

**2023**

**990-T**

**PUBLIC**

**DISCLOSURE**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

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).

Department of the Treasury Internal Revenue Service

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

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 4

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [X] No

L The books are in care of KATHLEEN POSTAL Telephone number 657-278-2402

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Includes lines 1-11 with descriptions and numerical values.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Includes lines 1-7 with descriptions and numerical values.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Includes sub-rows 1a-1e, 2, 3a-3e, 4, 5 with descriptions and numerical values.

<b>Part III Tax and Payments</b> (continued)			
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2023 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
<b>2</b>	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.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <u>488,479.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	624410	\$ 16,875.	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
			EXECUTIVE DIRECTOR	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
			03/11/25	
	Firm's name	ALDRICH CPAS AND ADVISORS LLP		Firm's EIN
	Firm's address	680 HAWTHORNE AVE SE #140 SALEM, OR 97301		Phone no. (503) 585-7774

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 488,479.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 15,211.

SCHEDULE A PORTION OF PRE-2018 NOL  
 SCHEDULE A ENTITY SCHEDULE A SHARE

2	0.
3	0.
4	0.
5	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 15,211.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.  
 EXPIRING NET OPERATING LOSSES 38,174.  
 CARRY FORWARD OF NET OPERATING LOSS 435,094.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/04	53,983.	598.	53,385.	53,385.
06/30/05	79,374.	0.	79,374.	79,374.
06/30/06	127,461.	0.	127,461.	127,461.
06/30/07	44,789.	0.	44,789.	44,789.
06/30/08	49,071.	0.	49,071.	49,071.
06/30/09	22,644.	0.	22,644.	22,644.
06/30/10	2,232.	0.	2,232.	2,232.
06/30/11	19,689.	0.	19,689.	19,689.
06/30/12	6,334.	0.	6,334.	6,334.
06/30/15	29,605.	0.	29,605.	29,605.
06/30/16	24,396.	0.	24,396.	24,396.
06/30/18	29,499.	0.	29,499.	29,499.
NOL CARRYOVER AVAILABLE THIS YEAR			488,479.	488,479.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://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).

1  
OMB No. 1545-0047

**2023**

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

<b>A</b> Name of the organization <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	<b>B</b> Employer identification number <b>95-6006691</b>
<b>C</b> Unrelated business activity code (see instructions) <b>713990</b>	<b>D</b> Sequence: <b>1</b> of <b>4</b>

**E** Describe the unrelated trade or business **STUDENT RECREATION CENTER**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>182,763.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>	182,763.		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	182,763.		182,763.
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	182,763.		182,763.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				
<b>2</b> Salaries and wages .....	<b>2</b>			497,396.
<b>3</b> Repairs and maintenance .....	<b>3</b>			8,830.
<b>4</b> Bad debts .....	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>			
<b>6</b> Taxes and licenses .....	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			
<b>9</b> Depletion .....	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>			
<b>11</b> Employee benefit programs .....	<b>11</b>			124,851.
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>			
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>			
<b>14</b> Other deductions (attach statement) .....	<b>14</b>	SEE STATEMENT 3		93,101.
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			724,178.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			-541,415.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			-541,415.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	





FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
OFFICE EXPENSES	36,236.
CONTRACTS/RENTALS	5,926.
OTHER	37,648.
INSURANCE	3,603.
PROFESSIONAL FEES	3,668.
STAFF DEVELOPMENT	3,634.
TRAVEL	2,277.
DEPRECIATION	109.
TOTAL TO SCHEDULE A, PART II, LINE 14	93,101.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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).

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

A Name of the organization ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON B Employer identification number 95-6006691 C Unrelated business activity code (see instructions) 713990 D Sequence: 2 of 4

E Describe the unrelated trade or business BOWLING & BILLIARDS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (62,215), Cost of goods sold, Gross profit (62,215), and Total (62,215).

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, and Total deductions (47,004). Unrelated business taxable income is 15,211.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1			0.

**Part XI Supplemental Information** (see instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

BOWLING & BILLIARD OPERATIONS

47,004.

TOTAL TO SCHEDULE A, PART II, LINE 14

47,004.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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).

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

Table with 2 main columns: A Name of the organization (ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON) and B Employer identification number (95-6006691). Row C: Unrelated business activity code (624410). Row D: Sequence (3 of 4).

E Describe the unrelated trade or business CHILDREN'S CENTER - MEMBERS FROM COMMUNITY/AL

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales (181,597), 1c Balance (181,597), 2 Cost of goods sold, 3 Gross profit (181,597), 13 Total (181,597).

