# DRAFT

MR. BARNABY PEAKE
ASSOCIATED STUDENTS OF CSULA
CLIENT COPY
2020
YEAR ENDING JUNE 30, 2021



## DRAFT



Independent Member of Nexia International cohnreznick.com





MR. BARNABY PEAKE ASSOCIATED STUDENTS OF CSULA 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032

#### **DEAR BARNABY:**

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

2020 FORM 990

2020 CALIFORNIA FORM 199

2020 CALIFORNIA FORM RRF-1

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

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

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

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

VERY TRULY YOURS,

LISA M. CUMMINGS, CPA SENIOR MANAGER





# IMPORTANT PLEASE RESPOND IMMEDIATELY

## **EFILE SIGNATURE AUTHORIZATION FORM(S)**

### \*\*URGENT - NEW E-FILING RULE WITH MAJOR IMPACT\*\*

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

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

CURRENTLY, THE IRS WILL ACCEPT AN ELECTRONIC SIGNATURE FOR ALL FEDERAL E-FILE FORMS.

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

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

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

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

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

THANK YOU.

COHNREZNICK LLP

CohnReynickZZP



## TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

#### FOR THE YEAR ENDING

JUNE 30, 2021

#### PREPARED FOR:

MR. BARNABY PEAKE ASSOCIATED STUDENTS OF CSULA 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032

#### PREPARED BY:

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

#### AMOUNT DUE OR REFUND:

NOT APPLICABLE

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

## MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

**NOT APPLICABLE** 

#### **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

#### SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022

Form 8879-EO

For calend

## IRS e-file Signature Authorization for an Exempt Organization

	-		_			
dar year 2020, or fiscal year beginning	${ t JUL}$	1	, 2020, and ending	JUN	30	, 20 <b>2 1</b>

OMB No. 1545-0047

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Name and title of officer or person subject to tax BARNABY PEAKE EXECUTIVE DIRECTOR 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ►X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b \_\_\_\_ b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_\_6b 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or L I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize COHNREZNICK LLP 95814 to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 68297668297 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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. Date = 02/01/22ERO's signature ► COHNREZNICK LLP **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-EO** (2020) LHA For Paperwork Reduction Act Notice, see instructions.

023051 11-03-20



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service

Open to Public

<u> </u>	or the 2	2020 calendar year, or tax year beginning $$ JUL $$ L $$ , $$ $$ 2 U $$ U $$ $$ and e	ل ending	UN 30, 202.	<u>L</u>
<b>B</b> c	heck if pplicable:	C Name of organization ASSOCIATED STUDENTS OF CALIFORNIA		D Employer identi	fication number
X	Address change				
	Name change	Doing business as		95-2044:	300
	Initial return Final	· ·	Room/suite	E Telephone numb	per
	⊒return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,362,438.
	Amende			H(a) Is this a group	
	Applica-			for subordinate	
	pending	SAME AS C ABOVE		H(b) Are all subordinates	
	ax-exen	npt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $= 4947(a)(1)$ or	r 527	1 ' '	a list. See instructions
		: ► ASICALSTATELA.ORG	, 027	H(c) Group exempt	
		rganization: X Corporation Trust Association Other	1 Year		M State of legal domicile: CA
Pa		Summary	<b>=</b> 10a1	or formation, == == [	111 Otato of logal dofficion, 4-1
	<b>1</b> B	riefly describe the organization's mission or most significant activities: BUILD	ING A	N ACTIVE CA	AMPUS
Governance		COMMUNITY WITH VISIBLE REPRESENTATION AND			
nar	2 C	heck this box	ed of more	than 25% of its net a	ssets.
Ve	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	3 20
	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)			0
ي م		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			
/itie		otal number of volunteers (estimate if necessary)			0
Activities		otal unrelated business revenue from Part VIII, column (C), line 12			a 0.
_ <		let unrelated business taxable income from Form 990-T, Part I, line 11			b 0.
				Prior Year	Current Year
Ф	<b>8</b> C	Contributions and grants (Part VIII, line 1h)		0	
'n	<b>9</b> P	rogram service revenue (Part VIII, line 2g)		1,344,336	
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		28,914	
<u> </u>	<b>11</b> 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,066	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,387,316	
	<b>13</b> G	irants and similar amounts paid (Part IX, column (A), lines 1-3)		263,855	
	l	enefits paid to or for members (Part IX, column (A), line 4)		0	
es	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		349,941	
Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)	_	0	. 0.
ğ	b T∈	otal fundraising expenses (Part IX, column (D), line 25)	0.	606 207	CAC 00A
ш	ı ''	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		606,207	
	l	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,220,003	
		levenue less expenses. Subtract line 18 from line 12		167,313	<del> </del>
Net Assets or Fund Balances			Ве	ginning of Current Year	
Ssel	20 T	otal assets (Part X, line 16)		2,156,559 87,191	
let A	21 T	otal liabilities (Part X, line 26)		2,069,368	
Pa	22 N     N	let assets or fund balances. Subtract line 21 from line 20		2,009,300	<u>.   2,370,037.</u>
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	ante and to the heet of r	my knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of which			ily kilowicage alla bellet, it is
uu,	1	and complete. Declaration of proparer (other than officer) is based on an information of with	on properor	Thus arry knowledge.	
Sigr	,	Signature of officer		Date	
Her		BARNABY PEAKE, EXECUTIVE DIRECTOR			
	Ĭ []	Type or print name and title			
	ı	Print/Type preparer's name Preparer's signature	[1	Date Check	PTIN
Paid	I .	JISA M. CUMMINGS, CPA LISA M. CUMMINGS	, CP	2/01/22 if self-emp	P00043433
		Firm's name COHNREZNICK LLP		Firm's EIN	
		Firm's address 400 CAPITOL MALL, SUITE 1200			
		SACRAMENTO, CA 95814		Phone no. 9	16-442-9100
May	the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2020)

STATE UNIVERSITY, LOS ANGELES, INC.

9	5 –	20	4	4	3	0	0	
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_	2
Dana	_

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PURPOSE OF ASSOCIATED STUDENTS, INC. IS TO PROVIDE AND PROMO	
	OPPORTUNITIES FOR STUDENT PARTICIPATION IN CAMPUS GOVERNANCE; PE	
	AN OFFICIAL VOICE THROUGH WHICH STUDENT OPINION MAY BE EXPRESSED	
	PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPERIENCE AND TRAIN	NING 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 X 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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	<b>420,389.</b> )
	STUDENT GOVERNMENT AND ELECTIONS ARE DESIGNED TO ENHANCE COLLEGI	
	EXPERIENCE THROUGH PARTICIPATION IN CAMPUS GOVERNANCE. ELECTIONS	
	AIMED TO ENCOURAGE CAMPUS-WIDE PARTICIPATION OF APPROXIMATELY 27	<i>/</i> ,000
	STUDENTS WHO ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES.	
4b	(Code:) (Expenses \$	329,011.)
40	(Code:) (Expenses \$329,011. including grants of \$) (Revenue \$)  COMMUNITY SERVICES SUPPORT AND ENCOURAGE PARTICIPATION WITHIN THE	
	COMMUNITY THROUGH VARIOUS ACTIVITIES AND INVOLVEMENT	113
	COMMONITY THROUGH VARIOUS ACTIVITIES AND INVOLVEMENT	
4c		603,897.
	OTHER STUDENT SERVICES TO SUPPORT APPROXIMATELY 27,000 STUDENTS	WHO
	ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES	
4d		`
4.	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 986,768 •	)
<u>4e</u>	Total program service expenses ▶ 986, 768.	Form <b>990</b> (2020)
		. 5 (2020)

Form 990 (2020)

STATE UNIVERSITY, LOS ANGELES, INC.

