc	tion	s fo	r Form 990.	Schee	dule J-2	(Form 990) 2009

932201 02-02-10

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047 2009 Open to Public Inspection	
Name of the organizatio	n ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LOS ANGELES	Employer identification number $95-2044300$
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:	
UNIVERSITY S	UPPORT, CLUBS, ORGANIZATIONS, AND CULTURAL EVI	ENTS
EXPENSES \$ 9	9957. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1	156086.
FORM 990, PA	RT VI, SECTION B, LINE 11: AFTER THE FORM 990	IS PREPARED BY
AN OUTSIDE A	CCOUNTING FIRM, ALL TAX DOCUMENTS FILED BY ASI	I ARE REVIEWED BY
BUSINESS FIN	ANCIAL SERVICES AND THEN FORWARDED TO THE EXEC	CUTIVE DIRECTOR OF

ASI FOR REVIEW AND COMMENT. UPON HIS APPROVAL, THE RETURN IS FINALIZED.

BEFORE IT IS FILED, A COPY OF THE RETURN IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS SIGN THE STATEMENT OF CONFLICT OF INTEREST ANNUALLY. ALSO, EACH EMPLOYEE UPON HIRE IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM. EACH BRANCH OF ASI IS REQUIRED TO FILL OUT A CONFLICT OR 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 DISCUSSIONS, THE CONFLICTED PARTY WILL NOT BE PRESENT AT THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A PERSONNEL COMMITTEE AND CAMPUS HUMAN RESOURCES. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION IN THE CLOSED DOOR MEETING.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS WILL BE PLACED

ON THE ASI WEBSITE AFTER CAREFUL REVIEW AND APPROVAL.

 LHA
 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Schedule O (Form 990) 2009

 932211
 224

13290121 794084 83551.TAX

X 2009.05030 ASSOCIATED STUDENTS, INC. C 83551_T1

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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



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

LOS ANGELES 95-2

Employer identification number 95-2044300

SCHEDULE R, PART V, LINE 2

RELATED ENTITY TRANSACTIONS

ACCOUNTING SERVICES FOR THE ORGANIZATION ARE PROVIDED UNDER A CONTRACT

FOR SERVICES AGREEMENT WITH THE UNIVERSITY. PAYMENTS UNDER THE

AGREEMENT WERE \$57,560 FOR THE YEAR ENDED JUNE 30, 2010.

HUMAN RESOURCE MANAGEMENT SERVICES FOR THE ORGANIZATION ARE PROVIDED

UNDER A CONTRACT FOR SERVICES AGREEMENT WITH THE UNIVERSITY. THE

AGREEMENT REQUIRES TOTAL ANNUAL PAYMENTS OF \$5,000.

UNDER CONTRACTUAL AGREEMENT, THE UNIVERSITY COLLECTS STUDENT FEES ON

BEHALF OF THE ORGANIZATION. THE ORGANIZATION REIMBURSES THE UNIVERSITY

A MONTHLY ADMINISTRATIVE FEE WHICH TOTALED \$8,769 FOR THE YEAR ENDED

JUNE 30, 2010. THE FEES THAT CSULA COLLECTED AND REMITTED TO ASI

AMOUNTED TO \$1,162,983.

FORM 990, PART VIII, LINE 6

RENTAL OF PERSONAL PROPERTY

THE ASI RENTS OUT LAPTOPS FOR STUDENT USE. THE RENTALS HELP TO SUPPORT

STUDENTS WHO WOULD NOT BE ABLE TO AFFORD TO BUY A LAPTOP OR THOSE WHO

DO NOT HAVE ACCESS TO ONE.

FORM 990, PART VII

BOARD OF DIRECTORS

LHAFor Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.Schedule O (Form 990) 2009932211
02-03-10251329012179408483551.TAX2009.05030ASSOCIATED STUDENTS, INC. C 83551_T1

SCHEDULE O	Supplemental Information to Form 990	OMB No. 1545-0047
(Form 990)	2009	
Department of the Treasury Internal Revenue Service	Form 990 or to provide any additional information. Attach to Form 990.	Open to Public Inspection
Name of the organizatio		oyer identification number - 2044300
IN APRIL 201	0, BELTRAN JOAQUIN STEPPED DOWN AS PRESIDENT AND	BEVILLE
CONSTANTINE	WAS ASCENDED TO THE POSITION. BEVILLE CONSTANTIN	IE HAD
PREVIOUSLY B	EEN A VOTING MEMBER OF THE BOARD OF DIRECTORS, BU	IT AS
PRESIDENT, N	O LONGER HAD A VOTE ON THE BOARD. HE HAS BEEN LI	STED TWICE
ON PART VII	TO REFLECT THIS CHANGE IN POSITION, AND HIS SALAR	Y HAS BEEN
ALLOCATED AP	PROPRIATELY.	
FORM 990, PA	RT VII, LINE 15B	
NO REASONABL	E COMPENSATION PROCEDURES ARE IN PLACES FOR KEY E	MPLOYEES

