2019

990-T

PUBLIC

DISCLOSURE

** Public Disclosure Copy **

| Form 990-T | · [| Exempt Orga | nization Bus | sine | ss Income 1 | Tax Re | turr | ۱ | ОМВ | No. 1545-0047 |
|---|--------------------|---|---------------------------|-----------|----------------------------|--------------------------|---------------|-------------------|--------------------------------------|---|
| | _ | (a | nd proxy tax und | er se | ection 6033(e)) | | | ا ۱ | 9 | 010 |
| | For c | calendar year 2019 or other tax ye | ar beginning JUL I, | 20 | 19 , and ending JU | N 30, | 202 | <u>0</u> . [| | 2019 |
| Department of the Tre Internal Revenue Ser | easury vice | Do not enter SSN numbe | rs on this form as it may | be ma | | nation. Mation is a 5 | 01(c)(3) | . | Open to 501(c)(3) | Public Inspection for Organizations Only |
| A Check bo address | | Name of organization (ASSOCIATED | Check box if name c | hanged | and see instructions.) | | | (Emp | oyer iden loyees' tr actions.) | tification number ust, see |
| B Exempt under | | CALIFORNIA | STATE UNIVE | RSI | TY, FULLERT | ON | | 95-6006691 | | |
| X 501(c)(3 | | Number, Sueer, and room | | | | | | E Unrel (See i | ated busi | ness activity code |
| 408(e) | _1550(6) 2. | 800 N. STAT | | | | | | | | , |
| 408A 529(a) | ` ' | City or town, state or pro- | CA 92834-6 | 828 | | | | 624 | 4 10 | |
| C Book value of all a at end of year | ssets | F Group exemption numl G Check organization typ | per (See instructions.) | | | | | | | |
| 15,1 | 15,354. | G Check organization typ | e 🕨 🔀 501(c) corp | oration | 1 501(c) trust | | 401(a) | trust | | Other trust |
| | | zation's unrelated trades or b | | 4 | | the only (or | | | | |
| | | SEE STATEMENT | | | If only one, | | | | | ıe, |
| | | pace at the end of the previou | us sentence, complete Pa | ırts I ar | id II, complete a Schedule | M for each | addition | al trade | e or | |
| business, then | | | rev | | | | | 1 | | |
| | | rporation a subsidiary in an a | | it-subs | idiary controlled group? | | > L | Ye | es 🚨 | K No |
| | | CAROL MCDONI | | | Tolonh | one number | - 6 | E 7 | 270 | 7710 |
| | | ide or Business Inc | | - | (A) Income | | xpenses | | 2/8- | - / / 1 8 (C) Net |
| 1a Gross receip | | 68,967. | | | (A) modific | (6) 1 | хренаеа | | | (O) Net |
| | and allowances | | c Balance | 1c | 68,967. | | | | | |
| | | le A, line 7) | | 2 | 00,507. | | | | | |
| | Subtract line 2 | | | 3 | 68,967. | | | | | 68,967. |
| | | ich Schedule D) | | 4a | | | | | | 00/30/6 |
| b Net gain (los | s) (Form 4797, | Part II, line 17) (attach Form | 4797) | 4b | | | | | <u> </u> | |
| | | usts | | 4c | | | | | | |
| 5 Income (loss | s) from a partne | rship or an S corporation (at | tach statement) | 5 | | | | | | |
| 6 Rent income | (Schedule C) | | | 6 | | | | | | |
| 7 Unrelated de | bt-financed inco | ome (Schedule E) | | 7 | | | | | | |
| 8 Interest, ann | uities, royalties, | and rents from a controlled | organization (Schedule F) | 8 | | | - | | | |
| | | ion 501(c)(7), (9), or (17) o | | 9 | | | | | | |
| 10 Exploited ex | empt activity inc | ome (Schedule I) | | 10 | | | | | | |
| 11 Advertising i | ncome (Schedu | le J) | | 11 | | | | | | |
| 12 Other incom | e (See instructio | ons; attach schedule) | | 12 | | | | | | |
| 13 Total. Com | oine lines 3 thro | ugh 12 | | 13 | 68,967. | | | | | 68,967. |
| (Dec | ductions must | ot Taken Elsewher be directly connected w | th the unrelated busin | ness in | come.) | | | | | |
| 14 Compensat | ion of officers, d | directors, and trustees (Sche | dule K) | | | | | 14 | | |
| 15 Salaries and | d wages | | | | | | | 15 | | 49,831. |
| | | | | | | | | 16 | | 3,515. |
| 17 Bad debts | | | | | | | | 17 | | |
| 18 Interest (att | ach schedule) (s | see instructions) | | | | | | 18 | | |
| 19 Taxes and I | icenses | 4500 | | | | | | 19 | | |
| 20 Depreciatio | n (attach Form 4 | 4562) | | | 20 | | 25. | | | |
| | | on Schedule A and elsewhere | | | | | | 21b | | 25. |
| 22 Depletion | | | | | | ••••• | | 22 | | |
| 23 Contribution24 Employee b | anofit programa | ompensation plans | | | | | | 23 | | 20 400 |
| 25 Excess exe | enem programs | Schodulo IV | | | | | | 24 | | 20,489. |
| 26 Excess read | inhr exhenses (c | Schedule I) | •••••• | | •••••• | | | 25 | | |
| 27 Other deduc | rtions (attach co | chedule J) chedule) | •••••• | | SEE COAM | EMENTO | | 26 | | 0 176 |
| 28 Total deduc | ctions Add lines | s 14 through 27 | | | DEE SIRI | DETERM T | | 27 | | 8,176. 82,036. |
| 29 Unrelated b | usiness tavable | income before net operating | loss deduction. Subtract | t line 29 | 8 from line 13 | | | 28 29 | | 13,069. |
| | | loss arising in tax years beg | | | | ••••• | | 79 | | 13,003. |
| | | | - | | | EMENT | 3 | 30 | | 0. |
| | | income. Subtract line 30 fro | | | | | | 31 | | 13,069. |
| | | rwork Reduction Act Notice | | | | | | ٠. | | 990-T (2010) |

| Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32 33 34 Charitable contributions (see instructions for limitation rules) 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 Part IV Tax Computation 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: 42 Proxy tax. See instructions 43 Alternative minimum tax (trusts only) 44 Tax on Noncompliant Facility Income. See instructions 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | |
|---|-------------------------|
| Charitable contributions (see instructions for limitation rules) Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 Beduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 Part IV Tax Computation Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions | |
| Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 Part IV Tax Computation Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions | |
| Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 Part IV Tax Computation Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions | |
| Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 Part IV Tax Computation Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions Alternative minimum tax (trusts only) 43 44 Tax on Noncompliant Facility Income. See instructions | |
| Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 138 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 Part IV Tax Computation 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) 42 Proxy tax. See instructions Alternative minimum tax (trusts only) 43 44 Tax on Noncompliant Facility Income. See instructions | |
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| enter the smaller of zero or line 37 Part IV Tax Computation 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) 42 Proxy tax. See instructions Alternative minimum tax (trusts only) 43 44 Tax on Noncompliant Facility Income. See instructions | 1,00 |
| Part IV Tax Computation 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) 42 Proxy tax. See instructions 43 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions | |
| Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions 41 | |
| Tax rate schedule or Schedule D (Form 1041) 41 42 Proxy tax. See instructions 42 43 Alternative minimum tax (trusts only) 43 44 Tax on Noncompliant Facility Income. See instructions 41 | |
| 42 Proxy tax. See instructions 43 Alternative minimum tax (trusts only) 43 44 Tax on Noncompliant Facility Income. See instructions 44 | |
| 43 Alternative minimum tax (trusts only) 43 44 Tax on Noncompliant Facility Income. See instructions 44 | |
| 44 Tax on Noncompliant Facility Income. See instructions 44 | |
| 45 Total Add lines 42 43 and 44 to line 40 or 41 whichever applies | |
| | |
| Part V Tax and Payments | |
| 46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a | |
| b Other credits (see instructions) 46b | |
| c General business credit. Attach Form 3800 46c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) 466 | |
| a Tatal anadita Add lines 4Cs through 4Cd | |
| 47 Subtract line 46e from line 45 47 | |
| 48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | |
| 49 Total tax. Add lines 47 and 48 (see instructions) 49 | |
| 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50 | |
| 51 a Payments: A 2018 overpayment credited to 2019 | |
| b 2019 estimated tax payments 51b | |
| c Tax deposited with Form 8868 51c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) 51d | |
| e Backup withholding (see instructions) 51e | |
| f Credit for small employer health insurance premiums (attach Form 8941) 51f | |
| g Other credits, adjustments, and payments: Form 2439 | |
| ☐ Form 4136 ☐ Other ☐ Total ► 51g | |
| 52 Total payments. Add lines 51a through 51g 52 | |
| 53 Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 | <u> </u> |
| 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | |
| 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | |
| 56 Enter the amount of line 55 you want; Credited to 2020 estimated tax | |
| Part VI Statements Regarding Certain Activities and Other Information (see instructions) | |
| 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | Yes |
| | |
| FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | 1 |
| 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | |
| If "Yes," see instructions for other forms the organization may have to file. | |
| 59 Enter the amount of tax-exempt interest received or accrued during the tax year \(\bigs\) \$ | 1 |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and | helief it is true |
| correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | o boiler, it is a de, |
| | discuss this return wit |
| Cignoture of officer | shown below (see |
| Print/Type preparer's name Preparer's signature Date Check if PTIN | |
| Paid Self- employed | |
| 000000000000000000000000000000000000000 | |
| Preparer Use Only Firm's name ► ALDRICH CPAS AND ADVISORS LEP Firm's EIN ► | |
| 7676 HAZARD CENTER DRIVE, STE 1300 | |
| | 810-494 |
| Firm's address ► SAN DIEGO, CA 921108 \ \frac{1}{2} | Form 990-T (20 |
| | |

