

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LOS ANGELES Doing Business As	D Employer identification number 95-2044300
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5154 STATE UNIVERSITY DRIVE, USU 105	E Telephone number (323) 343-4780
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90032	G Gross receipts \$ 1,196,055.

F Name and address of principal officer: INTEF W. WESER SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	L Year of formation: 1959 M State of legal domicile: CA
J Website: ▶ WWW.ASICSULA.ORG	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: STRIVE TO UNIFY, INSPIRE, AND REVOLUTIONIZE THE CAMPUS COMMUNITY.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 25
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25
	5 Total number of employees (Part V, line 2a) 5 14
	6 Total number of volunteers (estimate if necessary) 6 1
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	
9 Program service revenue (Part VIII, line 2g)		1,237,162.	1,162,983.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,650.	8,330.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,460.	24,742.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,278,272.	1,196,055.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			19,285.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		462,169.	569,707.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		777,136.	582,592.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,239,305.	1,171,584.
19 Revenue less expenses. Subtract line 18 from line 12		38,967.	24,471.

		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	
21 Total liabilities (Part X, line 26)		360,941.	329,855.
22 Net assets or fund balances. Subtract line 21 from line 20		1,128,100.	1,150,171.

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____ INTEF W. WESER, EXECUTIVE DIR. Type or print name and title	
	<table border="1"> <tr> <td> Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 WINDES & MCCLAUGHRY ACCT. CORP. P.O. BOX 87 LONG BEACH, CA. 90801-0087 </td> <td> Date _____ Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ _____ Phone no. ▶ (562) 435-1191 </td> </tr> </table>	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 WINDES & MCCLAUGHRY ACCT. CORP. P.O. BOX 87 LONG BEACH, CA. 90801-0087
Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 WINDES & MCCLAUGHRY ACCT. CORP. P.O. BOX 87 LONG BEACH, CA. 90801-0087	Date _____ Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ _____ Phone no. ▶ (562) 435-1191	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 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? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 Other program services. (Describe in Schedule O.) (Expenses \$ 99,957. including grants of \$) (Revenue \$ 156,086.)

4e Total program service expenses \$ 744,770.

Part IV Checklist of Required Schedules

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

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 11		
b	Enter the number of Forms W-2G 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 gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
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	
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	
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	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THOMAS LEUNG - (323) 343-3571**
5151 STATE UNIVERSITY DRIVE, ADM 514, LOS ANGELES, CA 90032

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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BEVILLE CONSTANTINE PRESIDENT (4/10 - 6/10)	2.00	X		X			0.	0.	2,226.	
BELTRAN JOAQUIN PRESIDENT (7/09 - 4/10)	2.00	X		X			0.	0.	5,050.	
BEVILLE CONSTANTINE VP - ACADEMIC (7/09-4/10)	2.00	X		X			0.	0.	4,888.	
MARIA JEFFERY VP - ACADEMIC	2.00	X		X			0.	0.	3,743.	
STEPHANIE MONTE VP - ADMIN	2.00	X		X			0.	0.	1,749.	
CLAUDIA QUINTERO VP - ADMIN	2.00	X		X			0.	0.	2,757.	
VERGINEH PETROSIAN VP - FINANCE	2.00	X		X			0.	0.	5,585.	
JEREMY WHITE SECRETARY/TREASURER	2.00	X		X			0.	0.	5,301.	
NATHAN CRUZ BOARD MEMBER	2.00	X					0.	0.	3,377.	
MICHAEL LEUNG 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	X					0.	0.	0.	
FAISAL ABDULLAH BOARD MEMBER	2.00	X					0.	0.	2,743.	
KRISTINE DICKSON BOARD MEMBER	2.00	X					0.	0.	2,940.	
ANA GOMEZ BOARD MEMBER	2.00	X					0.	0.	1,040.	
MARIA PACHECO BOARD MEMBER	2.00	X					0.	0.	2,220.	
RAHUL GUPTA BOARD MEMBER	2.00	X					0.	0.	2,453.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAPO AKINSIKU BOARD MEMBER	2.00	X						0.	0.	538.
RAHUL DASOAR BOARD MEMBER	2.00	X						0.	0.	842.
KRUPA PAREKH BOARD MEMBER	2.00	X						0.	0.	3,243.
HECTOR ESCOBAR BOARD MEMBER	2.00	X						0.	0.	836.
DANIEL NAVARRO BOARD MEMBER	2.00	X						0.	0.	1,450.
DAVID T WANG BOARD MEMBER	2.00	X						0.	0.	3,294.
JOHN MICHAEL SANCHEZ BOARD MEMBER	2.00	X						0.	0.	3,239.
HECTOR PINEDA BOARD MEMBER	2.00	X						0.	0.	653.
SANDRA NDUNA BOARD MEMBER	2.00	X						0.	0.	1,512.
ANDREW FRANKLIN BOARD MEMBER	2.00	X						0.	0.	2,091.
1b Total								142,160.	0.	113,723.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2 a	STUDENT GOVERNMENT	Business Code 900099	473,606.	473,606.			
	b	STUDENT SERVICES	900099	295,919.	295,919.			
	c	COMMUNITY SVC SUPPORT	900099	237,372.	237,372.			
	d	UNIVERSITY SUPPORT	900099	156,086.	156,086.			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1162983.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,330.			8,330.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses		19,160.			
		c	Rental income or (loss)		19,160.			
	d	Net rental income or (loss)			19,160.	19,160.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a	MISC. REVENUE	900099		5,582.			5,582.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			5,582.				
12	Total revenue. See instructions.			1196055.	1182143.	0.	13,912.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	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, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	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 basis. Complete Part VI of Schedule D	10a 179,937.			
	b Less: accumulated depreciation	10b 62,617.	156,189.	10c	117,320.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,489,041.	16	1,480,026.	
Liabilities	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		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	221,713.	25	246,691.	
	26 Total liabilities. Add lines 17 through 25	360,941.	26	329,855.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,128,100.	27	1,150,171.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	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.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