AS THE ORGANIZATION DOES NOT HAVE KEY EMPLOYEES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 26

Schedule O (Form 990) 2009

	ASSOCIATED STU	Related Organization ete if the organization answered " ▶ Attach to Form 990. IDENTS, INC. TE UNIVERSITY, LOS	OMB No. 1545-0047 2009 Open to Public Inspection mployer identification number 95-2044300			
Part I Identification of Disre	egarded Entities (Complet	e if the organization answered "Yes'	' to Form 990, Part IV, line 33.)			
(a) Name, address of disregarded	,	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		-				
Part II Identification of Relations during the	ted Tax-Exempt Organiza	tions (Complete if the organization a	answered "Yes" to Form 990, Pa	rt IV, line 34 becaus	e it had one or more	e related tax-exempt
(a) Name, address, of related orga	, and EIN	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CALIFORNIA STATE UNIVERSI 5151 STATE UNIVERSITY DRI LOS ANGELES, CA 90032		PUBLIC UNIVERSITY	CALIFORNIA			N/A
		-				
		-				
		-				

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Part III

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of related organization	Primary activity			entity (related, unrelated, in excluded from tax under	Share of total income	Share of end-of-year assets		portion- cations?	amount in hav	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	
	-								1	
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	4									
	-									
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	4								1	
	4								1	
									L	Т

Part IV organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	
-		foreign country)		or trust)		assets		

95-2044300

Page 2

Schedule R (Form 990) 2009 CALIFORNIA STATE UNIVERSITY, LOS ANGELES

95-2044300 P	age 3
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Par	t V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)					
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			١	/es	No
	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?					
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1	a		Х
b	Gift, grant, or capital contribution to other organization(s)		1	b		Х
с	Gift, grant, or capital contribution from other organization(s)		1	c		Х
d	Loans or loan guarantees to or for other organization(s)		1	d		Х
	Loans or loan guarantees by other organization(s)			e		Х
f	Sale of assets to other organization(s)			f		Х
g	Purchase of assets from other organization(s)		1	g		Х
	Exchange of assets			h		Х
i	Lease of facilities, equipment, or other assets to other organization(s)			i		Х
j	Lease of facilities, equipment, or other assets from other organization(s)			j		Х
k Performance of services or membership or fundraising solicitations for other organization(s)						Х
I Performance of services or membership or fundraising solicitations by other organization(s)						
m Sharing of facilities, equipment, mailing lists, or other assets						Х
n	Sharing of paid employees		1	n		Х
о	Reimbursement paid to other organization for expenses		1	0	Х	
	Reimbursement paid by other organization for expenses			р		Х
q	Other transfer of cash or property to other organization(s)		1	q		Х
r	Other transfer of cash or property from other organization(s)		1	r	Х	
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 tr	ansaction thresholds.				
	(a)	(b)		(c)		
	Name of other organization(s)	Transaction	Amou	nt inv	olveo	Ł
		type (a-r)				
				<u> </u>	–	~ ^
(1) (CSULA	L		62	, 50	60.
				0		~ ^
(2)	CSULA	0		8	, /	69.
			1,1	60	0.0	0 2
(3)	CSULA	R	т,-	102	, 90	55.
(4)						
(5)						
(5)						
(6)						

Schedule R (Form 990) 2009 CALIFORNIA STATE UNIVERSITY, LOS ANGELES

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(c Are all p section organiz	1) partners 501(c)(3) ations?	(e) Share of end-of- year assets	(1 Dispr tion alloca	f) opor- nate tions?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	() Gene man: part	h) eral or aging tner?
		country)	Yes			Yes		(Form 1065)	Yes	No