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
Ü		8		x
9	Schedule D, Part III	۰		<del></del>
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
	Part VI	11a	- 21	_
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41:		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		<u> </u>
b o1	, , , , , , , , , , , , , , , , , , , ,			<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	i	42

032003 12-23-20

Page 3

Form **990** (2020)

	1990 (2020) STATE UNIVERSITY, LOS ANGELES, INC. 95-204	4300	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)		T.,	Τ
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	Λ	$\vdash$
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
		23		x
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<u> </u>
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			₩.
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		┝┷
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 00		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		<u>^</u>
32		32		Х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R. Part V, line 2	36		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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			╙
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	爿		
	Enter the number of Forms wize included in line fat. Enter of infocuspileable	긱		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1

(gambling) winnings to prize winners?

Form 990 (2020) STATE UNIVERSITY, LOS ANGELES, INC.

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

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	to a state ment of the state of				Vaa	Na.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	I		Yes	<u>No</u>
Lu	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the association have smalleted business made in a set of 4 000 as seem distinct the seem			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		_X_
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			37
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed to the distribution of the state of the		gitts			
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(s)			6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	rovided to the navor?	7a		Х
	TENSOR III III III III III III III III III I		novided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			_		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	100	I			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:	LIOD				
	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		?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.4		
				14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul let the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х
	excess parachute payment(s) during the year?			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
				Form	990	(2020)

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Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u></u>	Cneck if Schedule O contains a response or note to any line in this Part VI	<u></u>			Δ
Sec	tion A. Governing Body and Management				Γ
		2.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	20	-		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	•			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	0	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	r			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervi	sion			
	of officers, directors, 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			5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				l
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				l
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?		8a	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				
0	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37	
11a		ne form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37	
12a	, , , ge to , ge to		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
С	, , , , , , , , , , , , , , , , , , , ,		1.0	v	
40	in Schedule O how this was done		12c	X	Х
13	Did the organization have a written whistleblower policy?		13	v	
14	Did 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 independe	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45.	X	
_	The organization's CEO, Executive Director, or top management official		15a	Λ	Х
b	Other officers or key employees of the organization		15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		16-		х
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat		16a		
D		OH			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A).	on 501(c)(3)(	s only)	availa	ble
.5	for public inspection. Indicate how you made these available. Check all that apply.	5.1 55 1 (6)(5)3	orny)	avana	DIC
	X Own website Another's website X Upon request Other (explain on Schedule Control of the control	<b>)</b>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	,	l finan	cial	
.5	statements available to the public during the tax year.	- policy, and	iai N	-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	s <b>Þ</b>			
5	JUDITH BENJAMIN - 323-343-4780				
		0032			

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# Form 990 (2020) STATE UNIVERSITY, LOS ANGELES, INC. 95-7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unles	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) AMBER BEASLEY	5.00	.,							0	
DIVERSITY/INCLUSION-CAMPUS AFFAIRS	F 00	Х						0.	0.	0.
(2) ANALIZ MARMOLEJO	5.00	<b>.</b>		₩.					_	_
VP FOR EXTERNAL AFFAIRS/ADVANCEMENT (3) ANNA NGUYEN	5.00	Х		Х				0.	0.	0.
SECRETARY/TREASURER	3.00	Х		х				0.	0.	0.
(4) BARNABY PEAKE	40.00							•	•	•
EXECUTIVE DIRECTOR	1000	1		x				0.	0.	0.
(5) BRAJOHN HICKS	5.00								•	
COLLEGE OF ARTS & LETTERS REP		Х						0.	0.	0.
(6) BROOKE REILLY MERO	5.00							-	-	
CIVIC ENGAGEMENT-COMMUNITY AFFAIRS		Х						0.	0.	0.
(7) DIANA CHAVEZ	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) DIANA SARAI VALDEZ	5.00									
COLLEGE OF ECS&T REP		Х						0.	0.	0.
(9) EMILY SANDOVAL	5.00									
COLLEGE OF NATURAL/SOCIAL SCIENCES		Х						0.	0.	0.
(10) JAZMIN ENNIS	5.00									
COLLEGE OF HEALTH & HUMAN SERVICES		Х						0.	0.	0.
(11) JOCELYN VARGAS	5.00							_	_	_
V.P. FOR ACADEMIC GOVERNANCE		Х		X				0.	0.	0.
(12) JOHANNAKATE CONNALLY	5.00	l								
COLLEGE OF BUSINESS/ECONOMICS REP		Х						0.	0.	0.
(13) JOSUE MONTENEGRO	5.00	ļ								
V.P. FOR FINANCE		Х		Х				0.	0.	0.
(14) KRISTY LAM	5.00	.,							_	
COLLEGE OF NATURAL/SOCIAL SCIENCES	F 00	Х						0.	0.	0.
(15) KYLE MISA	5.00	v							_	_
COLLEGE OF ECS&T REP (16) LAUREN DIANA	5.00	Х	$\vdash$		$\vdash$			0.	0.	0.
COLLEGE OF ARTS & LETTERS REP	3.00	Х						0.	0.	0.
(17) MA LEDI HAM LOOT	5.00	Λ						0.	0.	<del>                                     </del>
V.P. FOR ADMINISTRATION	40.00	Х		х				0.	0.	0.
· · · · · · · · · · · · · · · · · · ·	1 -0.00	27		41			l		U •	Form <b>990</b> (2020)

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Reportable Name and title Estimated Reportable (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC) from the Highest compensated related (W-2/1099-MISC) nstitutional truste organization organizations and related below organizations line) 5.00 (18) PHOEBE WONG CHARTER COLLEGE OF EDUCATION REP Х 0. 0. 0. (19) ROCHELE CORDERO 5.00 X 0 . 0. COLLEGE OF HEALTH & HUMAN SERVICES (20) SIDNEY LIM 5.00 CHARTER COLLEGE OF EDUCATION REP Х 0 0. 5.00 (21) TU (TYLER) NGUYEN VICE CHAIR FOR FINANCE X X 0. 0. 0. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Form 990 (2020)

Part VIII | Statement of Revenue

		Check if Schedule O contains a re	sponse (	or note to any lin	e in this Part VIII			
			•	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SΩ	1:	Federated campaigns1	а					
Contributions, Gifts, Grants and Other Similar Amounts			b					
ည် ရှ			c					
ffs, r A		• • • • • • • • • • • • • • • • • • • •	d					
ej,		• • • • • • • • • • • • • • • • • • • •	e					
Sir		All other contributions, gifts, grants, and	<u> </u>					
uti Je			f					
e ţ			g \$					
οn		Total. Add lines 1a-1f						
<u> </u>		1 Total: Add lines 1a 11		Business Code				
	2 :	STUDENT SERVICES		900099	603,897.	603,897.		
Şi		STUDENT GOVERNMENT		900099	420,389.	420,389.		
Ser		COMMUNITY SVC. SUPP	ORT	900099	329,011.	329,011.		
z S	Ì			300033	323,0220	023,0220		
gra Re								
Program Service Revenue		All other program service revenue						
_		Total. Add lines 2a-2f			1,353,297.			
	3	Investment income (including dividend						
	Ŭ	other similar amounts)			9,035.			9,035.
	4	Income from investment of tax-exempt			3,000			2,000
	5	Royalties	•	· ·				
	Ŭ	(i) F	Real	(ii) Personal				
	6 :	a Gross rents 6a		( )				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)		<b>•</b>				
		· · · · · · · · · · · · · · · · · · ·	urities	(ii) Other				
		assets other than inventory 7a		( )				
		Less: cost or other basis						
<u>e</u>		and sales expenses						
enn		Gain or (loss)						
Jev		d Net gain or (loss)		<b>•</b>				
her Revenue		a Gross income from fundraising events (no						
퉏		including \$	_					
		contributions reported on line 1c). See						
		Part IV, line 18						
	1	Less: direct expenses						
		Net income or (loss) from fundraising e						
		Gross income from gaming activities.						
		Part IV, line 19						
	1	Less: direct expenses						
		Net income or (loss) from gaming activ						
		Gross sales of inventory, less returns						
		and allowances	10a					
	ı	Less: cost of goods sold						
	(	Net income or (loss) from sales of inve	ntory	<b>&gt;</b>				
,	-			Business Code				
Miscellaneous Revenue	11 8	MISCELLANEOUS REVEN	UE_	900099	106.			106.
ane	ı	·						
Sell	(							
Mis	•	d All other revenue						
		Total. Add lines 11a-11d			106.			
	12	Total revenue. See instructions			1,362,438.	1,353,297.	0.	9,141.

