



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A

Date: March 12, 2012

Taxpayer Identification Number:
95-2044300

Tax Form: 990

Tax Period: June 30, 2011

106745.944360.0402.010 1 SP 0.450 373

ASSOCIATED STUDENTS OF CALIFORNIA
STATE UNIVERSITY LOS ANGELES INC
5154 STATE UNIVERSITY DRIVEUSU 105
LOS ANGELES CA 90032-4227



106745

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2012**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

BFS MAR15/12PM 2:43



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: November 21, 2011

Taxpayer Identification Number:
95-2044300
Tax Form: 990
Tax Period: June 30, 2011

121732.913149.0456.011 1 SP 0.440 375

ASSOCIATED STUDENTS OF CALIFORNIA
STATE UNIVERSITY LOS ANGELES INC
5154 STATE UNIVERSITY DRIVEUSU 105
LOS ANGELES CA 90032-4227542

:1732

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2012**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011**2010**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

Name of exempt organization

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Employer identification number

95-2044300

Name and title of officer

INTEF W. WESER
EXECUTIVE DIR**Part I** Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1101460
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize WINDES & MCCLAUGHRY ACCT. CORP. to enter my PIN 83551
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33755983551

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1545-0047

2010Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

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	C Name of organization ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LOS ANGELES Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5154 STATE UNIVERSITY DR., USU 203 City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90032 F Name and address of principal officer: INTEF W. WESER SAME AS C ABOVE	D Employer identification number 95-2044300 E Telephone number (323) 343-4780 G Gross receipts \$ 1,101,460. 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) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 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 ▶ L Year of formation: 1959 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BUILDING AN ACTIVE CAMPUS COMMUNITY WITH VISIBLE REPRESENTATION AND A QUALITY EDUCATIONAL 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 30 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 30 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 23 6 Total number of volunteers (estimate if necessary) 6 18 7a Total 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.																	
Revenue	8 Contributions and grants (Part VIII, line 1h) 0. 9 Program service revenue (Part VIII, line 2g) 1,162,983. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,330. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24,742. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,196,055.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">0.</td></tr> <tr><td style="text-align: right;">1,162,983.</td><td style="text-align: right;">1,093,480.</td></tr> <tr><td style="text-align: right;">8,330.</td><td style="text-align: right;">5,841.</td></tr> <tr><td style="text-align: right;">24,742.</td><td style="text-align: right;">2,139.</td></tr> <tr><td style="text-align: right;">1,196,055.</td><td style="text-align: right;">1,101,460.</td></tr> </tbody> </table>	Prior Year	Current Year	0.	0.	1,162,983.	1,093,480.	8,330.	5,841.	24,742.	2,139.	1,196,055.	1,101,460.				
Prior Year	Current Year																	
0.	0.																	
1,162,983.	1,093,480.																	
8,330.	5,841.																	
24,742.	2,139.																	
1,196,055.	1,101,460.																	
Expenses	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) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 569,707. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 582,592. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,171,584. 19 Revenue less expenses. Subtract line 18 from line 12 24,471.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">19,285.</td><td style="text-align: right;">17,874.</td></tr> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">0.</td></tr> <tr><td style="text-align: right;">569,707.</td><td style="text-align: right;">537,852.</td></tr> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">0.</td></tr> <tr><td style="text-align: right;">582,592.</td><td style="text-align: right;">531,723.</td></tr> <tr><td style="text-align: right;">1,171,584.</td><td style="text-align: right;">1,087,449.</td></tr> <tr><td style="text-align: right;">24,471.</td><td style="text-align: right;">14,011.</td></tr> </tbody> </table>	Prior Year	Current Year	19,285.	17,874.	0.	0.	569,707.	537,852.	0.	0.	582,592.	531,723.	1,171,584.	1,087,449.	24,471.	14,011.
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1,171,584.	1,087,449.																	
24,471.	14,011.																	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,480,026. 21 Total liabilities (Part X, line 26) 329,855. 22 Net assets or fund balances. Subtract line 21 from line 20 1,150,171.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">1,480,026.</td><td style="text-align: right;">1,533,826.</td></tr> <tr><td style="text-align: right;">329,855.</td><td style="text-align: right;">372,748.</td></tr> <tr><td style="text-align: right;">1,150,171.</td><td style="text-align: right;">1,161,078.</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	1,480,026.	1,533,826.	329,855.	372,748.	1,150,171.	1,161,078.								
Beginning of Current Year	End of Year																	
1,480,026.	1,533,826.																	
329,855.	372,748.																	
1,150,171.	1,161,078.																	