| Schedule A - Cost of Goods | Sold. Enter | method of inver | ntory v | valuation ► N/A | | | | | |
|---|-------------------------|--|---------|--|--------|--|--|--|--------------|
| 1 Inventory at beginning of year | | | | Inventory at end of yea | | | 6 | T | |
| 2 Purchases | | | | Cost of goods sold. St | | | | | |
| 3 Cost of labor | 3 | ··· | 1 | from line 5. Enter here | | | | | |
| 4a Additional section 263A costs | " | | | line 2 | | ′ | 7 | 1 | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | | | 7 | property produced or a | • | • | | | |
| 5 Total. Add lines 1 through 4b | | | 7 | | | | | | |
| Schedule C - Rent Income ((see instructions) | | Property an | d Pe | rsonal Property | Leas | ed With Real Pro | per | ty) | |
| Description of property | | | | | | | | | |
| (1) | | V | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | — |
| (4) | | | | | | | | | — |
| | 2. Rent receiv | ed or accrued | | | | | _ | · · · · · · · · · · · · · · · · · · · | — |
| rent for personal property is more than of rent for | | | | sonal property (if the percental property exceeds 50% or if sed on profit or income) | age | | | ected with the income in (attach schedule) | |
| (1) | | | | | | | | | — |
| (2) | | | | | | | | | — |
| (3) | | | | | | | | | — |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column | (a) and 2(b). En (A) | ter | | · | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | • | (| 0. |
| Schedule E - Unrelated Deb | t-Financed | Income (see | instru | ictions) | | 1 | | | - |
| | | | 2 | 2. Gross income from | | 3. Deductions directly con to debt-finance | | | _ |
| 1. Description of debt-fin: | anced property | | | or allocable to debt- financed property | | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | _ | |
| (1) | | | 1 | | | | + | | — |
| (2) | **** | | 1 | | | | + | | |
| (3) | | | 1 | | | | + | | _ |
| (4) | | | + - | | | | + | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property n schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deductions (column 6 x total of column 3(a) and 3(b)) | |
| (1) | | | 1 | % | | | +- | | — |
| (2) | | | 1 | % | | | \top | | _ |
| (3) | | | | % | | | \top | | — |
| (4) | | | | % | | | + | | |
| | | | • | | | nter here and on page 1, Part I, line 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). | _ |
| Totals | | | | ▶ | | 0 | | (| 0. |
| Total dividends-received deductions ind | luded in column | 8 | | | | | + | | 0. |
| | | | | | | | | Form 990-T (20 | |

ASSOCIATED STUDENTS INC.,
Form 990-T (2019) CALIFORNIA STATE UNIVERSITY, FULLERTON 99

| 9 | 5 | - | 6 | 0 | 0 | 6 | 6 | 9 | 1 | |
|---|---|---|---|---|---|---|---|---|---|--|
|---|---|---|---|---|---|---|---|---|---|--|