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Part IX | Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  2 Grants and other assistance to domestic individuals. See Part IV, line 22  3 Grants and other assistance to foreign
7b, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  Grants and other assistance to domestic individuals. See Part IV, line 22  Grants and other assistance to foreign
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign
2 Grants and other assistance to domestic individuals. See Part IV, line 22 139,382. 139,382.
individuals. See Part IV, line 22
3 Grants and other assistance to foreign
3 Grants and other assistance to foreign
organizations, foreign governments, and foreign
individuals. See Part IV, lines 15 and 16
4 Benefits paid to or for members
5 Compensation of current officers, directors,
trustees, and key employees 18,879. 14,831. 4,048.
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 202,032. 157,305. 44,727.
8 Pension plan accruals and contributions (include
section 401(k) and 403(b) employer contributions)
9 Other employee benefits 92,671. 78,412. 14,259.
10 Payroll taxes 17,509. 14,815. 2,694.
11 Fees for services (nonemployees):
a Management
<b>b</b> Legal
c Accounting 86,575. 53,356. 33,219.
d Lobbying
e Professional fundraising services. See Part IV, line 17
f Investment management fees
g Other. (If line 11g amount exceeds 10% of line 25,
column (A) amount, list line 11g expenses on Sch 0.) 15,988. 9,853. 6,135. 27,124. 27,124.
13 Office expenses 4,947. 3,409. 1,538.
14 Information technology
15 Royalties
16 Occupancy 22,604. 13,816. 8,788.
17 Travel 167. 30. 137.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials
19 Conferences, conventions, and meetings
20 Interest
21 Payments to affiliates
Depreciation, depletion, and amortization 18,231. 11,143. 7,088.
23 Insurance 4,238. 2,548. 1,690.
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)
a PROGRAM EXPENSES 428,049. 428,049.
b EQUIP RENTAL & MAINT 18,546. 16,800. 1,746.
c GENERAL & ADMIN 11,229. 9,620. 1,609.
d OTHER EXPENSES 9,106. 6,275. 2,831.
e All other expenses
25 Total functional expenses. Add lines 1 through 24e 1,117,277. 986,768. 130,509.
26 Joint costs. Complete this line only if the organization
reported in column (B) joint costs from a combined
educational campaign and fundraising solicitation.
Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

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

Part X Balance Sheet

Fai	IL A	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X		<del></del>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			393,878.		144,832.
	2	Savings and temporary cash investments			1,652,298.	2	2,153,109.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		19,507.	4	22,736.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua					
হ		under section 4958(f)(1)), and persons describ	ed in secti	ion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			45,789.	9	43,822.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	264,920.			
	b	Less: accumulated depreciation	. 10b	199,724.	45,087.	10c	65,196.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed	2,156,559.		2,429,695.		
	17	Accounts payable and accrued expenses	48,896.	17	58,838.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
jab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X	20 205		0
		of Schedule D		·····	38,295.		0.
	26	Total liabilities. Add lines 17 through 25			87,191.	26	58,838.
ý		Organizations that follow FASB ASC 958, cl	neck here				
JCe		and complete lines 27, 28, 32, and 33.			2 060 260		2 270 057
<u>a</u>	27				2,069,368.	27	2,370,857.
Ö	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB ASC	958, cned	ck nere			
户		and complete lines 29 through 33.					
jts .	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2,069,368.	31	2 370 957
ž	32	Total liebilities and not see to find belonged			2,156,559.	32	2,370,857.
	33	Total liabilities and net assets/fund balances			2,130,339.	33	2,429,695.

STATE UNIVERSITY, LOS ANGELES, INC. Form 990 (2020)

95-2044300 Page **12** 

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,36		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,11	7,2	77.
3	Revenue less expenses. Subtract line 2 from line 1	3	24	5,1	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,06	9,3	<del>68.</del>
5	Net unrealized gains (losses) on investments	5	-	7,8	99.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6	4,2	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,37	0,8	57.
Pa	rt XII Financial Statements and Reporting	•	-		
	Check if Schedule O contains a response or note to any line in this Part XII				X
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		34		
~	Too, and the diguinzation and applied about the adults. In the diguinzation and not undergo the require	ou addit			l

Form **990** (2020)



#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

ASSOCIATED STUDENTS OF CALIFORNIA **Employer identification number** Name of the organization STATE UNIVERSITY, LOS ANGELES 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(-,	(	(-)	(=,) = = : =	(5) = = = =	(-)
	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 VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructio	nns)			12	_
	<b>First 5 years.</b> If the Form 990 is for th	· ·					
	organization, check this box and <b>stor</b>	-		•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2020. If the c					ore, check this box	and
	stop here. The organization qualifies					·	<b>.</b> —
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on I				
	and <b>stop here.</b> The organization qual					<i>,</i>	`
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te		•	•			
b	10% -facts-and-circumstances test	~		• • •	-		
~	more, and if the organization meets the						· v =
	organization meets the facts-and-circu				-		<b>▶</b> □
18	<b>Private foundation.</b> If the organization				•		. $\square$
		on oon u		, ,	, a no box u		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 STATE UNIVERSITY, LOS ANGELES, INC.

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	ciow, picase comp	icto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1453671.	1454881.	1416103.	1344336.	1353297.	7022288.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1453671.	1454881.	1416103.	1344336.	1353297.	7022288.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						7022288.
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1453671.	1454881.	1416103.	1344336.	1353297.	7022288.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,240.	20,945.	34,268.	28,914.	9,035.	108,402.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	15,240.	20,945.	34,268.	28,914.	9,035.	108,402.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,028. 1489939.	22,888. 1498714.	19,542. 1469913.	14,066. 1387316.	106. 1362438.	77,630. 7208320.
	First 5 years. If the Form 990 is for the						
-	check this box and <b>stop here</b>	· ·		•			·
Sec	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), d	vided by line 13, o	olumn (f))		15	97.42 %
<u>16</u>	Public support percentage from 2019	·				16	97.14 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20					17	1.50 %
18	Investment income percentage from 2					18	1.49 %
19a	33 1/3% support tests - 2020. If the						► V
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	-	-	•			
	line 18 is not more than 33 1/3%, che		-			-	<b>&gt;</b>
20	Private foundation. If the organization	n did not check a l	20 on line 14 19	or 19h check th	is hox and see inst	tructions	

V-- N-

## Schedule A (Form 990 or 990-EZ) 2020 STATE UNIVERSITY, LOS ANGELES, Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	162	140
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
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405		
10b	<u> </u>	

## Schedule A (Form 990 or 990-EZ) 2020 STATE UNIVERSITY, LOS ANGELES, INC.

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrument of the organization satisfied the Activities Test. Complete line 2 below.	ctions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	, (see instruction	16)	
2	Activities Test. Answer lines 2a and 2b below.	(See mondent	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	3			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b	1 1	i

95-2044300 Page 6 Schedule A (Form 990 or 990-EZ) 2020 STATE UNIVERSITY, LOS ANGELES, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2020

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

emergency temporary reduction (see instructions)

instructions)

6

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

Schedule A (Form 990 or 990-EZ) 2020 STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 7