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 INTEF W. WESER, EXECUTIVE DIR. Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DONITA M. JOSEPH Firm's name ▶ WINDES & MCCLAUGHRY ACCT. CORP. Firm's address ▶ P.O. BOX 87 LONG BEACH, CA 90801-0087	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN Firm's 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

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

THE PURPOSE OF ASSOCIATED STUDENTS, INC. IS TO PROVIDE AND PROMOTE OPPORTUNITIES FOR STUDENT PARTICIPATION IN CAMPUS GOVERNANCE; PROVIDE AN OFFICIAL VOICE THROUGH WHICH STUDENT OPINION MAY BE EXPRESSED; TO PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPERIENCE AND TRAINING IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 286,035. including grants of \$ 17,874.) (Revenue \$ 455,403.)

STUDENT GOVERNMENT & ELECTIONS ARE DESIGNED TO ENHANCE COLLEGIATE EXPERIENCE THROUGH PARTICIPATION IN CAMPUS GOVERNANCE. ELECTIONS ARE AIMED TO ENCOURAGE CAMPUS WIDE PARTICIPATION AMONG 19,474 STUDENTS WHO ATTEND CSULA.

4b (Code:) (Expenses \$ 160,981. including grants of \$) (Revenue \$ 256,302.)

OTHER STUDENT SERVICES SUPPORT 19,474 STUDENTS WHO ATTEND CSULA.

4c (Code:) (Expenses \$ 122,405. including grants of \$) (Revenue \$ 194,885.)

COMMUNITY SERVICES SUPPORT AND ENCOURAGE PARTICIPATION WITHIN THE COMMUNITY THROUGH VARIOUS ACTIVITIES AND INVOLVEMENT.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 117,383. including grants of \$) (Revenue \$ 186,890.)

4e Total program service expenses 686,804.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

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? If "Yes," complete Schedule I, Parts I and II		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	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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? If "Yes," complete Schedule L, Part I		X
25b 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		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2		
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?	1c	X	
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 23		
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. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
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?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI

☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	30
b Enter the number of voting members included in line 1a, above, who are independent	1b	30
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?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant 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:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	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?	10a	X
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	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b 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	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
JENNIPHA NIELSEN PRESIDENT	2.00	X		X				0.	0.	6,123.
MONA ALY VP FOR ADMINISTRATION	2.00	X		X				0.	0.	6,371.
MARIA JEFFERY VP FOR ACADEMIC GOVERNANCE	2.00	X		X				0.	0.	5,053.
JEREMY WHITE VP FOR FINANCE AND PRESIDENT	2.00	X		X				0.	0.	6,272.
MYRON LACOME VP FOR FINANCE	2.00	X		X				0.	0.	532.
DOLLY HERNANDEZ SECRETARY TREASURER	2.00	X		X				0.	0.	3,696.
HECTOR PINEDA BOARD MEMBER	2.00	X						0.	0.	2,133.
SHARAFADEN ODUSANYA BOARD MEMBER	2.00	X						0.	0.	3,016.
HUGO PEREZ BOARD MEMBER	2.00	X						0.	0.	0.
JOHANN ALMEIDA BOARD MEMBER	2.00	X						0.	0.	653.
MARIA SALAZAR BOARD MEMBER	2.00	X						0.	0.	390.
CHRISTIAN MONTE BOARD MEMBER	2.00	X						0.	0.	2,964.
ANILKUMAR KHANDARE BOARD MEMBER	2.00	X						0.	0.	1,978.
RAHUL GUPTA BOARD MEMBER	2.00	X						0.	0.	1,509.
MICHAEL LEUNG BOARD MEMBER	2.00	X						0.	0.	2,909.
ASHLEY BARRIOS BOARD MEMBER	2.00	X						0.	0.	1,234.
ALOK DESAI BOARD MEMBER	2.00	X						0.	0.	1,445.