| Schedule | F - Interest, | Annuitie | s, Roya | Ities, ar | nd Rent | s From C | ontroll | ed Organiz | atio | ns (see ins | structio | ns) |
|-----------------|--------------------------------|---|-----------------------------|---------------------------|--|---|---|---|-----------|--|--------------|---|
| | | | | | | Controlled O | | | | (000 | | 110, |
| 1. Nan | ne of controlled organizat | tion | 2. Emidentif | ployer ication aber | 3. Net uni | related income e instructions) | 4. To | tal of specified ments made | Includ | rt of column 4 led in the cont ation's gross | rolling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | | | |
| (2) | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| (3) | | | | | | | | | ├─ | | -+ | |
| (4) | | | | | - | | | | | | | |
| | Controlled Organi | zatione | <u> </u> | | | | | | L | | | · · · · · · · · · · · · · · · · · · · |
| | exable Income | | nrelated incor | no (loca) | 0 T-4-1 | -fifid | | 10 5 | | | 44 - | |
| 7. 10 | Madic IIIoomo | | ee instruction | | 9. Total | of specified pays made | nents | 10. Part of colur in the controlli gross | | nization's | 11. D wit | ed uctions directly connected th income in column 10 |
| (1) | - | · | | | | | | | | | _ | |
| (2) | | | | | <u> </u> | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (4) | | L | | | l | | | | | | | |
| | | | | | | | | Add colum Enter here and line 8, c | on page | e 1, Part I, | | add columns 6 and 11. here and on page 1, Part I, line 8, column (B). |
| Totals | | | | | | | . | | | 0. | | 0. |
| Schedule | G - Investme | nt Inco | ne of a | Section | 501(c)(| 7), (9), or | (17) Or | ganization | 1 | | | |
| | (000 111011 | | | | | T | | 3. Deduction | | | | 5. Total deductions |
| | 1. Descr | ription of inco | me | | | 2. Amount of | income | directly conne (attach sched | cted | 4. Set- (attach s | | and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | Enter here and o Part I, line 9, co | | | | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | | | | > | | 0. | | | | | 0. |
| Schedule | e I - Exploited (see instru | | Activity | Incom | e, Othe | r Than Ad | vertisi | ng Income | • | | | |
| 1. D expl | escription of oited activity | 2. G unrelated income trade or b | business from | directly c | | 4. Net incomfrom unrelated business (cominus columi gain, compute through | trade or lumn 2 n 3). If a e cols. 5 | 5. Gross inco from activity ti is not unrelate business inco | hat ed | 6. Exp attribut colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | *** | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | - | - | | | - | | | | | | | |
| Totals | | Enter here page 1, line 10, | Part I, | | re and on , Part I, col. (B). | | I | | | | | Enter here and on page 1, Part II, line 25. |
| | J - Advertisir | ng Incor | | nstruction | | | | | | | | 0. |
| | ncome From F | | | | | colidated | Bacio | | | | | |
| | | enouic | ais nep | orted of | ii a Con | Solidated | Dasis | | | | | |
| | - Name of periodical | | 2. Gross advertising income | | 3. Direct rtising costs | 4. Adverti or (loss) (co col. 3). If a ga cols. 5 th | I. 2 minus in, comput | 5. Circulati income | on | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | |] |
| (3) | | | | | | 7 | | | | | | 1 |
| (4) | | | | | | | | | | | | 1 |
| Totals (carry t | to Part II, line (5)) | | 1 | 0. | 0 | • | | | | | | 0. |

Form 990-T (2019) CALIFORNIA STATE UNIVERSITY, FULLERTON 95-60066

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | - | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | I | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|--|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| otal. Enter here and on page 1, Part II, line 14 | | | |

Form 990-T (2019)

| FORM 990-T | DESCRIPTION OF | 'ORGANIZATION'S PRIMARY | UNRELATED | STATEMENT | 1 |
|------------|----------------|-------------------------|-----------|-----------|---|
| | | BUSINESS ACTIVITY | | | |

CHILDREN'S CENTER - MEMBERS FROM COMMUNITY AND ALUMNI

TO FORM 990-T, PAGE 1

| FORM 990-T | | OTHER DEDU | JCTIONS | STATEMENT 2 |
|---|---|---------------------------------------|--|--|
| DESCRIPTIO | N | | | AMOUNT |
| OFFICE EXP INSURANCE UTILITIES TRAVEL PROFESSION DUES & FEE CONTRACTS | AL FEES S | | | 2,703. 133. 947. 127. 3,165. 266. 835. |
| TOTAL TO F | ORM 990-T, PAGE 1, | LINE 27 | | 8,176. |
| FORM 990-T | NET | OPERATING LOS | SS DEDUCTION | STATEMENT 3 |
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/19 | 10,386. | 0 | 10,386. | 10,386. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 10,386. | 10,386. |
| FORM 990-T | NET | OPERATING LOS | S DEDUCTION | STATEMENT 4 |
| TAX YEAR 06/30/03 06/30/04 06/30/05 06/30/06 06/30/07 | 48,821. 53,983. 79,374. 127,461. 44,789. 49,071. | LOSS PREVIOUSLY APPLIED 17,572 0 0 0 | 53,983.79,374.127,461. | AVAILABLE THIS YEAR 31,249. 53,983. 79,374. 127,461. 44,789. 49,071. |

| ASSOCIATED STUDENTS INC., CALIFORN | NIA STA | | 95-6006691 |
|---|----------------|---|---|
| 06/30/12 6,334. 06/30/15 29,605. 06/30/16 24,396. 06/30/18 29,499. | 0. 0. 0. | 6,334. 29,605. 24,396. 29,499. | 6,334. 29,605. 24,396. 29,499. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | 520,326. | 520,326. |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL~1,~2019 , and ending JUN~30,~2020► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 5O1(c)(3) Organizations Only

Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). ASSOCIATED STUDENTS INC.,

CALIFORNIA STATE UNIVERSITY, FULLERTON

Employer identification number 95-6006691

ENTITY

Unrelated Business Activity Code (see instructions) 713990 Describe the unrelated trade or business ► STUDENT RECREATION CENTER

| Pa | rt I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|-----|--|----|------------|--------------|--------------|
| 1 a | Gross receipts or sales 56,388. | | | | |
| b | Less returns and allowances c Balance | 1c | 56,388. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 56,388. | | 56,388. |
| 4 a | | 4a | | | |
| b | | 4b | | | |
| С | | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | | | |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Schedule F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | |
| | organization (Schedule G) | 9 | i | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | · |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions; attach schedule) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 56,388. | | 56,388. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | 14 | |
|----|---|--------------------|---|-----|-------------|
| 15 | Salaries and wages | | | 15 | 36,166. |
| 16 | Repairs and maintenance | | | 16 | 1,191. |
| 17 | Bad debts | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | •••••• | 18 | |
| 19 | Taxes and licenses | | ••••••• | 19 | |
| 20 | Depreciation (attach Form 4562) | 20 | 1,746. | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 21a | | 21b | 1,746. |
| 22 | Depletion | | | 22 | • • |
| 23 | Contributions to deferred compensation plans | | ••••••••••••••••••••••••••••••••••••••• | 23 | |
| 24 | Employee benefit programs | | | 24 | 10,322. |
| 25 | Excess exempt expenses (Schedule I) | | | 25 | · |
| 26 | Excess readership costs (Schedule J) | | | 26 | |
| 27 | Other deductions (attach schedule) | SEE STA | ATEMENT 5 | 27 | 24,341. |
| 28 | Total deductions. Add lines 14 through 27 | | | 28 | 73,766. |
| 29 | Unrelated business taxable income before net operating loss deduction. Sub | tract line 28 from | line 13 | 29 | -17,378. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after Jan | | | | ,,,,,, |
| | instructions) | . , | a | 30 | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | | | 31 | -17,378. |
| | | | | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| FORM 990-T (M) | OTHER DED | DUCTIONS | STATEMENT ! |
|---|------------------------------------|-------------------|---|
| DESCRIPTION | | | AMOUNT |
| OFFICE EXPENSE CONTRACTS/RENTALS DUES & FEES INSURANCE PROFESSIONAL FEES STAFF DEVELOPMENT TRAVEL UTILITIES | | | 3,578. 2,632. 1,004. 2,025. 9,531. 122. 358. 5,091. |
| TOTAL TO SCHEDULE M, P | PART II, LINE 27 | | 24,341. |
| SCHEDULE M | NET OPERATING LO | SS DEDUCTION | STATEMENT 6 |
| TAX YEAR LOSS SUSTA | LOSS PREVIOUSLY INED APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/19 17, | 292. | 17,292. | 17,292. |
| NOL CARRYOVER AVAILABL | E THIS YEAR | 17,292. | 17,292. |

| Form 990-T (2019) ASSOCIATED STUDENTS INC., | ENTITY | 1 |
|---|------------------------------------|---------|
| | _ | Page |
| CALIFORNIA STATE UNIVERSITY, FULLERTON 95-60066 | 91 | |
| Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A | | |
| 1 Inventory at beginning of year 1 6 Inventory at end of year 6 | 3 | |
| 2 Purchases 2 7 Cost of goods sold. Subtract line 6 | | |
| 3 Cost of labor 3 from line 5. Enter here and in Part I, 4 a Additional section 263A costs | | |
| 111102 | | |
| (attach schedule) 4a B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to | <u> </u> | es No |
| F. Total Add lines of the south 4h | | |
| Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Prope | <u></u> | X |
| (see instructions) | erty) | |
| (CCC III CHILD CONTO) | | |
| 1. Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | |
| (a) From personal property (if the percentage of (h) From real and personal property (if the percentage 3(a) Deductions directly con | | me in |
| rent for personal property is more than of rent for personal property exceeds 50% or if 10% but not more than 50%) the rent is based on profit or income) | b) (attach schedule) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total 0. Total 0. | | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter | | |
| here and on page 1, Part I, line 6, column (A) | | 0 |
| Schedule E - Unrelated Debt-Financed Income (see instructions) | | 0 |
| 3. Deductions directly connecte | ed with or allocable | |
| 2. Gross income from to debt-financed pi | roperty | |
| 1. Description of debt-financed property (a) Straight line depreciation (attach schedule) | (b) Other deduction (attach schedu | tions |
| | (attaon ourous | 110) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 4. Amount of average acquisition 5. Average adjusted basis 6. Column 4 divided 7. Gross income | 8. Allocable ded | |
| get of or allocable to debt-financed of or allocable to debt-financed property (attach schedule) debt-financed property | (column 6 x total of | columns |
| (attach schedule) | 3(a) and 3(b |))) |
| (1) % | | |
| | | |
| (2) % | | |
| (2) % (3) % | | |

0.