Schedule R (Form 990) 2009

TAXABLE	YEAR California Exempt Organization			928941 12-31-09 FORM
200	9 Annual Information Return			199
Calendar Year	2009 or fiscal year beginning month $JULY$ day 1 year 2009 , and ending month $JULY$	JUNE		day 30 year 2010.
A First Retur		CORP		
Corporation/Org	IRC Section 4947(a)(1) trust	FEIN	778	18
	ATED STUDENTS, INC.			
	RNIA STATE UNIVERSITY, LOS ANGELES	95	-20	44300
Address	•			
	TATE UNIVERSITY DRIVE,USU 105			
City		State	ZIP (
LOS AN	GELLES eturn? Yes X No H Accounting method used (1	CA		90032 X Accrual (3) Other
	bordinate/affiliate in a group exemption?	i) Ca	sn (2)	L∠∑ Accruai (3) L Other
	a group filing for affiliates? See General Instruction L	n 23701d, ha	is the org	ganization
	" enter the number of affiliates			
(C) Are all	affiliates included? Yes No or (3) made an election under (relating to lobbying by public	R&TC Section	n 23704	.5
	and attach form FTB 3509, Po	litical or Leg	islative A	Activities
	eparate return filed by an organization covered by a group ruling? Yes by Section 23701d Organization fave any J Did the organization have any			
	ter of subordinates attached?YesNoYesNo	laws that ha	ve not be	een reported to the
E Final return?	and attach copies of revised of			• Yes X No
	solved • Surrendered (Withdrawn) K Is the organization exempt un	der R&TC Se	ection 23	701g? ● Yes _X_ No
	rged/Reorganized (attach explanation)			
	ecked, enter date	-		
(1) •] 990T (2) ● □ 990PF (3) ● □ (Schedule H) 990 M Is the organization a Limited I			
G If organization	n is exempt under R&TC Section 23701d and is exclusively religious, or charitable, and is supported primarily (50% or more) by public	100 or Form	109 to r	·
	or charitable, and is supported primarily (50% or more) by public s, check box. See General Instruction F. No filing fee is required.			• Yes X No
Part I	omplete Part I unless not required to file this form. See General Instructions B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	1,196,055.00
	2 Gross dues and assessments from members and affiliates		2	00
	3 Gross contributions, gifts, grants, and similar amounts received		3	00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			4 4 4 6 6 6 5 5
and	This line must be completed. If the result is less than \$25,000, see General Instruction C		4	1,196,055. ₀₀
Revenues	5 Cost of goods sold • 5 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	1,196,055. ₀₀
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9	1,171,584.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	24,471. ₀₀ N/A ₀₀
	 Filing fee \$10 or \$25. See General Instruction F Total payments 		11 12	<u>N/A 00</u>
Filing	13 Penalties and Interest. See General Instruction J		13	00
Fee	14 Use tax. See General Instruction K	•	14	513.00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result		15	513.00
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	to the best o any knowled	f my kno ge.	wiedge and beliet,
Sign Here	Title Date		I	Telephone
	Signature Statisticer Statistics DIR.			
	Date Chec	k if		Preparer's SSN/PTIN
		employed		P00401346 ● FEIN
Paid Preparer's	Firm's name (or yours, WINDES & MCCLAUGHRY ACCT. CORP.			95-3001179
Preparer s Use Only	employed) WINDES & MCCLAUGHRI ACCI. CORP. P.O. BOX 87			• Telephone
,	and address LONG BEACH, CA. 90801-0087			(562)435-1191
	May the FTB discuss this return with the preparer shown above? See instructions	• X	Yes	No

For Privacy Notice, get form FTB 1131.