ASSOCIATED STUDENTS, INC.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
MOHIT DOSHI BOARD MEMBER	2.00	X						0.	0.	1,451.
HARSHIT TARSARIA BOARD MEMBER	2.00	X						0.	0.	1,458.
ANKIT PANCHAL BOARD MEMBER	2.00	X						0.	0.	1,267.
STEPHANIE AREVALO-MARTINEZ BOARD MEMBER	2.00	X						0.	0.	1,089.
CRISSEL RODRIGUEZ BOARD MEMBER	2.00	X						0.	0.	1,808.
JONATHAN PALACIO-AVILA BOARD MEMBER	2.00	X						0.	0.	436.
FELIX ROSENBAUM BOARD MEMBER	2.00	X						0.	0.	218.
CHRISTOPHER BOWEN BOARD MEMBER	2.00	X						0.	0.	436.
JAMES DUSENBERRY BOARD MEMBER	2.00	X						0.	0.	1,133.
1b Sub-total								0.	0.	55,574.
c Total from continuation sheets to Part VII, Section A								132,377.	0.	52,788.
d Total (add lines 1b and 1c)								132,377.	0.	108,362.

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**

- 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 **3** **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 **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **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 PART VII, SECTION A CONTINUATION SHEETS

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ASSOCIATED STUDENTS, INC.

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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			
HECTOR ESCOBAR BOARD MEMBER	2.00	X						0.	0.	2,831.
GUSTAVO DOMINGUEZ BOARD MEMBER	2.00	X						0.	0.	290.
MATHEW HERNANDEZ BOARD MEMBER	2.00	X						0.	0.	2,923.
YULAN LIN BOARD MEMBER	2.00	X						0.	0.	600.
INTEF W. WESER EXECUTIVE DIRECTOR	40.00			X				75,308.	0.	24,310.
RAINEE C. REDMOND ASSISTANT DIRECTOR	40.00			X				57,069.	0.	21,834.
Total to Part VII, Section A, line 1c								132,377.		52,788.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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 <u>STUDENT GOVERNMENT</u>	Business Code 900099	455,403.	455,403.			
	b <u>COMMUNITY SVC SUPPORT</u>	900099	256,302.	256,302.			
	c <u>STUDENT SERVICES</u>	900099	194,885.	194,885.			
	d <u>UNIVERSITY SUPPORT</u>	900099	186,890.	186,890.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1093480.				
	3 Investment income (including dividends, interest, and other similar amounts)		5,841.			5,841.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	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 <u>MISC. REVENUE</u>	900099	2,139.			2,139.	
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d		2,139.					
12 Total revenue. See instructions.		1101460.	1093480.	0.	7,980.		

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	17,874.	17,874.		
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	230,893.	180,290.	50,603.	
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	219,752.	103,635.	116,117.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,763.	8,234.	3,529.	
9 Other employee benefits	75,444.	44,102.	31,342.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,519.		1,519.	
c Accounting	83,016.		83,016.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	14,163.		14,163.	
12 Advertising and promotion	13,041.	12,841.	200.	
13 Office expenses	64,237.	29,635.	34,602.	
14 Information technology				
15 Royalties				
16 Occupancy	15,309.		15,309.	
17 Travel	31,256.	28,940.	2,316.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,198.	13,779.	419.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,164.		39,164.	
23 Insurance	8,346.		8,346.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CHILD CARE CENTER	109,270.	109,270.		
b PROGRAMMING	92,329.	92,329.		
c STUDENT FUNDING/SPONSOR	28,589.	28,589.		
d EDUC. PARTICIPATION IN	13,135.	13,135.		
e EDUC. OPPORTUNITY PROGR	3,446.	3,446.		
f All other expenses	705.	705.		
25 Total functional expenses. Add lines 1 through 24f	1,087,449.	686,804.	400,645.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	259,071.	1	382,084.
	2 Savings and temporary cash investments	1,042,204.	2	1,046,056.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	35,472.	4	14,856.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,959.	9	10,903.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 181,708.		
	b Less: accumulated depreciation	10b 101,781.		
		117,320.	10c	79,927.
	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)	1,480,026.	16	1,533,826.	
Liabilities	17 Accounts payable and accrued expenses	83,164.	17	126,655.
	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	246,691.	25	246,093.
	26 Total liabilities. Add lines 17 through 25	329,855.	26	372,748.
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	1,150,171.	27	1,161,078.
	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	1,150,171.	33	1,161,078.
	34 Total liabilities and net assets/fund balances	1,480,026.	34	1,533,826.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,101,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,087,449.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,011.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,150,171.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,104.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,161,078.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?

b Were the organization's financial statements audited by an independent accountant?