Section D - Distribution	 s		nizations (continu		Current Year		
	upported organizations to accomplish exer	mpt purposes		1	<u> </u>		
•	erform activity that directly furthers exemp						
	organizations, in excess of income from activity						
	•						
•	equire exempt-use assets			4			
•	amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
	(describe in Part VI). See instructions.	,		6			
7 Total annual distri	butions. Add lines 1 through 6.			7			
8 Distributions to atte	entive supported organizations to which th	ne organization is responsive					
(provide details in <b>F</b>	Part VI). See instructions.			8			
9 Distributable amou	nt for 2020 from Section C, line 6			9			
10 Line 8 amount divid	ded by line 9 amount			10			
Section E - Distribution	Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020		
1 Distributable amou	nt for 2020 from Section C, line 6						
2 Underdistributions,	if any, for years prior to 2020 (reason-						
able cause required	d - explain in <b>Part VI</b> ). See instructions.						
3 Excess distribution	s carryover, if any, to 2020						
<b>a</b> From 2015							
<b>b</b> From 2016							
<b>c</b> From 2017							
<b>d</b> From 2018							
e From 2019							
f Total of lines 3a th	rough 3e						
<b>g</b> Applied to underdis	stributions of prior years						
h Applied to 2020 dis	stributable amount						
i Carryover from 201	5 not applied (see instructions)						
j Remainder. Subtra	ct lines 3g, 3h, and 3i from line 3f.						
4 Distributions for 20	20 from Section D,						
line 7:	\$						
a Applied to underdis	stributions of prior years						
<b>b</b> Applied to 2020 dis	stributable amount						
c Remainder. Subtra	ct lines 4a and 4b from line 4.						
5 Remaining underdi	stributions for years prior to 2020, if						
any. Subtract lines	3g and 4a from line 2. For result greater						
than zero, explain i	n Part VI. See instructions.						
6 Remaining underdi	stributions for 2020. Subtract lines 3h						
	For result greater than zero, explain in						
Part VI. See instruc	ctions.						
7							

Schedule A (Form 990 or 990-EZ) 2020

and 4c.
 B Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Schedule A (Form 990 or 990-EZ) 2020 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300 Page 8

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 21,028. 2016 AMOUNT: \$ 2017 AMOUNT: \$ 22,888. 19,542. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 14,066. 2020 AMOUNT: \$ 106.

Part VI



### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

**Employer identification number** 95-2044300

Schedule D (Form 990) 2020

Pai	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreati	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	•	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	on easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemer	nts that describes the
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9		ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	, .	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
_			·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	▶ ♠
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

032051 12-01-20

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

		NIVERSITY,						95-20			ge <b>2</b>
Pai	t III Organizations Maintaining C								(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sig	ınificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	C			hange progra						
b	Scholarly research	€	• 📖	Other							
С	<del></del>										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or				•			_	_	_	
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" on F	Form 990	), Part IV, I	line 9, or		
	Is the organization an agent, trustee, custodia		liary for o	contributions	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								00		
-	in 100, explain the arrangement in tarexin t	and complete the le	owg t	abio.					Amount		
c	Beginning balance						1c		7 11110 01111		
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.		•							一	
Par											
		(a) Current year		rior year	(c) Two year			years back	(e) Four \	ears b	ack
1a	Beginning of year balance	,		•		,					
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1c	a, column (a)	)) held as:						
а	Board designated or quasi-endowment	•	•	, ,	,						
	Permanent endowment										
		<u></u> -									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administer	ed for the	organiza	ation			
	by:	· ·					Ū		\[\frac{1}{2}\]	/es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		_
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								•		
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or c	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	
	,	basis (investr	ment)	basis	(other)	dep	reciation		` '		
1a	Land										_
	Buildings										_
	Leasehold improvements										_
	Equipment			26	4,920.	1	99,7	24.	65	,19	<del>6.</del>
	Other						-				
	Add lines to through to (O. ) (A)		V1	· · (D) // · · · · ·	0-1				65	19	<u>6</u>

Schedule D (Form 990) 2020

chedule D (Form 990) 2020 STATE UNIVERSITY, LOS ANG

95-2044300 Page 3

(a) Description of accurity or actors ::		11b. See Form 990, Part X, line 12.	d of your montred welve
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)		1	
(2)		1	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Part IX Other Assets.  Complete if the organization answered "Yes" or	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Description		(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line	Description		(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	Description	•	
Complete if the organization answered "Yes" o  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X  Other Liabilities.  Complete if the organization answered "Yes" o	Description	•	
Complete if the organization answered "Yes" o  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability	Description	•	
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes	Description	•	
Complete if the organization answered "Yes" o  (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2)	Description	•	
Complete if the organization answered "Yes" o  (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3)	Description	•	
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description	•	
Complete if the organization answered "Yes" o  (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	•	
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  . (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description	•	
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  . (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description	•	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Cotal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  . (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description	•	

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part XI | Reconciliati

STATE UNIVERSITY, LOS ANGELES, INC.

Par	T XI Reconciliation of Revenue per Audited Financial Sta		revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		Ι. Ι	1 441 200
1				1	1,441,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	7 000		
	Net unrealized gains (losses) on investments		-7,899. 86,751.	-	
b	Donated services and use of facilities		80,/31.	-	
С	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)	2d			70 050
	Add lines 2a through 2d			2e	78,852. 1,362,438.
	Subtract line 2e from line 1			3	1,362,438.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	1 262 422
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.  † XII   Reconciliation of Expenses per Audited Financial Sta	.)		5	1,362,438.
Par			Expenses per i	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			Т. Т	1 120 001
1	Total expenses and losses per audited financial statements			1	1,139,801.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	06 751		
а	Donated services and use of facilities		86,751.	-	
b	Prior year adjustments			-	
	Other losses		64 007	-	
	Other (Describe in Part XIII.)		-64,227.		00 504
	Add lines 2a through 2d			2e	22,524. 1,117,277.
	Subtract line 2e from line 1			3	1,111,211.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	·			0
	Add lines <b>4a</b> and <b>4b</b>			4c	1 117 277
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 <b>TXIII</b> Supplemental Information.	8.)		5	1,117,277.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			i; Part X	K, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional inform	ation.		
DAD	RT X, LINE 2:				
1 211	TI A, DIND Z.				
ASS	SOCIATED STUDENTS IS A NOT-FOR-PROFIT O	RGANTZATTO	и ехемри в	'ROM	TNCOME
	OCCURRED DIODENTS ID II NOT FOR TROTTE OF	1.0111111111111111111111111111111111111	.,	11011	11(001111
тах	XES UNDER SECTION 501(C)(3) OF THE INTE	RNAL REVEN	HE CODE AN	ID ST	CTTON
			02 0022 121		
237	01(D) OF THE REVENUE TAXATION CODE OF	CALIFORNIA	. ACCORDIN	IGLY	, NO
					,
PRO	VISION FOR INCOME TAXES IS INCLUDED IN	THE ACCOM	PANYING FI	NAN	CIAL
STA	TEMENTS.				
<u>ASS</u>	SOCIATED STUDENTS HAS NO UNRECOGNIZED T	AX BENEFIT	S AT JUNE	30,	2021 AND
<u> 202</u>	20. ASSOCIATED STUDENTS' FEDERAL AND ST	ATE INCOME	TAX RETUR	NS I	PRIOR TO
001	0 AND 0017 DESPERA				
<b>∠</b> 01	8 AND 2017, RESPECTIVELY, ARE CLOSED,	AND MANAGE	MENT CONTI	IAUN.	т Х
	IIIAMEC EVOTOTNO CMAMIMEC OF ITMIMATON	a viidima	DDODOGED	CEMO	OT EMENTO

CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. 95-2044300 Page 5 Schedule D (Form 990) 2020 Part XIII | Supplemental Information (continued) IF APPLICABLE, ASSOCIATED STUDENTS RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF INCOME TAX EXPENSE AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE STATEMENTS OF FINANCIAL POSITION. PART XII, LINE 2D - OTHER ADJUSTMENTS: PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION -64,227. COSTS/BENEFIT

Schedule D (Form 990) 2020



#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization ASSOCIATE STATE UNI		S OF CALIFO					Employer identification number $95-2044300$
Part I	General Information on Grants a			,				7
crit	es the organization maintain records teria used to award the grants or assiss	stance?						
Part II	Grants and Other Assistance to					anization answered "Y	es" on Form 990. Part	IV. line 21, for any
	recipient that received more than	_						, = 1,
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>2</b> Ent	ter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				<b>&gt;</b>
	ter total number of other organizations	-						<b>&gt;</b>
LHA Fo	or Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT GRANT-IN-AID	38	137,338.	0.		
STUDENT SCHOLARSHIPS	4	2,044.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION MONITORS FUNDS PA	AID TO THE	AUXILIARY	TO ENSURE	THAT THE	
FUNDS ARE USED FOR THEIR INTENDED	PURPOSE (S	5).			
THE ORGANIZATION PERIODICALLY MON	ITORS ELIG	SIBILITY AN	ID USE OF S	TUDENT GRANT	
AID AND SCHOLARSHIP RECIPIENTS.					
PART III, COLUMN B:					
THE ORGANIZATION IS REPORTING THE	ACTUAL NU	MBER OF RE	CIPTENTS.		