3651094 022

928941 12-31-09

	ASSOCIATED STUDEN					
Devit II	CALIFORNIA STATE			95-2044300		
Part II	Organizations with gross receipts of n Part II or furnish substitute informatio			amount of gross receipts	s - com	11-19-09 928951 11-19-09
	1 Gross sales or receipts from all I			•	1	00
	2 Interest				2	8,330.00
	3 Dividends				3	00
Receipts	4 Gross rents				4	19,160.00
from	5 Gross royalties				5	00
Other	6 Gross amount received from sal	e of assets (See instructions)		•	6	00
Sources	7 Other income		SEE ST	ATEMENT 1 •	7	1,168,565.00
	8 Total gross sales or receipts from					, ,
	Enter here and on Side 1, Part I,		•		8	1,196,055.00
	9 Contributions, gifts, grants, and	similar amounts paid	ST	ATEMENT 2 •	9	19,285.00
	10 Disbursements to or for membe	•	10	00		
	11 Compensation of officers, direct	ors, and trustees	SEE ST	ATEMENT 3 •	11	258,762. ₀₀
Expenses	12 Other salaries and wages			•	12	214,739. ₀₀
and	13 Interest				13	00
Disburse-	14 Taxes				14	00
ments	15 Rents				15	22,453. ₀₀
	16 Depreciation and depletion (See				16	38,869. ₀₀
	17 Other		SEE ST	ATEMENT $4 \bullet$	17	617,476. ₀₀
	18 Total expenses and disburseme			art I, line 9	18	1,171,584. ₀₀
Schedu	JIE L Balance Sheets	Beginning of	taxable year	End	of tax	able year
Assets		(a)	(b)	(C)		(d)
1 Cash			1,296,939.			• 1,301,275.
	counts receivable		15,142.			• 35,472.
	otes receivable					•
	tories					•
	al and state government obligations					•
	ments in other bonds					•
	ments in stock					•
	age loans (number of loans)					•
	investments	170 027		170.02	-	•
	preciable assets	<u>179,937.</u> (<u>23,748.</u>)	156 190	179,93 (62,617		117 200
	s accumulated depreciation	(23,740.)	156,189.	(02,01/	• /	117,320.
	ология СШМШ Б		20,771.			• 25,959.
12 Uner 13 Total	assets STMT 5		1,489,041.			1,480,026.
	assets and net worth		1,405,041.			1,400,020.
	ints payable		139,228.			• 83,164.
	ibutions, gifts, or grants payable		100,1200			• • • •
	s and notes payable					•
	ages payable					•
18 Other	liabilities STMT 6		221,713.			246,691.
	I stock or principle fund					•
	or capital surplus. Attach reconciliation					•
	ned earnings or income fund		1,128,100.			• 1,150,171.
	liabilities and net worth		1,489,041.			1,480,026.
Schedu	Ile M-1 Reconciliation of income					
	Do not complete this sche	dule if the amount on Schedul		s than \$25,000		
	come per books		71.			
	al income tax		7 Income recorded	on books this year		
3 Exces	s of capital losses over capital gains \dots		not included in th	nis return		•
4 Incom	ne not recorded on books this					
				s return not charged		
-	ses recorded on books this year not			ome this year		•
	ted in this return STMT	7 • 2,4		and line 8		
6 Total.			10 Net income per r			
Add li	ne 1 through line 5	24,4	July Subtract line 9 free	om line 6		24,471.

Side 2 Form 199 C1 2009

022 36

3652094

FORM 199	OTHER INCOME		STATEMENT	1
DESCRIPTION			AMOUNT	
MISC. REVENUE STUDENT GOVERNMENT COMMUNITY SVC SUPPO STUDENT SERVICES UNIVERSITY SUPPORT	RT		5,58 473,60 237,37 295,91 156,08)6. 72. L9.
TOTAL TO FORM 199,	PART II, LINE 7	-	1,168,50	55.
FORM 199 C	ASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA		STATEMENT	2
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	Г
VARIOUS		NONE	19,28	35.
	TOTAL FOR THIS ACTIVITY		19,28	35.
TOTAL INCLUDED ON F	ORM 199, PART II, LINE 9		19,28	35.

ASSOCIATED STUDENTS, INC. CALIFORNIA STA

95-2044300

FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BEVILLE CONSTANTINE 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	PRESIDENT (4/10 - 6/10) 2.00	2,226.
BELTRAN JOAQUIN 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	PRESIDENT (7/09 - 4/10) 2.00	5,050.
BEVILLE CONSTANTINE 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	VP - ACADEMIC (7/09-4/10) 2.00	4,888.
MARIA JEFFERY 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	VP - ACADEMIC 2.00	3,743.
STEPHANIE MONTE 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	VP - ADMIN 2.00	1,749.
CLAUDIA QUINTERO 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	VP - ADMIN 2.00	2,757.
VERGINEH PETROSIAN 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	VP - FINANCE 2.00	5,585.
JEREMY WHITE 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	SECRETARY/TREASURER 2.00	5,301.
NATHAN CRUZ 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	3,377.
MICHAEL LEUNG 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	2,991.
ASHLEY BARRIOS 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	871.

ASSOCIATED STUDENTS, INC. CAL	IFORNIA	STA		95-2044300
JULIA CERVANTES-ESPINOZA 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032			MEMBER 2.00	0.
FAISAL ABDULLAH 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105		MEMBER 2.00	2,743.
KRISTINE DICKSON 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105		MEMBER 2.00	2,940.
ANA GOMEZ 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105		MEMBER 2.00	1,040.
MARIA PACHECO 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105		MEMBER 2.00	2,220.
RAHUL GUPTA 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105		MEMBER 2.00	2,453.
DAPO AKINSIKU 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105		MEMBER 2.00	538.
RAHUL DASOAR 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105		MEMBER 2.00	842.
KRUPA PAREKH 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105	BOARD	MEMBER 2.00	3,243.
HECTOR ESCOBAR 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105	BOARD	MEMBER 2.00	836.
DANIEL NAVARRO 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105	BOARD	MEMBER 2.00	1,450.
DAVID T WANG 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105	BOARD	MEMBER 2.00	3,294.
JOHN MICHAEL SANCHEZ 5154 STATE UNIVERSITY DRIVE,USU LOS ANGELES, CA 90032	105	BOARD	MEMBER 2.00	3,239.