ASSOCIATED STUDENTS, INC.

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1,000.		1,000.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	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.
8 Public support (Subtract line 7c from line 6.)						6,006,999.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,174,756.	1,174,000.	1,237,938.	1,238,162.	1,182,143.	6,006,999.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,556.	48,029.	72,740.	36,191.	8,330.	211,846.
b Unrelated business taxable income (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.
13 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	96.21 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.50 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.39 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.73 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **ASSOCIATED STUDENTS, INC.**
CALIFORNIA STATE UNIVERSITY, LOS ANGELES Employer identification number **95-2044300**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		179,937.	62,617.	117,320.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				117,320.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,196,055.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,171,584.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	24,471.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,400.
9	Total adjustments (net). 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	22,071.

Part XII Reconciliation of Revenue per Audited 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 line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,196,055.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,196,055.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,173,984.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2,400.
e	Add lines 2a through 2d	2e	2,400.
3	Subtract line 2e from line 1	3	1,171,584.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,171,584.

Part XIV Supplemental Information

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LOS ANGELES** Employer identification number
95-2044300

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(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	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3** Enter total number of other organizations ▶ _____

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(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	26	19,285.	0.		STUDENT SCHOLARSHIPS AWARDED TO STUDENTS FOR TUITION

Part IV **Supplemental Information.** Complete this part to provide the information 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.

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LOS ANGELES	Employer identification number	95-2044300
--------------------------	---	--------------------------------	------------

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

UNIVERSITY SUPPORT, CLUBS, ORGANIZATIONS, AND CULTURAL EVENTS

EXPENSES \$ 99957. INCLUDING GRANTS OF \$ 0. REVENUE \$ 156086.

FORM 990, PART VI, SECTION B, LINE 11: AFTER THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM, ALL TAX DOCUMENTS FILED BY ASI ARE REVIEWED BY BUSINESS FINANCIAL SERVICES AND THEN FORWARDED TO THE EXECUTIVE 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.

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

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

Schedule O (Form 990) 2009

932211
02-03-10

**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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LOS ANGELES	Employer identification number 95-2044300
--------------------------	---	--

IN APRIL 2010, BELTRAN JOAQUIN STEPPED DOWN AS PRESIDENT AND BEVILLE
 CONSTANTINE WAS ASCENDED TO THE POSITION. BEVILLE CONSTANTINE HAD
 PREVIOUSLY BEEN A VOTING MEMBER OF THE BOARD OF DIRECTORS, BUT AS
 PRESIDENT, NO LONGER HAD A VOTE ON THE BOARD. HE HAS BEEN LISTED TWICE
 ON PART VII TO REFLECT THIS CHANGE IN POSITION, AND HIS SALARY HAS BEEN
 ALLOCATED APPROPRIATELY.