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, 2 Salaries and wages (122,881), 3 Repairs and maintenance (58), 11 Employee benefit programs (57,837), 14 Other deductions (SEE STATEMENT 5) (25,334), 15 Total deductions (206,110), 16 Unrelated business income before net operating loss deduction (-24,513), 17 Deduction for net operating loss (0), 18 Unrelated business taxable income (-24,513).

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes checkboxes for Yes/No at the end.

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued breakdown by category (a, b, c) across columns A, B, C, D. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions (a, b, c), amount of average acquisition debt, average adjusted basis, and total gross income. Rows 9-11: Allocable deductions, total allocable deductions, and total dividends-received deductions.



**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
OFFICE EXPENSE		5,319.
INSURANCE		2,057.
UTILITIES		2,056.
OTHER		1,683.
PROFESSIONAL FEES		13,937.
CONTRACTS & RENTALS		85.
TRAVEL		197.
TOTAL TO SCHEDULE A, PART II, LINE 14		25,334.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 6
CHILDREN'S CENTER - MEMBERS FROM COMMUNITY/ALUMNI		
TO FORM 990-T, SCHEDULE A, LINE E		

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	10,386.	0.	10,386.	10,386.
06/30/23	6,489.	0.	6,489.	6,489.
NOL CARRYOVER AVAILABLE THIS YEAR			16,875.	16,875.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://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).

4  
OMB No. 1545-0047

**2023**

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

<b>A</b> Name of the organization <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	<b>B</b> Employer identification number <b>95-6006691</b>
<b>C</b> Unrelated business activity code (see instructions) <b>531190</b>	<b>D</b> Sequence: <b>4</b> of <b>4</b>

**E** Describe the unrelated trade or business **ROOM RENTALS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance _____	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions) .....	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>	2,524.	2,524.	
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	2,524.	2,524.	

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				
<b>2</b> Salaries and wages .....				
<b>3</b> Repairs and maintenance .....				
<b>4</b> Bad debts .....				
<b>5</b> Interest (attach statement). See instructions .....				
<b>6</b> Taxes and licenses .....				
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion .....				<b>9</b>
<b>10</b> Contributions to deferred compensation plans .....				<b>10</b>
<b>11</b> Employee benefit programs .....				<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII) .....				<b>12</b>
<b>13</b> Excess readership costs (Part IX) .....				<b>13</b>
<b>14</b> Other deductions (attach statement) .....				<b>14</b>
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			0.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Line 1: Inventory at beginning of year. Line 2: Purchases. Line 3: Cost of labor. Line 4: Additional section 263A costs. Line 5: Other costs. Line 6: Total. Line 7: Inventory at end of year. Line 8: Cost of goods sold. Line 9: Do the rules of section 263A apply to the organization? Yes/No.

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

Table for Rent Income. Line 1: Description of property (ROOM RENTALS 800 N. COLLEGE, FULLERTON, CA 92834). Line 2: Rent received or accrued (a: From personal property 2,524; b: From real and personal property 0; c: Total rents 2,524). Line 3: Total rents received or accrued 2,524. Line 4: Deductions directly connected with the income (STMT 8) 2,524. Line 5: Total deductions 2,524.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 1: Description of debt-financed property. Line 2: Gross income from or allocable to debt-financed property. Line 3: Deductions directly connected with or allocable to debt-financed property (a: Straight line depreciation; b: Other deductions; c: Total deductions). Line 4: Amount of average acquisition debt. Line 5: Average adjusted basis. Line 6: Divide line 4 by line 5. Line 7: Gross income reportable. Line 8: Total gross income 0. Line 9: Allocable deductions. Line 10: Total allocable deductions 0. Line 11: Total dividends-received deductions 0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
B
C
D

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Direct advertising costs by periodical)

Table with 4 columns (A, B, C, D) and 4 rows (Advertising gain (loss), Readership costs, Circulation income, Excess readership costs)

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business) and 4 rows

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL RELATED DEDUCTIONS		4,365.	
LACK OF PROFIT MOTIVE		-1,841.	
- SUBTOTAL -	5		2,524.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			2,524.