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 separate basis, consolidated basis, or both:

☒ 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 and OMB Circular A-133?

b 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

**Open to Public
Inspection**

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

Employer identification number
95-2044300

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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"/>		

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	1,174,000.	1,237,938.	1,237,162.	1,182,143.	1,093,480.	5,924,723.
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	1,174,000.	1,237,938.	1,238,162.	1,182,143.	1,093,480.	5,925,723.
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.)						5,925,723.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1,174,000.	1,237,938.	1,238,162.	1,182,143.	1,093,480.	5,925,723.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,029.	72,740.	36,191.	8,330.	5,841.	171,131.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	48,029.	72,740.	36,191.	8,330.	5,841.	171,131.
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.)	3,316.	6,180.	3,919.	5,582.	2,139.	21,136.
13 Total support (Add lines 9, 10c, 11, and 12.)	1,225,345.	1,316,858.	1,278,272.	1,196,055.	1,101,460.	6,117,990.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	96.86 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	96.21 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2.80 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	3.39 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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

2010

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 education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations

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 the 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:

- (i) unrelated organizations ☐ Yes ☐ No
- (ii) related organizations ☐ Yes ☐ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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		181,708.	101,781.	79,927.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				79,927.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED EMPLOYEE BENEFITS	138,531.
(3) NOTE PAYABLE TO AFFILIATE	107,562.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	
246,093.	

2. FIN 48 (ASC 740) 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 (ASC 740).

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	1,101,460.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,087,449.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	14,011.
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	-3,104.
9	Total adjustments (net). Add lines 4 through 8	9	-3,104.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,907.

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	1,101,460.
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	1,101,460.
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	1,101,460.

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

1	Total expenses and losses per audited financial statements	1	1,090,553.
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	3,104.
e	Add lines 2a through 2d	2e	3,104.
3	Subtract line 2e from line 1	3	1,087,449.
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	1,087,449.

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 -3,104.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:**DEFERRED EMPLOYEE BENEFIT PLAN - PRIOR YEAR COST INCURRED**

IN CURRENT YEAR 3,104.

Part XIV Supplemental Information (continued)

THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE ORGANIZATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

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.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	▲
3	Enter total number of other organizations	▲

HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

ASSOCIATED STUDENTS, INC.

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

95-2044300

Page 2

Schedule I (Form 990) (2010)

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. Part III can be duplicated 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	44	17,874.	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 USED TO HELP SUPPLEMENT THE TUITION AND FEES THAT EACH STUDENT

PAYS TO ATTEND CSULA.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Employer identification number
95-2044300

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

EXPERIENCE.

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

RESPONSIBLE CIVIC PARTICIPATION AND COMMUNITY LEADERSHIP; TO ADVOCATE
FOR THE RIGHTS AND INTERESTS OF STUDENTS; AND TO SUPPORT THE
EDUCATIONAL, SOCIAL, PHYSICAL AND CULTURAL WELLBEING OF THE UNIVERSITY
COMMUNITY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE BOARD DECIDED TO CLOSE DOWN THE STUDENT SERVICE CENTER AND
REALLOCATE THE FUNDS WITHIN THE ORGANIZATION TO INCREASE PROGRAMS AND
SERVICES FOR STUDENTS.

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

UNIVERSITY SUPPORT, CLUBS, ORGANIZATIONS, AND CULTURAL EVENTS.
EXPENSES \$ 117,383. INCLUDING GRANTS OF \$ 0. REVENUE \$ 186,890.

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

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

DEFERRED EMPLOYEE BENEFIT PLAN - PRIOR YEAR COST INCURRED

IN CURRENT YEAR -3,104.

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, 2011.

HUMAN RESOURCE MANAGEMENT SERVICES FOR THE ORGANIZATION ARE PROVIDED UNDER A CONTRACT FOR SERVICES AGREEMENT WITH THE UNIVERSITY. PAYMENTS UNDER THE AGREEMENT TOTALED \$5,000 FOR THE YEARS ENDED JUNE 30, 2011.

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

Employer identification number
95-2044300

UNDER CONTRACTUAL AGREEMENT, THE UNIVERSITY COLLECTS STUDENT FEES ON
BEHALF OF THE ORGANIZATION. THE ORGANIZATION REIMBURSES THE UNIVERSITY
A MONTHLY ADMINISTRATIVE FEE WHICH TOTALED \$8,209 FOR YEAR ENDED JUNE
30, 2011.

FORM 990, PART VII, LINE 15B

NO REASONABLE COMPENSATION PROCEDURES ARE IN PLACE FOR KEY EMPLOYEES AS
THE ORGANIZATION DOES NOT HAVE KEY EMPLOYEES.

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.)