#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020
Open To Public

Name of the organization

ASSOCIATED STUDENTS OF CALIFORNIA

Employer identification number

Inspection

	S	TATE U	NI	VERSITY,	LO	S Al	NGELE	ES, INC			95	-20	443	00		
Part I	Excess Bene	fit Transa	actio	ons (section 50	01(c)(3	), secti	ion 501(d	c)(4), and sec	ction	n 501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the o	organization	ansv	vered "Yes" on F	orm 9	90, Pa	art IV, line	e 25a or 25b	, or	Form 990-EZ, Pa	art V, li	ne 40	b.			
1 (a) Name of disqualified person			(b) F	Relationship bety			ified	1.	N D	escription of tran	oootio	n	(d) Corrected			cted?
(a) Nai	ne or disqualified p	erson	person and organization					,,	;) D	escription of tran	Sactio	rı		Y	es	No
														$\perp$		
														4		
														+		
sectio	the amount of tax in 4958 the amount of tax,											<b>▶</b> \$ <b>▶</b> \$				
Dort II	Loans to and	Vor From	Int	oractad Bara	one											
Part II							D			- 000 D. I. II. II	- 00					
	Complete if the o	ū					, Part V,	line 38a or F	orm	1 990, Part IV, lin	e 26; d	or if th	e orga	nızatıc	n	
10	reported an amou	(b) Relations		(c) Purpose	<del></del>	an to or	(0)	Original	14	A Polonos duo	(a)	In	<b>(h)</b> Ap	proved	(i) \/	ritten
		with organiza			from the organization?			(e) Original (1) principal amount		f) Balance due (g) Ir defaul			Thy heard or I W ""			
					To	From	1				Yes	No	Yes	No	Yes	_
					10	1 10111					103	140	103	110	103	110
Г <u>otal</u>			<u></u>	41-1	<u></u>	<u></u>		> \$								
Part III	Grants or As			•												
	Complete if the o		ansv T	vered "Yes" on F	orm 9	990, Pa	art IV, line	e 27.		1						
interested p			(b) Relationship interested pers the organiza	son and					` ' ' '	d) Type of assistance		(e) Purpose of assistance				
							137,457.GRANT-IN-			-AI	-AID TO AS			SSIST STU		
												_				
			_													
			_													
			_													

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2020 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300 Page 2

(D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION	Part IV Business Transactions Involvi	ng Interested Persons.	,				
Part V Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:  (C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.				
Part V Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:  (C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION	(a) Name of interested person	(b) Relationship between interested person and the organization			organization's		
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:  (C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION							
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:  (C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION							
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Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:  (C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION							
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Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:  (C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION							
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Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:  (C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION							
SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:  (C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION							
(C) AMOUNT OF GRANT \$ 137,457.  (D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION	Provide additional information for response	nses to questions on Schedule L (see i	nstructions).				
(D) TYPE OF ASSISTANCE: GRANT-IN-AID  (E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION	SCH L, PART III, GRANTS OR	ASSISTANCE BENEFITT	'ING INTERES	TED PERSONS	:		
(E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION	(C) AMOUNT OF GRANT \$ 137	,457.					
	(D) TYPE OF ASSISTANCE: GRA	ANT-IN-AID					
RELATED EXPENSES	(E) PURPOSE OF ASSISTANCE:	TO ASSIST STUDENTS	IN DEFRAYIN	G EDUCATION			
	RELATED EXPENSES						



#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 95-2044300

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPERIENCE DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, RESPONSIBLE CIVIC PARTICIPATION AND COMMUNITY LEADERSHIP; TO ADVOCATE FOR THE RIGHTS AND INTERESTS OF STUDENTS; AND TO SUPPORT THE PHYSICAL AND CULTURAL WELLBEING OF THE UNIVERSITY EDUCATIONAL, SOCIAL, COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11B: AFTER FORM 990 HAS BEEN PREPARED BY AN OUTSIDE ACCOUNTING FIRM, DOCUMENTS FILED BY ASI ARE REVIEWED BY THE BUSINESS FINANCIAL SERVICES AND THEN FORWARDED TO THE EXECUTIVE DIRECTOR OF ASI FOR REVIEW AND COMMENTS. UPON APPROVAL, THE RETURN IS FINALIZED. BEFORE THE RETURN IS FILED, A COPY OF THE RETURN IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS SIGN A STATEMENT OF CONFLICT OF INTEREST ANNUALLY. ALSO, EACH EMPLOYEE UPON BEING HIRED IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM. EACH BRANCH OF ASI IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM UPON BEING ELECTED OR APPOINTED TO OFFICE. UPON THE IDENTIFICATION OF ANY CONFLICTS, THE BOARD OF DIRECTORS WILL DETERMINE THE MOST APPROPRIATE COURSE OF ACTION. DURING ANY DISCUSSION, THE CONFLICTED

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

PARTY WILL NOT BE PRESENT AT THE MEETING.

Schedule O (Form 990 or 990-EZ) 2020



	ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.	Employer identification number 95-2044300
FORM 990, PART	VI, SECTION B, LINE 15A:	
THE EXECUTIVE	DIRECTOR'S COMPENSATION IS DETERMINED BY A	PERSONNEL
COMMITTEE AND	CAMPUS HUMAN RESOURCES. THE BOARD OF DIREC	TORS APPROVES THE
COMPENSATION I	N A CLOSED DOOR MEETING.	
FORM 990, PART	VI, SECTION C, LINE 19:	
GOVERNING DOCU	MENTS WILL BE PLACED ON THE ASI WEBSITE AF	TER CAREFUL REVIEW
AND APPROVAL.		
FORM 990, PART	XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION RELATE	D CHANGES OTHER THAN PERIODIC PENSION	
COSTS/BENEFIT		64,227.
FORM 990, PART	XII, LINE 2C:	
THE ORGANIZATI	ON HAS A SEPARATE COMMITTEE THAT ASSUMES T	HE
RESPONSIBILITY	FOR OVERSIGHT OF THE AUDIT PERFORMED BY A	N INDEPENDENT
AUDITOR.		



#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

STATE UNIVERSITY, LOS ANGELES, INC.

**Employer identification number** 95-2044300

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		Direct o	(f) controlling	9
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organizat	ion answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more r	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	cont	g) 512(b)(13) rolled ity?
CALIFORNIA STATE UNIVERSITY, LOS ANGELES - 95-4386558, 5154 STATE UNIVERSITY DR. U-SU							100	
203, LOS ANGELES, CA 90032	PUBLIC UNIVERSITY	CALIFORNIA	115	N/A	N/A			Х

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300

Page 2

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

(a) Name, address, and EIN of related organization  (b) Primary activity Primary activity Of related organization  (c) Legal domicile (state or foreign country)  Primary activity Of related organization  (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income Of related, unrelated, excluded from tax under sections 512-514)  (g) Share of total income Of rend-of-year assets  (h) Disproportionate allocations? Ocade V-UBI amount in box 20 of Schedule K-1 (Form 1065)  Of seneral or managing partner?  Yes No
Name, address, and EIN of related organization  Primary activity  Primary activity  Primary activity  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Primary activit
toreign country)    State of foreign country   excluded from tax under sections 512-514)   assets   20 of Schedule   Factor   Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No   Yes   No   Yes
Country   Sections 512-514)   Yes   No   K-1 (Form 1065)   Yes   No

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?

Page 3

Yes No

1a

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

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?