**Alternative Minimum Tax-Corporations**

**2023**

Attach to your tax return.  
Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

Name **ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON**  
Employer identification number **95-6006691**

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation	<b>1a</b>		
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1b</b>		
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	<b>1c</b>		
<b>d</b> Adjustment for certain consolidating entries (see instructions)	<b>1d</b>		
<b>e</b> Specified additional net income or loss item B. Reserved for future use	<b>1e</b>		
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	<b>1f</b>		
<b>2</b> Adjustments:			
<b>a</b> Financial statements covering different tax years	<b>2a</b>		
<b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions)	<b>2b</b>		
<b>c</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	<b>2c</b>		
<b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	<b>2d</b>		
<b>e</b> Certain taxes (see instructions)	<b>2e</b>		
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2f</b>		
<b>g</b> Alaska native corporations	<b>2g</b>		
<b>h</b> Certain credits (see instructions)	<b>2h</b>		
<b>i</b> Mortgage servicing income	<b>2i</b>		
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511)	<b>2j</b>		
<b>k</b> Depreciation	<b>2k</b>		
<b>l</b> Qualified wireless spectrum	<b>2l</b>		
<b>m</b> Covered transactions	<b>2m</b>		
<b>n</b> Adjustments related to bankruptcy and insolvency	<b>2n</b>		
<b>o</b> Certain insurance company adjustments	<b>2o</b>		
<b>p</b> Adjustment P - Reserved for future use	<b>2p</b>		
<b>q</b> Adjustment Q - Reserved for future use	<b>2q</b>		
<b>r</b> Adjustment R - Reserved for future use	<b>2r</b>		
<b>s</b> Adjustment S - Reserved for future use	<b>2s</b>		
<b>z</b> Other (see instructions)	<b>2z</b>		
<b>3</b> Specified adjustment. Reserved for future use	<b>3</b>		
<b>4</b> Total adjustments. Combine lines 2a through 2z	<b>4</b>		
<b>5</b> AFSI. Combine lines 1f and 4	<b>5</b>		
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			<b>6</b>
<b>7</b> 3-year average annual AFSI (see instructions)			<b>7</b>

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?  
 **Yes.** Continue to line 9.  
 **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
 **Yes.** Continue to line 10.  
 **No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
<b>10</b> AFSI for purposes of the \$100 million test before adjustments:				
<b>a</b> AFSI from line 5 .....	<b>10a</b>			
<b>b</b> Aggregation differences (see instructions) .....	<b>10b</b>			
<b>c</b> Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b .....	<b>10c</b>			
<b>11</b> Adjustments:				
<b>a</b> Income not effectively connected to a U.S. trade or business .....	<b>11a</b>			
<b>b</b> Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>11b</b>			
<b>c</b> Reserved for future use - Other adjustments 1 .....	<b>11c</b>			
<b>d</b> Reserved for future use - Other adjustments 2 .....	<b>11d</b>			
<b>12</b> Total adjustments. Combine lines 11a and 11b .....	<b>12</b>			
<b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....	<b>13</b>			
<b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....				<b>14</b>
<b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....				<b>15</b>

- 16** Is line 15 \$100 million or more?  
 **Yes.** Continue to Part II.  
 **No.** STOP here. Attach to your tax return.

**Part II Corporate Alternative Minimum Tax**

<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
<b>a</b>	Consolidated net income or loss per the AFS of the corporation	<b>1a</b> -551,717.
<b>b</b>	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1b</b>
<b>c</b>	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	<b>1c</b>
<b>d</b>	Adjustment for certain consolidating entries (see instructions)	<b>1d</b>
<b>e</b>	Specified additional net income or loss item D. Reserved for future use	<b>1e</b>
<b>f</b>	AFS net income or loss before adjustments. Combine lines 1a through 1d	<b>1f</b> -551,717.
<b>2</b> Adjustments:		
<b>a</b>	Financial statements covering different tax years	<b>2a</b>
<b>b</b>	Reserved for future use - Adjustment 2b	<b>2b</b>
<b>c</b>	Corporations that are not included on the taxpayers - consolidated return (see instructions)	<b>2c</b>
<b>d</b>	The corporation's distributive share of adjusted financial statement income of partnerships	<b>2d</b>
<b>e</b>	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	<b>2e</b>
<b>f</b>	Amounts that are not effectively connected to a U.S. trade or business	<b>2f</b>
<b>g</b>	Certain taxes. Enter the amount from Part III, line 7	<b>2g</b>
<b>h</b>	Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2h</b>
<b>i</b>	Alaska native corporations	<b>2i</b>
<b>j</b>	Certain credits (see instructions)	<b>2j</b>
<b>k</b>	Mortgage servicing income	<b>2k</b>
<b>l</b>	Covered benefit plans described in section 56A(c)(11)(B)	<b>2l</b>
<b>m</b>	Tax-exempt entities (organizations subject to tax under section 511)	<b>2m</b>
<b>n</b>	Depreciation	<b>2n</b>
<b>o</b>	Qualified wireless spectrum	<b>2o</b>
<b>p</b>	Covered transactions	<b>2p</b>
<b>q</b>	Adjustments related to bankruptcy and insolvency	<b>2q</b>
<b>r</b>	Certain insurance company adjustments	<b>2r</b>
<b>s</b>	AFSI adjustment S - Reserved for future use	<b>2s</b>
<b>t</b>	AFSI adjustment T - Reserved for future use	<b>2t</b>
<b>u</b>	AFSI adjustment U - Reserved for future use	<b>2u</b>
<b>z</b>	Other (see instructions)	<b>2z</b>
<b>3</b>	Total adjustments. Combine lines 2a through 2z	<b>3</b>
<b>4</b>	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	<b>4</b> -551,717.
<b>5</b>	Financial statement net operating loss (FSNOL) (see instructions)	<b>5</b>
<b>6</b>	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	<b>6</b>
<b>7</b>	Multiply line 6 by 15% (0.15)	<b>7</b>
<b>8</b>	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	<b>8</b>
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	<b>9</b>
<b>10</b>	Regular tax liability (see instructions)	<b>10</b>
<b>11</b>	Base erosion minimum tax (see instructions)	<b>11</b>
<b>12</b>	Combine lines 10 and 11	<b>12</b>
<b>13</b>	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>13</b>