Enter here and on page 1, Part I, line 7, column (B).

Totals

Totals
Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A).

0.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020

2019

OMB No. 1545-0047

ENTITY

Employer identification number

95-6006691

Department of the Treasury Internal Revenue Service

Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ASSOCIATED STUDENTS INC.,

Open to Public Inspection for 50 1(c)(3) Organizations Only

CALIFORNIA STATE UNIVERSITY, FULLERTON

Unrelated Business Activity Code (see instructions) > 713990

Describe the unrelated trade or business

BOWLING & BILLTARDS

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|----|------------|--------------|---------|
| 1a Gross receipts or sales 37,478. | | | | |
| b Less returns and allowances c Balance ▶ | 1c | 37,478. | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 37,478. | | 37,478. |
| 4a Capital gain net income (attach Schedule D) | 4a | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach | | | | |
| statement) | 5 | | | |
| 6 Rent income (Schedule C) | 6 | | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled | | | | |
| organization (Schedule F) | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) | | | | |
| organization (Schedule G) | 9 | | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 Advertising income (Schedule J) | 11 | | | |
| 12 Other income (See instructions; attach schedule) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 37,478. | | 37,478. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|----------|
| 15 | Salaries and wages Repairs and maintenance | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Depreciation (attach Form 4562) | | |
| 21 | Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21a | 21b | |
| 22 | Depletion | 22 | |
| 23 | Contributions to deferred compensation plans | 23 | |
| 24 | Employee benefit programs | 24 | |
| 25 | Excess exempt expenses (Schedule I) | 25 | |
| 26 | Excess readership costs (Schedule J) | 26 | |
| 27 | Other deductions (attach schedule) SEE STATEMENT 7 | 27 | 39,658. |
| 28 | Total deductions. Add lines 14 through 27 | 28 | 39,658. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | -2,180. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | <u> </u> |
| | instructions) STMT 8 | 30 | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | 31 | -2,180. |
| | | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| FORM 990-T | (M) | OTHER DEDUCT | IONS | STATEMENT 7 |
|-------------|-------------------------|---|---------------------------|----------------------------------|
| DESCRIPTION | N | | | AMOUNT |
| BOWLING & 1 | - BILLIARD OPERATION | S | | 39,658. |
| TOTAL TO S | CHEDULE M, PART II | , LINE 27 | | 39,658. |
| | | | | |
| SCHEDIILE M | NET | ODEDATING LOCG | DEDUCATON | GEN EDVENT |
| SCHEDULE M | NET | OPERATING LOSS | DEDUCTION | STATEMENT 8 |
| SCHEDULE M | NET | OPERATING LOSS LOSS PREVIOUSLY APPLIED | DEDUCTION LOSS REMAINING | STATEMENT 8 AVAILABLE THIS YEAR |
| | | LOSS PREVIOUSLY | LOSS | AVAILABLE |

| Form 990-T (2019) ASSOCIATE | | | | | | | | Page |
|--|----------------------------|---|----------|--|-----------|--|-------------------|--|
| CALIFORNI | A STATE | UNIVERS | ITY | , FULLERTON | Ī | 95-600 | 669 | |
| Schedule A - Cost of Good | is Sold. Enter | method of inver | ntory v | /aluation ► N/A | 7 | | | |
| 1 Inventory at beginning of year | | | 6 | Inventory at end of year | ar | | 6 | |
| 2 Purchases | 2 | | _] 7 | Cost of goods sold. S | ubtract l | line 6 | | |
| 3 Cost of labor | 3 | | _ | from line 5. Enter here | and in I | Part I, | | |
| 4 a Additional section 263A costs | | | | line 2 | | | 7 | |
| (attach schedule) | | | 8 | Do the rules of section | | | | Yes No |
| b Other costs (attach schedule) | | | | property produced or | acquired | for resale) apply to | | |
| 5 Total. Add lines 1 through 4b | | | | the organization? | | <u></u> | | x |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Pe | rsonal Property | Leas | ed With Real Pro | pert | у) |
| 1. Description of property | | | | | _ | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | ed or accrued | | | | 0(0)0.4.15.15.15 | | |
| (a) From personal property (if the per rent for personal property is mor 10% but not more than 50% | e than | of rent for p | personal | sonal property (if the percent property exceeds 50% or if sed on profit or income) | age | 3(a) Deductions directly columns 2(a) an | conne d 2(b) (| cted with the income in attach schedule) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | *************************************** | | |
| (4) | | | | | | | | |
| Total | 0. | Total | - | ··· | 0. | | | |
| c) Total income. Add totals of columns nere and on page 1, Part I, line 6, column | 2(a) and 2(b). En n (A) | ter 🕨 | - | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | | 0. |
| Schedule E - Unrelated Del | ot-Financed | Income (see | instru | ctions) | | Tract, mic o, column (b) | | |
| | | | Т | | Γ' | 3. Deductions directly conf | nected | with or allocable |
| 4 | | | 2 | Gross income from or allocable to debt- | 7-1 | to debt-finance | ed prop | perty |
| 1. Description of debt-fi | nanced property | | | financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) |
| (1) | | | | | | | + | |
| (2) | | | \top | | | | + | |
| (3) | | | | | | | +- | |
| (4) | | | | | | | +- | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis Ilocable to nced property schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (| 8. Allocable deductions column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | — | % | | | + | |
| (2) | | | \top | % | | | + | |
| (3) | | | | % | - | | + | |
| (4) | | | | % | | | +- | |
| | | | • | <u> </u> | | nter here and on page 1, art I, line 7, column (A). | | inter here and on page 1, Part I, line 7, column (B). |