Schedule R (Form 990) 2020

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С					1c		X
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		<u>X</u>
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		<u>X</u>
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organizations	tion(s)			11		_X_
	Performance of services or membership or fundraising solicitations by related organizations				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	s)			1n	Х	
0	Sharing of paid employees with related organization(s)				10		<u>X</u>
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		_X_
r	Other transfer of cash or property to related organization(s)				1r		<u>X</u>
	Other transfer of cash or property from related organization(s)				1s		_X
_2_	If the answer to any of the above is "Yes," see the instructions for information on who n	must complete th	is line, including covered re	lationships and transaction thresholds.			
	(a) Name of related organization	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
<u>(1)</u>							
<u>(2)</u>							
<u>(3)</u>							
<u>(4)</u>							
<b>/-</b> `							
<u>(5)</u>							
<b>(0)</b>							
(6)				0-2-1-1	D /F -	- 000'	0000
03216	3 10-28-20	2.4		Schedule	K (Fori	n 990)	2020



# ASSOCIATED STUDENTS OF CALIFORNIA Schedule R (Form 990) 2020 STATE UNIVERSITY, LOS ANGELES, INC.

95-2044300

Page 4

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- ate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							$\vdash$					
							$\Box$					
							Н				-	
							Ш					
							Ш					

ED SMILDENING OF CALL

# ASSOCIATED STUDENTS OF CALIFORNIA

Schedule F	R (Form 990) 2020	STATE	UNIVERSITY	, LOS A	ANGELES, INC	•	95-2044300	Page <b>5</b>
Part VII	R (Form 990) 2020 Supplemental Info	rmation						
	Provide additional inform	nation for resp	onses to questions on	Schedule R	R. See instructions.			
							<del></del>	

32165 10-28-20 Schedule R (Form 990) 2020



Form **8868** 

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

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

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or ASSOCIATED STUDENTS OF CALIFORNIA print 95-2044300 STATE UNIVERSITY, LOS ANGELES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5151 STATE UNIVERSITY DR, #SSB 5380 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90032 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JUDITH BENJAMIN - 5151 STATE UNIVERSITY DRIVE, #SSB 5380 The books are in the care of ► - LOS ANGELES, CA 90032 Telephone No. ► 323-343-4780 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\_$  , and ending  $\_$   $exttt{JUN}$   $\,$  30 ,  $\,$   $\,$  2021► X tax year beginning JUL 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA

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



## TAX RETURN FILING INSTRUCTIONS

**CALIFORNIA FORM 199** 

#### FOR THE YEAR ENDING

JUNE 30, 2021

P	R	F	P	Δ	R	F	D	F	n	R:

MR. BARNABY PEAKE ASSOCIATED STUDENTS OF CSULA 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032

#### PREPARED BY:

COHNREZNICK LLP 400 CAPITOL MALL, SUIT SACRAMENTO, CA 9581			
TO BE SIGNED AND DATED BY:			
NOT APPLICABLE			
AMOUNT OF TAX:			
TOTAL TAX LESS: PAYMENTS AND CREDIT PLUS: OTHER AMOUNT PLUS: INTEREST AND PENALTII NO PAYMENT IS REQUIRED	\$	0 0 0 0	
OVERPAYMENT:			
CREDITED TO YOUR ESTIMATE TAX OTHER AMOUNT REFUNDED TO YOU	\$ \$ \$	0 0 0	
MAKE CHECK PAYABLE TO:			

#### MAKE CHECK PAYABLE TO:

**NOT APPLICABLE** 

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

**NOT APPLICABLE** 

#### **SPECIAL INSTRUCTIONS:**



## TAX RETURN FILING INSTRUCTIONS

**CALIFORNIA FORM RRF-1** 

#### FOR THE YEAR ENDING

JUNE 30, 2021

#### PREPARED FOR:

MR. BARNABY PEAKE ASSOCIATED STUDENTS OF CSULA 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032

#### PREPARED BY:

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

#### AMOUNT OF TAX:

BALANCE DUE OF \$150

## MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

#### **MAIL TAX RETURN TO:**

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

#### RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

#### **SPECIAL INSTRUCTIONS:**

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



# California Exempt Organization Annual Information Return

028941 12-22-20 **FORM** 

199

202	20	Annual Information	on Return								199	<del>,                                    </del>
Calendar Yea	ır 2020 or 1	fiscal year beginning (mm/dd/yyyy)	07/01/2	020	, ar	nd ending (i	mm/dd/yy	уу)	06	6/30/202	21	
Corporation/Org	ganization na	ame					Cal	ifornia corp	oration	number		
ASSOCI	ATED	STUDENTS OF CALIFO	DRNIA									
STATE	UNIVI	ERSITY, LOS ANGELES	3, INC.					0377	818	3		
Additional inform	mation. See i	instructions.					FE	EIN				
								<u>95-2</u>	044	1300		
Street address (								PMB no.				
	TATE	UNIVERSITY DR, #SS	3B 5380									
City		_					State	ZIP code				
LOS AN		S	<u> </u>				CA	9003				
Foreign country	name		Foreign province/state	county				Foreign p	ostal c	ode		
A - First			٧ <b>٧</b>	I Didde				1. 11.	and de	P		
A First retu			Yes X No		•	zation have	-	•	-		۷۵۵ ٦	X No
		0\/1\ truot				er R&TC S				ganization	Yes 🔽	<b>7</b> NO
	ormation re	a)(1) trust	103 22 100							yanızanını •	Yes 2	Z No
	Dissolved		oursed/Decurrentined								Yes 2	
			erged/Reorganized		•					sources \$	165 [2	<u>.z.</u> ] NU
	e: (mm/dd/yy	method: (1) Cash (2) X Accrual	(3) Other			ation a limi	-				Yes 2	X No
	return filed	* * * * * * * * * * * * * * * * * * * *	. ,			ization file f					103 [_	<u>.</u> 100
	Other 990	( )	30111 ( 990)		-	income?					Yes Z	X No
		ig? See instructions •	Yes X No								100 [_	<u>.=</u> ] 110
		n in a group exemption	Yes X No			a prior yea					Yes 2	X No
		e parent's name?				n 1023/102						X No
,						IRS						
Part I	Complete	Part I unless not required to file this for	m. See General Info	rmation B	and C.							
	<b>1</b> Gr	oss sales or receipts from other sources.	From Side 2, Part II	, line 8				•	1_	1,36	62,43	38 00
		oss dues and assessments from member							2			00
	<b>3</b> Gr	oss contributions, gifts, grants, and simil	ar amounts received	l				•	3	<u> </u>		00
Receipts	<b>4</b> To	tal gross receipts for filing requirement to	est. Add line 1 throu	gh line 3.								
and	1	is line must be completed. If the result		-	$\overline{}$	mation B .			4	1,36	62,43	38  <sub>00</sub>
Revenues		est of goods sold						00	1			
1101011400		est or other basis, and sales expenses of a	issets sold	•	6			00				
									7	1 2	<u> </u>	00
		tal gross income. Subtract line 7 from lin							8		62,43	
Expenses		tal expenses and disbursements. From S							9		$\frac{17,27}{45}$	
		cess of receipts over expenses and disbu						·······•	10		45,16	
		tal payments							11			00
	12 Us	e tax. See General Information K Lyments balance. If line 11 is more than li	no 10 oubtroot line						12			00
Ciling Eoo	1							_	14			00
Filing Fee	1	se tax balance. If line 12 is more than line enalties and Interest. See General Informa	et a I						15			00
									-			00
	Under per	Ilance due. Add line 12 and line 15. Then nalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (ot	nis return, including acco	ompanying so	hedules	and statemer	its, and to th	ie best of m	y know	ledge and belief,		100
Sign	it is true, c	correct, and complete. Declaration of preparer (of	iei tilaii taxpayei) is bas	Title	imation	or willich prep	Date	Kilowieage	•	■ Telephone		
Here	Signature of officer	•			JTIV	E DIF				Telephone		
	OI OIIIOGI				Date		Check	if		● PTIN		
	Preparer's	LISA M. CUMMINGS	, CPA		02/	01/22		mployed	•	P000434	433	
Paid	Firm's nar		-		•	•				• Firm's FEIN	-	
Preparer's	(or yours,	COHNREZNICK LLP								22-1478	8099	
Use Only	employed	400 CAPITOL MALL	, SUITE 1	200						Telephone		
	and addre	SACRAMENTO, CA 9								916-442	2-91(	0 (
	May the	FTB discuss this return with the preparer	shown above? See	instruction	S			• X	Yes	. No		