ASSOCIATED STUDENTS, INC. CALIFORNIA	STA	95-2044300
HECTOR PINEDA 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	653.
SANDRA NDUNA 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,512.
ANDREW FRANKLIN 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	2,091.
INTEF W. WESER 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	EXECUTIVE DIRECTOR 40.00	100,091.
RAINEE C. REDMOND 5154 STATE UNIVERSITY DRIVE,USU 105 LOS ANGELES, CA 90032	ASSISTANT DIRECTOR 40.00	91,039.
TOTAL TO FORM 199, PART II, LINE 11		258,762.

AMOUNT
152,012. 76,003. 23,954. 9,956. 6,590. 13,687. 82,519. 405. 82,860. 14,219. 600. 101,821. 24,253. 19,050. 7,897. 1,650.

ASSOCIATED STUDENTS, INC. CALIFORNIA STA

95-2044300

FORM 199 OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	20,771.	25,959.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	20,771.	25,959.
FORM 199 OTHER LIABILITIES	5	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED EMPLOYEE BENEFITS NOTE PAYABLE TO AFFILIATE	86,713. 135,000.	123,763. 122,928.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	221,713.	246,691.
FORM 199 EXPENSES RECORDED ON BOOKS TH NOT DEDUCTED IN THIS RETU		STATEMENT 7
DESCRIPTION		AMOUNT
ADJUSTMENT FOR PY SERVICE COSTS FOR DEFERRED EMP BENEFIT PLAN IN CY	PLOYEE	2,400.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		2,400.
FORM 199 FUND BALANCES		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	1,128,100.	1,150,171.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,128,100.	1,150,171.

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

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: ct 10308		Check if:					
ASSOCIATED STUDENTS, IN CALIFORNIA STATE UNIVER			nge of address ended report				
5154 STATE UNIVERSITY D. Address (Number and Street)	RIVE,USU 105	Corporate or Organization No. 0377818					
LOS ANGELES, CA 90032 City or Town, State and ZIP Code		Federal En	nployer I.D. No	95-2044300			
	ENEWAL FEE SCHEDULE (11 Cal ck Payable to Attorney General's R			07, 311 and 312)			
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual F	Revenue	Fe	e	
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millior			0,001 and \$10 million 00,001 and \$50 million 50 million	\$1 \$2 \$3	25	
PART A - ACTIVITIES							
For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list: Gross annual revenue \$1,196,055. Total assets \$1,480,026.							
PART B - STATEMENTS REGARDING ORGA	NIZATION DURING THE PERIOD	OF THIS RE	PORT				
	Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.						
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had 					Yes	No	
any financial interest?	renner directly of with an entity in wi	men any suc	ch onicer, director	or trustee riad		x	
During this reporting period, was there an or funds?	y theft, embezzlement, diversion or i	misuse of th	e organization's cl	naritable property		x	
3. During this reporting period, did non-prog	ram expenditures exceed 50% of gr	oss revenue	es?			x	
4. During this reporting period, were any org with the Internal Revenue Service, attach		nalty, fine or	judgment? If you	filed a Form 4720		x	
 During this reporting period, were the server If "yes," provide an attachment listing the 		•		ble purposes used?		x	
 During this reporting period, did the organ name of the agency, mailing address, con 	, .	•	, provide an attach	nment listing the		x	
 During this reporting period, did the organ the number of raffles and the date(s) they 		irposes? If "	yes," provide an a	ttachment indicating		x	
 Does the organization conduct a vehicle or operated by the charity or whether the organization 						x	
 Did your organization have prepared an an principles for this reporting period? 		ance with ge	enerally accepted	accounting	x		
Organization's area code and telephone number	323)343-4780						
Organization's e-mail address WWW.ASICS	ULA.ORG						
I declare under penalty of perjury that I have exami correct and complete.	l declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.						
INT			XECUTIVE				
Signature of authorized officer Printe	d Name	Tit	le	Date			