Form 990-T (2019)

0.

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

2019

OMB No. 1545-0047

3

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

ENTITY

Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization

ASSOCIATED STUDENTS INC.,

Employer identify

ASSOCIATED STUDENTS INC.,

CALIFORNIA STATE UNIVERSITY, FULLERTON | 95-6006691

Unrelated Business Activity Code (see instructions) ▶ 531120 Describe the unrelated trade or business

CONFERENCE CENTER RENTAL PERSONAL PROPERTY Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 5,603. 5,250. 6 353. Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 Total. Combine lines 3 through 12 5,603. 13 5,250. 353.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | 14 | |
|----|--|---|---|-----|--------------|
| 15 | Salaries and wages | | | 15 | |
| 16 | Repairs and maintenance | | | 16 | |
| 17 | Bad debts | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | 18 | - |
| 19 | Taxes and licenses | | | 19 | * |
| 20 | Taxes and licenses Depreciation (attach Form 4562) | 20 | | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 21a | | 21b | |
| 22 | Depletion | | | 22 | |
| 23 | Contributions to deferred compensation plans | | | 23 | |
| 24 | Employee benefit programs | | | 24 | |
| 25 | Excess exempt expenses (Schedule I) | *************************************** | *************************************** | 25 | |
| 26 | Excess readership costs (Schedule J) | | | 26 | |
| 27 | Other deductions (attach schedule) | | *************************************** | 27 | |
| 28 | Total deductions. Add lines 14 through 27 | •••••• | *************************************** | 28 | 0. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract lin | e 28 from line | 13 | 29 | 353. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, | | | | |
| | instructions) | • | STMT 9 | 30 | 353. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | ••••••• | | 31 | |
| | | | | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| SCHEDULE M | NET. | OPERATING LOSS | DEDUCTION | STATEMENT |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/19 | 2,398. | | 2,398. | 2,398. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 2,398. | 2,398. |

| | IA STATE | UNIVERS | ITY, FULLERTON | 1 | 95-600 | 669 | 1 | Page |
|--|----------------------|--|---|--------------|--|-----------|--|-----------|
| | | method of inve | | | | | | |
| 1 Inventory at beginning of year | | · · · · · · · · · · · · · · · · · · · | 6 Inventory at end of ye | | | 6 | | |
| 2 Purchases | | | 7 Cost of goods sold. S | | | | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | | , | | | |
| 4 a Additional section 263A costs | 1.1 | | | | | 7 | | |
| (attach schedule) | 4a | | 8 Do the rules of section | | • | | Yes | s No |
| b Other costs (attach schedule) | | | property produced or | | | | Ì | |
| 5 Total. Add lines 1 through 4b Schedule C - Rent Income | | Dranarty | the organization? | | -114711 D 1 D | | | |
| (see instructions) | (FIOIII Neal | Property an | iu Personai Property | Leas | ed with Real Pro | pert | Y) | |
| 1. Description of property | | | | | | | | |
| (1) CONFERENCE CENTE | ER | - | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | red or accrued | | | 0/-> | | | |
| (a) From personal property (if the per rent for personal property is mor 10% but not more than 50% | re than | of rent for | and personal property (if the percent personal property exceeds 50% or it ent is based on profit or income) | tage f | 3(a)Deductions directl columns 2(a) a SEE STAT | nd 2(b) (| attach schedule) | e in |
| (1) | 0. | | 5,603. | | | | 250. | |
| (2) | | | | - | | <u> </u> | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | 5,6 | 03. | | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum | n (A) | | 5,6 | 03. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | | 5.2 | 250. |
| Schedule E - Unrelated De | bt-Financed | Income (see | e instructions) | | | | | |
| | | | 2. Gross income from | | 3. Deductions directly conto debt-finan | | | |
| 1. Description of debt-fi | inanced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule | ons e) |
| (1) | | | | + | | + | | |
| (2) | | | | | | + | | |
| (3) | | | | † | | _ | | |
| (4) | | | | | | + | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property a schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (1 | 8. Allocable deduction 6 x total of c 3(a) and 3(b)) | columns |
| (1) | | | % | † | | + | | |
| (2) | | | % | t - | | + | | |
| (3) | | | % | | | + | | |
| (4) | | - | % | <u> </u> | | + | | |
| | | | | | nter here and on page 1, Part I, line 7, column (A). | | enter here and on pa Part I, line 7, column | |
| Totals Total dividends-received deductions in | | | > | | | | | |
| TO A A STANDAR DAVIDAGE SON AND INTO INTO INTO INTO INTO INTO INTO INTO | toutdod in ooliums | | | | | | | |