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

		1 Gross sales or receipts f	from all busine	ess activities. See instruc	ctions		•	1			00
		2 Interest						2		9,035	
		3 Dividends						3			00
Receipts	3	4 0					_	4			00
from		5 Gross royalties						5			00
Other		6 Gross amount received t	from sale of as	ssets (See Instructions)			•	6			00
Sources		7 Other income				SEE STA	TEMENT 1 •	7		1,353,403	
		8 Total gross sales or rece	eipts from oth	er sources. Add line 1 th	rouah	line 7. Enter here and o	n Side 1. Part I. line 1	8		1,362,438	
		9 Contributions, gifts, gran						9		139,382	00
		10 Disbursements to or for						10			00
		11 Compensation of officers	s directors a	nd trustees		SEE STA	TEMENT 3 •	11		18,879	
		12 Other salaries and wages	s, anociors, a	iid ii ustoos			•	12		202,032	
Expense		13 Interest						13			00
and								14		17,509	
anu Disburse								15		22,604	
								16		18,231	
ments		<ul><li>Depreciation and depleti</li><li>Other expenses and dish</li></ul>	on (see msu u			ርፑፑ ርጥአ		17		698,640	
								18		1,117,277	
Sched		18 Total expenses and disb	oursements. A	Beginning of				l of tax			100
	Juic	Daiance Sheet			Laxabit			10114	Nabic ,		
Assets				(a)		(b)	(c)			(d)	11
1 Cas						2,046,176 19,507			•	2,297,9	3 C
		unts receivable				19,507			•	22,7	30
		s receivable							•		
		es							•		
		nd state government obligation							•		
		ents in other bonds							•		
		ents in stock							•		
8 Mor									•		
		restments		0.65 0.00			254 2		•		
<b>10 a</b> D	eprec	ciable assets		265,988		45.005	264,9				2.5
		ccumulated depreciation	(	220,901		45,087	( 199,72	4 )		65,1	<u>96</u>
<b>11</b> Lan	d		<u> </u>						•		
<b>12</b> Oth	er ass	sets STM'	T 5			45,789			•	43,8	22
		sets				2,156,559				2,429,6	<u>95</u>
		d net worth									
		s payable				48,896			•	58,8	<u>38</u>
		tions, gifts, or grants payable							•		
		nd notes payable							•		
<b>17</b> Mor	tgage	es payable							•		
<b>18</b> Oth	er liat	oilities STM	т 6 📖			38,295					
<b>19</b> Cap	ital st	tock or principal fund							•		
20 Paid	-in or o	capital surplus. Attach reconciliatio	n						•		
<b>21</b> Reta	ained	earnings or income fund $\dots$				2,069,368			•	2,370,8	<u>57</u>
22 Tota	al liat	bilities and net worth				2,156,559				2,429,6	<u>95</u>
Sched	alut			ooks with income per re							
		Do not complete th	nis schedule if	the amount on Schedule		e 13, column (d), is less	s than \$50,000.				
1 Net	incon	ne per books		• 245,	161	7 Income recorded	on books this year				
2 Fed	eral ir	ncome tax		•		not included in th	is return		•		
<b>3</b> Exc	ess of	f capital losses over capital ga	ains	•		8 Deductions in this	s return not charged				
4 Inco	ome n	not recorded on books this ye	ar	•		against book inco	me this year		•		
<b>5</b> Exp	enses	s recorded on books this year	not			9 Total. Add line 7	and line 8				
ded	ucted	I in this return		•		10 Net income per re	eturn.				
6 Tota	al. Ad	d line 1 through line 5		245,	161	Subtract line 9 fro	om line 6			245,1	61

CA 199	OTHER INCOME		STATEMENT 1
DESCRIPTION			AMOUNT
MISCELLANEOUS REVISED STUDENT GOVERNMEN' STUDENT SERVICES COMMUNITY SVC. SU	Г	-	106 420,389 603,897 329,011
TOTAL TO FORM 199	, PART II, LINE 7	- =	1,353,403
CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA		STATEMENT 2
ACTIVITY CLASSIFI	CATION: STUDENT GRANT-IN-AID		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
38 RECIPIENTS	5151 STATE UNIVERSITY DR, #SSB 5380 - LOS ANGELES, CA 90032	STUDENTS	137,338
	TOTAL FOR THIS ACTIVITY		137,338
ACTIVITY CLASSIFI	CATION: SCHOLARSHIPS		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
4 RECIPIENTS	5151 STATE UNIVERSITY DR, #SSB 5380 - LOS ANGELES, CA 90032	STUDENTS	2,044
	TOTAL FOR THIS ACTIVITY		2,044

CA 199	COMPENSATION	OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDE	RESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
AMBER BEASLEY 5151 STATE UN LOS ANGELES,	NIVERSITY DR,	#SSB 5380	DIVERSITY/INCLUSION-CAMPUS 5.00	0.
ANALIZ MARMOI 5151 STATE UN LOS ANGELES,	NIVERSITY DR,	#SSB 5380	VP FOR EXTERNAL AFFAIRS/AD 5.00	0.
ANNA NGUYEN 5151 STATE UN LOS ANGELES,	NIVERSITY DR, CA 90032	#SSB 5380	SECRETARY/TREASURER 5.00	0.
BARNABY PEAKE 5151 STATE UN LOS ANGELES,	NIVERSITY DR,	#SSB 5380	EXECUTIVE DIRECTOR 40.00	18,879.
BRAJOHN HICKS 5151 STATE UN LOS ANGELES,	NIVERSITY DR,	#SSB 5380	COLLEGE OF ARTS & LETTERS 5.00	0.
BROOKE REILLY 5151 STATE UN LOS ANGELES,	NIVERSITY DR,	#SSB 5380	CIVIC ENGAGEMENT-COMMUNITY 5.00	0.
DIANA CHAVEZ 5151 STATE UN LOS ANGELES,	NIVERSITY DR, CA 90032	#SSB 5380	PRESIDENT 5.00	0.
DIANA SARAI V 5151 STATE UN LOS ANGELES,	NIVERSITY DR,	#SSB 5380	COLLEGE OF ECS&T REP 5.00	0.
EMILY SANDOVA 5151 STATE UN LOS ANGELES,	NIVERSITY DR,	#SSB 5380	COLLEGE OF NATURAL/SOCIAL 5.00	0.
JAZMIN ENNIS 5151 STATE UN LOS ANGELES,	NIVERSITY DR, CA 90032	#SSB 5380	COLLEGE OF HEALTH & HUMAN 5.00	0.
JOCELYN VARGA 5151 STATE UN LOS ANGELES,	NIVERSITY DR,	#SSB 5380	V.P. FOR ACADEMIC GOVERNAN 5.00	0.

ASSOCIATED STUDENTS OF CA	LIFORNIA STAT	YE -	95-2044300
JOHANNAKATE CONNALLY 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	COLLEGE OF BUSINESS/ECONOM 5.00	0.
JOSUE MONTENEGRO 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	V.P. FOR FINANCE 5.00	0.
KRISTY LAM 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	COLLEGE OF NATURAL/SOCIAL 5.00	0.
KYLE MISA 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	COLLEGE OF ECS&T REP 5.00	0.
LAUREN DIANA 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	COLLEGE OF ARTS & LETTERS 5.00	0.
MA LEDI HAM LOOT 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	V.P. FOR ADMINISTRATION 5.00	0.
PHOEBE WONG 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	CHARTER COLLEGE OF EDUCATI 5.00	0.
ROCHELE CORDERO 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	COLLEGE OF HEALTH & HUMAN 5.00	0.
SIDNEY LIM 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	CHARTER COLLEGE OF EDUCATI 5.00	0.
TU (TYLER) NGUYEN 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	#SSB 5380	VICE CHAIR FOR FINANCE 5.00	0.
		_	

18,879.