[illegible]

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

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CSULA	L	104,725.CASH	
(2) CSULA	P	942.CASH	
(3) CSULA	R	1,093,480.CASH	
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

TAXABLE YEAR

2010

California Exempt Organization Annual Information Return

028941 12-16-10

FORM

199

Calendar Year 2010 or fiscal year beginning month JULY day 1 year 2010, and ending month JUNE day 30 year 2011.

A First Return Filed? ☐ Yes ☒ No
 B Type of organization Exempt under Section 23701 d (insert letter)
 IRC Section 4947(a)(1) trust ☐

Corporation/Organization Name
ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LOS ANGELES
 Address
5154 STATE UNIVERSITY DR., USU, NO. 203
 City
LOS ANGELES
 State
CA
 ZIP Code
90032

5154 STATE UNIVERSITY DR., USU, NO. 203

City
LOS ANGELES
 State
CA
 ZIP Code
90032

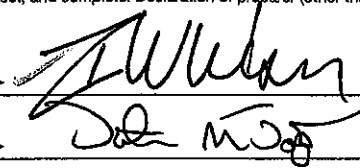
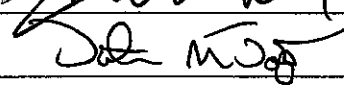
C Amended Return? ☐ Yes ☒ No
 D Are you a subordinate/affiliate in a group exemption?
 (a) Is this a group filing for affiliates? See General Instruction L ☐ Yes ☒ No
 (b) If "Yes," enter the number of affiliates
 (c) Are all affiliates included? ☐ Yes ☒ No
 (If "No," attach a list. See instructions.)
 (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
 E Final return?
☐ Dissolved ☐ Surrendered (Withdrawn)
☐ Merged/Reorganized (attach explanation)
 If a box is checked, enter date
 F Check the box if the organization filed the following federal forms or schedule:
 (1) ☐ 990T (2) ☐ 990PF (3) ☐ (Schedule H) 990
 G 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. ☒

H Accounting method used (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
 I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No
 J 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? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ No
 K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
 If "Yes," enter amount of gross receipts from nonmember sources \$
 L Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
 M Is the organization a Limited Liability Company? ☐ Yes ☒ No
 N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,101,460.00
	2	Gross dues and assessments from members and affiliates	2	.00
	3	Gross contributions, gifts, grants, and similar amounts received	3	.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	1,101,460.00
	5	Cost of goods sold	5	.00
	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	1,101,460.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,087,449.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	14,011.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A .00
	12	Total payments	12	.00
	13	Penalties and interest. See General Instruction J	13	.00
	14	Use tax. See General Instruction K	14	241.00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	241.00

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  Title **EXECUTIVE DIR.** Date **5/1/12** Telephone
 Preparer's signature  Date **4/25/12** Check if self-employed ☐ Preparer's PTIN/SSN **P00286656**
 Firm's name (or yours, if self-employed) and address **WINDES & MCCLAUGHRY ACCT. CORP.** Telephone **95-3001179**
P.O. BOX 87
LONG BEACH, CA 90801-0087 Telephone **(562) 435-1191**
 May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

028951 12-18-10

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	5,841.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	1,095,619.00
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1,101,460.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	17,874.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	230,893.00
	12	Other salaries and wages	•	12	219,752.00
	13	Interest	•	13	00
	14	Taxes	•	14	00
	15	Rents	•	15	15,309.00
	16	Depreciation and depletion (See instructions)	•	16	39,164.00
	17	Other	•	17	564,457.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,087,449.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,301,275.		1,428,140.
2 Net accounts receivable		35,472.		14,856.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans)				
9 Other investments				
10 a Depreciable assets	179,937.		181,708.	
b Less accumulated depreciation	(62,617.)	117,320.	(101,781.)	79,927.
11 Land				
12 Other assets	STMT 5	25,959.		10,903.
13 Total assets		1,480,026.		1,533,826.
Liabilities and net worth				
14 Accounts payable		83,164.		126,655.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 6	246,691.		246,093.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,150,171.		1,161,078.
22 Total liabilities and net worth		1,480,026.		1,533,826.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	•	10,907.	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•	3,104.	Subtract line 9 from line 6		14,011.
6 Total.		14,011.			
Add line 1 through line 5					

FORM 199	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
MISC. REVENUE	2,139.
STUDENT GOVERNMENT	455,403.
COMMUNITY SVC SUPPORT	256,302.
STUDENT SERVICES	194,885.
UNIVERSITY SUPPORT	186,890.
TOTAL TO FORM 199, PART II, LINE 7	1,095,619.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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ACTIVITY CLASSIFICATION: EDUCATION

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS		NONE	17,874.