| FORM 990-T (M) DEDUCTIONS | CONNECTED | WITH RENTAL | INCOME | STATEMENT | 10 |
|--------------------------------|------------|--------------------|--------|-----------|-----|
| DESCRIPTION | | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| HOSPITALITY SERVICES UTILITIES | | | 5,250. | | |
| | - SUBTOTAL | i – 1 | • | 5,2 | 50. |
| TOTAL TO FORM 990-T, SCHEDUI | E C, COLUM | 1 N 3 | | 5,2 | 50. |

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.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

| | is form, visit <i>www.irs.gov/e-file-providers/e-file-for-char</i> | | | | | |
|--|--|--------------------|---------------------------------------|---------------|----------------|-------------------|
| Automa | atic 6-Month Extension of Time. Only subm | nit origin | al (no copies needed). | | | |
| All corpor | ations required to file an income tax return other than F | orm 990-T | (including 1120-C filers), partnersh | nips, REMI | Cs, and trusts | |
| must use | Form 7004 to request an extension of time to file incom | ne tax retu | ms. | • | | |
| Type or print | int ASSOCIATED STUDENTS INC., | | | | | n number (TIN) |
| File by the | CALIFORNIA STATE UNIVERSITY, FULLERTON | | | | | 06691 |
| due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, see instructions. 800 N STATE COLLEGE, PO BOX 6828 | | | | | |
| instructions. | City, town or post office, state, and ZIP code. For a fine FULLERTON, CA 92834-6828 | | | | | |
| | Return Code for the return that this application is for (fil | le a separa | ate application for each return) | | | 0 7 |
| Application | on | Return | 1 '' | | | Return |
| Is For | | Code | Is For | | | Code |
| | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990- | | 02 | Form 1041-A | | | 08 |
| Form 990- | 0 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| | T (sec. 401(a) or 408(a) trust) | 04 | Form 5227 | | | 10 |
| | T (trust other than above) | 05 | Form 6069 | | | 11 |
| 1 01111 330 | | 06 | Form 8870 N. STATE COLLEGI | - D C | DOTE | 12 |
| If the o | one No. ► 657-278-7718 rganization does not have an office or place of business for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► | Group Exe | Fax No. inted States, check this box | If this is fo | r the whole g | roup, check this |
| the ∈ | uest an automatic 6-month extension of time until organization named above. The extension is for the organization reason or or tax year beginning JUL1 ,2019 | MA: anization's | Y 17, 2021 , to fi | le the exer | | |
| 2 If the | e tax year entered in line 1 is for less than 12 months, c Change in accounting period | heck reas | on: Initial return | Final retu | 'n | |
| | s application is for Forms 990-BL, 990-PF, 990-T, 4720, | , or 6069, e | enter the tentative tax, less | | | |
| | nonrefundable credits. See instructions. | | | 3a | \$ | 0. |
| | s application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | | |
| estir | nated tax payments made. Include any prior year overp | ayment al | lowed as a credit. | 3b | \$ | 0. |
| c Bala | nce due. Subtract line 3b from line 3a. Include your pa | yment witl | h this form, if required, by | | | |
| usin | g EFTPS (Electronic Federal Tax Payment System). See | instructio | ons. | 3c | \$ | 0. |
| Caution: If | you are going to make an electronic funds withdrawal s. | (direct del | oit) with this Form 8868, see Form | 8453-EO a | nd Form 8879 | -EO for payment |
| .HA Fo | r Privacy Act and Paperwork Reduction Act Notice, | see instru | uctions. | | Form 88 | 368 (Rev. 1-2020) |

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