TOTAL TO FORM 199, PART II, LINE 11

CA 199	OTHER	EXPENSES		STATEMENT 4	
DESCRIPTION				AMOUNT	
PROGRAM EXPENSES EQUIP RENTAL & MAINT GENERAL & ADMIN OTHER EXPENSES OTHER EMPLOYEE BENEFITS ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE TOTAL TO FORM 199, PART II, LINE	17			428,049. 18,546. 11,229. 9,106. 92,671. 86,575. 15,988. 27,124. 4,947. 167. 4,238. 698,640.	
CA 199	OTHER ASSETS				
DESCRIPTION			BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHA	ARGES		45,789.	43,822.	
TOTAL TO FORM 199, SCHEDULE L, L	INE 12		45,789.	43,822.	
CA 199	OTHER I	LIABILITIES		STATEMENT 6	
DESCRIPTION			BEG. OF YEAR	END OF YEAR	
NET POST-RETIREMENT BENEFIT OBLICATION OF THE POST-RETIREMENT BENEFIT DE POST-RETIREMENT BENEFIT BENEFIT DE POST-RETIREMENT BENEFIT DE POST-RETIREMENT BENEFIT DE POST-RETIREM	GATION		37,929. 366.	0.	
TOTAL TO FORM 199, SCHEDULE L, L	INE 18		38,295.	0.	
CA 199	FUND	BALANCES		STATEMENT 7	
DESCRIPTION			BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICT	rions		2,069,368.	2,370,857.	
TOTAL TO FORM 199, SCHEDULE L, LI	INE 21		2,069,368.	2,370,857.	

**DRAFT** 

022 Date Ac	cepte	ed		_				DO 1	NOT M	IAIL T	HIS	FORM	и то тн	E FTB
<u>TAXABL</u>	<u>E YE</u> <b>20</b>	— Са	llifornia e-file empt Organiz		Autho	rizati	ion fo	or						3- <b>EO</b>
Exempt Or	ganizat	ion name									Identif	ying numbe	er	
ASSO	CIA	TED STU	DENTS OF CAL	IFORNIA										
			TY, LOS ANGE		c.						95-	-204	4300	
Part I			n Information (whole do							•				
											1	1	1,362	,438
<b>2</b> To	tal gr	oss income (Fo										2	1,362	,438
<b>3</b> To	tal ex	penses and dis	bursements (Form 199,	line 9)							3	3	1,117	,277
Part II	Se	ttle Your Acco	unt Electronically for T	axable Year 2	020									
4	] Ele	ctronic funds w	vithdrawal 4a Amo	unt			4b Wit	thdrawal	date (mı	m/dd/yy	/уу)			
Part III	Ва	nking Informat	tion (Have you verified tl	ne exempt org	anization's l	banking i	nformatio	on?)						
<b>5</b> Rou	ıting r	number												
6 Acc	ount	number				<b>7</b> T	ype of ac	count:	Cr	ecking		Savi	ngs	
Part IV	De	claration of Of	ficer											
I authoriz		exempt organizat	tion's account to be settled	as designated in	Part II. If I c	heck Part	II, Box 4,	l authorize	an electr	onic fun	ds wit	thdrawal	for the amou	ınt listed
a balance organizat statemen delayed,	e due i tion w its be	eturn, I understa II remain liable fo transmitted to the	he best of my knowledge ar nd that if the Franchise Tax or the fee liability and all app e FTB by the ERO, transmitt disclose to the ERO or inte	Board (FTB) doe dicable interest a er, or intermedia	es not receive and penalties ite service pr	e full and t L. I authori ovider. If he reason	imely payi ze the exe the proces (s) for the	ment of the mpt organ ssing of the delay.	e exempt ization re <b>e exemp</b>	organiza turn and t organi	ation's I acco	s fee liabi mpanying	ility, the exen g schedules	npt and
Sign		Ciamatuma of officer		Date		EXE	CUTI	VE DI	REC	OR				
Here		Signature of officer		Date		Title								
Part V	De	claration of Ele	ectronic Return Origina	itor (ERO) and	l Paid Prep	arer.								
am only a accuratel provided 1345, 20 the exem I declare	an inte ly refle the or 20 Ha ipt org that l	ermediate service cts the data on the ganization office ndbook for Autho anization return i have examined the	e above exempt organizatio provider, I understand that ne return.) I have obtained t r with a copy of all forms ar orized e-file Providers. I will s filed, whichever is later, a ne above exempt organizatio ake this declaration based of	I am not respon he organization Id information th keep form FTB { Ind I will make a on's return and a	sible for revi officer's sign at I will file v 3453-EO on f copy availabl ccompanyin	ewing the ature on fo vith the FT ile for <b>fou</b> le to the F g schedule	exempt of orm FTB 8 B, and I h Ir years fro IB upon ro es and stat	rganization 1453-EO be ave follow om the due equest. If I	n's return efore tran ed all oth e date of am also	. I declar smitting er requir the retur the paid	re, hove this remen on or <b>f</b> prepa	wever, the eturn to tts descri f <b>our</b> years arer, unde	at form FTB the FTB; I ha bed in FTB P s from the da er penalties o	8453-EO ve lub. ate of perjury,
	ERO'	s- <b>\</b>				Date		Check if		Check		ERO	's PTIN	
ERO	signa	tura	NREZNICK LLP			02/0	1/22	also paid preparer	X	if self- employe	ed [		004343	13
Must	Firm'	s name (or yours	COHNREZNIC	K LLP		02,0	_,						2-1478	
Sign	if self-employed) and address			400 CAPITOL MALL, SUITE 1200					1111131211212 117333					
_			SACRAMENTO	, CA							ZIP c	ode 95	814	
			lare that I have examined the							tements,	and t	o the bes	st of my knov	wledge
Paid	, ,	Paid preparer's	,				Date		Check		_ l	Paid prepa	arer's PTIN	
Prepa	rer	signature	ure A						employ	ed	<u> </u>			
Must		Firm's name (or yo if self-employed)	——————————————————————————————————————								Firm'	s FEIN		
Sign		and address	•								ZIP c	ode		
											•			

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

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

WEBSITE ADDRESS: www.oag.ca.gov/charities

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

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored. (For Registry Use Only)

ASSOCIATED STUDENTS OF CONTROL OF		Check if:  X Change of address  Amended report							
List all DBAs and names the organization uses or has used  5151 STATE UNIVERSITY DR, #SSB 5380			State Charity Registration Number CT10308						
Address (Number and Street)	17 11 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		· · · · · · · · · · · · · · · · · · ·						
LOS ANGELES, CA 90032 City or Town, State, and ZIP Code		Corporation	on or Organization No. 0377818						
323-343-4780		Federal Employer ID No. 95-2044300							
Telephone Number E-mail Address	ENEWAL FEE SCHEDULE (44 Cal	Codo Boro	and 201 207 211 and 210						
ANNUAL REGISTRATION RI	ENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departn								
Gross Annual Revenue Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue Between \$1,000,001 and \$10 million	Fee	_				
Less than \$25,000 0  Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		\$150 \$225 \$300						
PART A - ACTIVITIES									
For your most recent full accounting p	eriod (beginning $07/01/20$ )	20 endi	ng <u>06/30/2021</u> ) list:						
Gross Annual Revenue \$ 1,362,43  Program Expenses \$	38 Noncash Contributions \$	Total Expe	0 Total Assets \$ 2,42 nses \$ 1,117,277	9,6	<u>95</u>				
PART B - STATEMENTS REGARDING ORGA	NIZATION DURING THE PERIOD O	OF THIS REI	PORT						
Note: All questions must be answered. If yo			r, you must attach a separate page I instructions for information required.	Yes	No				
During this reporting period, were there are and any officer, director or trustee thereof any financial interest?	ny contracts, loans, leases or other fi	nancial trans	sactions between the organization	103	x				
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?									
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?									
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?									
5. During this reporting period, did the organization receive any governmental funding?									
6. During this reporting period, did the organization hold a raffle for charitable purposes?									
7. Does the organization conduct a vehicle d	lonation program?				х				
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?									
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?									
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.									
BAR	NABY PEAKE	E	XECUTIVE DIRECTOR						
	ed Name	Tit							