TOTAL FOR THIS ACTIVITY	17,874.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	17,874.
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FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JENNIPHA NIELSEN 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	PRESIDENT 2.00	6,123.
MONA ALY 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	VP FOR ADMINISTRATION 2.00	6,371.
MARIA JEFFERY 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	VP FOR ACADEMIC GOVERNANCE 2.00	5,053.
JEREMY WHITE 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	VP FOR FINANCE AND PRESIDE 2.00	6,272.
MYRON LACOME 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	VP FOR FINANCE 2.00	532.
DOLLY HERNANDEZ 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	SECRETARY TREASURER 2.00	3,696.
HECTOR PINEDA 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	2,133.
SHARAFADEEN ODUSANYA 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	3,016.
HUGO PEREZ 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	0.

JOHANN ALMEIDA 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	653.
MARIA SALAZAR 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	390.
CHRISTIAN MONTE 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	2,962.
ANILKUMAR KHANDARE 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,978.
RAHUL GUPTA 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,509.
MICHAEL LEUNG 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	2,909.
ASHLEY BARRIOS 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,234.
ALOK DESAI 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,445.
MOHIT DOSHI 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,451.
HARSHIT TARSARIA 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,458.

ANKIT PANCHAL 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,267.
STEPHANIE AREVALO-MARTINEZ 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,089.
CRISSEL RODRIGUEZ 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,808.
JONATHAN PALACIO-AVILA 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	436.
FELIX ROSENBAUM 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	218.
CHRISTOPHER BOWEN 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	436.
JAMES DUSENBERRY 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	1,133.
HECTOR ESCOBAR 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	2,831.
GUSTAVO DOMINGUEZ 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	290.
MATHEW HERNANDEZ 5154 STATE UNIVERSITY DR., USU, NO. 203 LOS ANGELES, CA 90032	BOARD MEMBER 2.00	2,923.

YULAN LIN	BOARD MEMBER	600.
5154 STATE UNIVERSITY DR., USU, NO.		
203	2.00	
LOS ANGELES, CA 90032		
INTEF W. WESER	EXECUTIVE DIRECTOR	94,699.
5154 STATE UNIVERSITY DR., USU, NO.		
203	40.00	
LOS ANGELES, CA 90032		
RAINEE C. REDMOND	ASSISTANT DIRECTOR	73,978.
5154 STATE UNIVERSITY DR., USU, NO.		
203	40.00	
LOS ANGELES, CA 90032		
TOTAL TO FORM 199, PART II, LINE 11		230,893.

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
CHILD CARE CENTER	109,270.
PROGRAMMING	92,329.
STUDENT FUNDING/SPONSOR	28,589.
EDUC. PARTICIPATION IN	13,135.
EDUC. OPPORTUNITY PROGR	3,446.
PENSION PLAN CONTRIBUTIONS	11,763.
OTHER EMPLOYEE BENEFITS	75,444.
LEGAL FEES	1,519.
ACCOUNTING FEES	83,016.
OTHER PROFESSIONAL FEES	14,163.
ADVERTISING AND PROMOTION	13,041.
OFFICE EXPENSES	64,237.
TRAVEL	31,256.
CONFERENCES AND CONVENTIONS	14,198.
INSURANCE	8,346.
ALL OTHER EXPENSES	705.
TOTAL TO FORM 199, PART II, LINE 17	564,457.

FORM 199	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	25,959.	10,903.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	25,959.	10,903.

FORM 199	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED EMPLOYEE BENEFITS	123,763.	138,531.
NOTE PAYABLE TO AFFILIATE	122,928.	107,562.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	246,691.	246,093.

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	7
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DESCRIPTION	AMOUNT
ADJUSTMENT FOR PY SERVICE COSTS FOR DEFERRED EMPLOYEE BENEFIT PLAN IN CY	3,104.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	3,104.

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

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

Name of Organization

5154 STATE UNIVERSITY DR., USU, NO. 203

Address (Number and Street)

LOS ANGELES, CA 90032

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 0377818

Federal Employer I.D. No. 95-2044300

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 07/01/2010 ending 06/30/2011) list:

Gross annual revenue \$ 1,101,460. Total assets \$ 1,533,826.

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.


Signature of authorized officer

INTEF W. WESER
Printed Name

EXECUTIVE DIR.
Title

5/1/12
Date