FORM 990, PART VII, LINE 15B
 NO REASONABLE COMPENSATION PROCEDURES ARE IN PLACES FOR KEY EMPLOYEES
 AS THE ORGANIZATION DOES NOT HAVE KEY EMPLOYEES.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

Employer identification number
95-2044300

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(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 Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CALIFORNIA STATE UNIVERSITY LA - 95-4386558 5151 STATE UNIVERSITY DRIVE LOS ANGELES, CA 90032	PUBLIC UNIVERSITY	CALIFORNIA			N/A

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) CSULA	L	62,560.
(2) CSULA	O	8,769.
(3) CSULA	R	1,162,983.
(4)		
(5)		
(6)		

California Exempt Organization Annual Information Return

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

A First Return Filed? [X] No [] Yes B Type of organization Exempt under Section 23701 d (insert letter) IRC Section 4947(a)(1) trust [] CORP # 0377818

Corporation/Organization Name ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LOS ANGELES Address 5154 STATE UNIVERSITY DRIVE, USU 105 State CA ZIP Code 90032

City LOS ANGELES

Amended Return? [] Yes [X] No Accounting method used (1) [] Cash (2) [X] Accrual (3) [] Other

Are you a subordinate/affiliate in a group exemption? [] Yes [X] No (a) Is this a group filing for affiliates? [] Yes [] No (b) If "Yes," enter the number of affiliates (c) Are all affiliates included? [] Yes [] No (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No (e) Federal Group Exemption Number (f) Is a roster of subordinates attached? [] Yes [] No

Final return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized (attach explanation) If a box is checked, enter date

Check the box if the organization filed the following federal forms or schedule: (1) [] 990T (2) [] 990PF (3) [] (Schedule H) 990

If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. [X]

Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? [] Yes [X] No

Is the organization exempt under R&TC Section 23701g? [] Yes [X] No If "Yes," enter amount of gross receipts from nonmember sources \$

Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No Is the organization a Limited Liability Company? [] Yes [X] No Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No

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

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes columns for line number, description, and amount.

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

Signature of officer EXECUTIVE DIR. Title Date Telephone

Preparer's signature Date Check if self-employed [] Preparer's SSN/PTIN P00401346

Firm's name (or yours, if self-employed) and address WINDES & MCCLAUGHRY ACCT. CORP. P.O. BOX 87 LONG BEACH, CA. 90801-0087 FEIN 95-3001179 Telephone (562) 435-1191

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

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
MISC. REVENUE		5,582.	
STUDENT GOVERNMENT		473,606.	
COMMUNITY SVC SUPPORT		237,372.	
STUDENT SERVICES		295,919.	
UNIVERSITY SUPPORT		156,086.	
TOTAL TO FORM 199, PART II, LINE 7		1,168,565.	

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
----------	---	-----------	---

ACTIVITY CLASSIFICATION: EDUCATION

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS		NONE	19,285.
TOTAL FOR THIS ACTIVITY			19,285.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			19,285.

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.

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

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		<u>258,762.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
COMMUNITY SERVICES		152,012.	
UNIVERSITY SUPPORT		76,003.	
CLUBS & ORGANIZATION		23,954.	
BOOK VOUCHER PROGRAM		9,956.	
CULTURAL EVENT		6,590.	
PENSION PLAN CONTRIBUTIONS		13,687.	
OTHER EMPLOYEE BENEFITS		82,519.	
LEGAL FEES		405.	
ACCOUNTING FEES		82,860.	
OTHER PROFESSIONAL FEES		14,219.	
ADVERTISING AND PROMOTION		600.	
OFFICE EXPENSES		101,821.	
TRAVEL		24,253.	
CONFERENCES AND CONVENTIONS		19,050.	
INSURANCE		7,897.	
ALL OTHER EXPENSES		1,650.	
TOTAL TO FORM 199, PART II, LINE 17		<u>617,476.</u>	

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	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED EMPLOYEE BENEFITS	86,713.	123,763.	
NOTE PAYABLE TO AFFILIATE	135,000.	122,928.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	221,713.	246,691.	

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	7
DESCRIPTION		AMOUNT	
ADJUSTMENT FOR PY SERVICE COSTS FOR DEFERRED EMPLOYEE BENEFIT PLAN IN CY		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

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

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

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

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

State Charity Registration Number: CT <u>10308</u> ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LOS ANGELES <small>Name of Organization</small> <u>5154 STATE UNIVERSITY DRIVE, USU 105</u> <small>Address (Number and Street)</small> <u>LOS ANGELES, CA 90032</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0377818</u> Federal Employer I.D. No. <u>95-2044300</u>
---	--

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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list:
 Gross annual revenue \$ 1,196,055. Total assets \$ 1,480,026.

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

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

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

Organization's area code and telephone number (323) 343-4780

Organization's e-mail address WWW.ASICSULA.ORG

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

INTEF W. WESER	EXECUTIVE DIR.
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>