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

<b>1</b>	Current income tax provision - Foreign	<b>1</b>
<b>2</b>	Current income tax provision - Federal	<b>2</b>
<b>3</b>	Deferred income tax provision - Foreign	<b>3</b>
<b>4</b>	Deferred income tax provision - Federal	<b>4</b>
<b>5</b>	Income taxes included in equity method investment income	<b>5</b>
<b>6a</b>	Adjustment A - Reserved for future use	<b>6a</b>
<b>b</b>	Adjustment B - Reserved for future use	<b>6b</b>
<b>c</b>	Adjustment C - Reserved for future use	<b>6c</b>
<b>d</b>	Adjustment D - Reserved for future use	<b>6d</b>
<b>e</b>	Adjustment E - Reserved for future use	<b>6e</b>
<b>f</b>	Adjustment F - Reserved for future use	<b>6f</b>
<b>g</b>	Adjustment G - Reserved for future use	<b>6g</b>
<b>h</b>	Adjustment H - Reserved for future use	<b>6h</b>
<b>z</b>	Income taxes in other places	<b>6z</b>
<b>7</b>	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	<b>7</b>

**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**

**Section I - AMT Foreign Tax Credit**

<b>1</b>	Domestic corporation AMT foreign income taxes:			
<b>a</b>	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....	<b>1a</b>		
<b>b</b>	Adjustment .....	<b>1b</b>		
<b>c</b>	Adjustment .....	<b>1c</b>		
<b>d</b>	Adjustment .....	<b>1d</b>		
<b>e</b>	Adjustment .....	<b>1e</b>		
<b>f</b>	Adjustment .....	<b>1f</b>		
<b>g</b>	Adjustment .....	<b>1g</b>		
<b>2</b>	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g .....			<b>2</b>
<b>3</b>	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
<b>a</b>	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) .....	<b>3a</b>		
<b>b</b>	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....	<b>3b</b>		
<b>c</b>	Total CFC AMT foreign income taxes. Add lines 3a and 3b .....			<b>3c</b>
<b>d</b>	Percentage specified in section 55(b)(2)(A)(i) .....	<b>3d</b>	15%	
<b>e</b>	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>3e</b>		
<b>f</b>	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) .....			<b>3f</b>
<b>g</b>	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) .....			<b>3g</b>
<b>4</b>	CAMT FTC Line 4 - Reserved for future use .....			<b>4</b>
<b>5</b>	CAMT FTC Line 5 - Reserved for future use .....			<b>5</b>
<b>6</b>	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 .....			<b>6</b>

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>ASSOCIATED STUDENTS INC., CALIFORNIA STATE UNIVERSITY FULLERTON</b>	Taxpayer identification number (TIN) <b>95-6006691</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>800 N. STATE COLLEGE, PO BOX 6828</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FULLERTON, CA 92834-6828</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **KATHLEEN POSTAL**  
**800 N. STATE COLLEGE, P.O. BOX 6828 - FULLERTON, CA 92831**

Telephone No. **657-278-2402** 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 box . 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.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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