# 2023

# **990-T**

# PUBLIC

# DISCLOSURE

Form	990-T	E	** PUBLIC DISCLOSURE CO	Dev ** Dev Tax Return	Ļ	OMB No. 1545-0047
		For ca	(and proxy tax under section 603 endar year 2023 or other tax year beginning JUL 1, 2023 , and a		1	2023
		TUTCa	Go to www.irs.gov/Form990T for instructions and the		<u> </u>	2020
	ent of the Treasury Revenue Service	1	Do not enter SSN numbers on this form as it may be made public if yo			Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization ( Check box if name changed and see instr ASSOCIATED STUDENTS INC.,		oloyer identification number	
<b>B</b> Exe	mpt under section	Print	CALIFORNIA STATE UNIVERSITY FUL	LERTON	9	5-6006691
	501( <b>c</b> )( <b>3</b> )	or	Number, street, and room or suite no. If a P.O. box, see instructions.		E Grou	up exemption number instructions)
	408(e) 220(e)	Туре	800 N. STATE COLLEGE, PO BOX 68	28	(366	instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code $FULLERTON$ , CA $92834-6828$	F	F	Check box if
	. ,	С Во	ok value of all assets at end of year 25	,946,278.		an amended return.
G Cł	neck organization	type	X     501(c) corporation     501(c) trust     401(a) trust       6417(d)(1)(A) Applicable entity	Other trust S	State	college/university
H Cł	neck if filing only to	o claim	Credit from Form 8941 Refund shown on Form	2439 Elective payment	t amo	unt from Form 3800
I Cł	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding cor	poration		
J Er	ter the number of	attach	ed Schedules A (Form 990-T)			4
			e corporation a subsidiary in an affiliated group or a parent-subs	idiary controlled group?		Yes 🚺 No
			d identifying number of the parent corporation			
L Tr			KATHLEEN POSTAL d Business Taxable Income	Telephone number 6	57-	278-2402
				( · · · · · · · · · · · · · · · · · · ·		15,211.
1			ess taxable income computed from all unrelated trades or busin	Γ	1	15,211.
2 3	Add lines 1 and 2			Γ	2 3	15,211.
4			(see instructions for limitation rules)		4	0.
5			taxable income before net operating losses. Subtract line 4 from		5	15,211.
6			ing loss. See instructions		6	15,211.
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199A	deduction.		
	Subtract line 6 fro				7	
8			erally \$1,000, but see instructions for exceptions)		8	1,000.
9			eduction. See instructions		9	
10			lines 8 and 9		10	1,000.
11 Part			able income. Subtract line 10 from line 7. If line 10 is greater the <b>on</b>	nan line 7, enter zero	11	0.
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.
2			rates. See instructions for tax computation. Income tax on the			
	Part I, line 11, fro		Tax rate schedule or   Schedule D (Form 1041)	Γ	2	
3	Proxy tax. See in				3	
4			instructions		4 5	
5 6	Alternative minim		acility income. See instructions		5 6	
7			gh 6 to line 1 or 2, whichever applies		7	0.
Part		Paym	ients	I		
1a	Foreign tax credi	t (corpo	orations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see			1b		
С			Attach Form 3800 (see instructions)			
d	Credit for prior-ye	ear mini	mum tax (attach Form 8801 or 8827)	1d		
е	Total credits. Ac		•		1e	
2			rt II, line 7		2	0.
3a	Amount due from			3a		
b	Amount due from			3b		
c c	Amount due from Amount due from			3c 3d		
d e	Other amounts d		· · · · ·	30 3e		
f		•	Instructions) lines 3a through 3e	· · · · · · · · · · · · · · · · · · ·	3f	0.
4	Total tax. Add lir	nes 2 ar	ad 3f (see instructions).	eferred under	5.	
-			x amount here		4	0.
5			lity paid from Form 965-A, Part II, column (k)		5	0.
LHA	For Paperwork R	eductio	on Act Notice, see instructions. 323701 11-20-23			Form <b>990-T</b> (2023)

Form 9	90-T (2023)			P	Page 2
Part	III Tax and Payments (continued)				
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies	6b			
с	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	Total payments. Add lines 6a through 6j		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9			9		
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11		
Part	<b>IV</b> Statements Regarding Certain Activities and Other Information	(see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or a sig	nature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organ	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the nan	ne of the foreign country			
	here				X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of	of, or transferor to, a			
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year				
4	Enter available pre-2018 NOL carryovers here \$ 488,479. Do not include	de any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any d	leduction reported on Part	I, line 6.		
5	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				
		Available post-2017 NOL			
	624410 \$		16,875.		
	\$				
	\$				
	\$				
6 a	Reserved for future use				
b	Reserved for future use				
Part	V Supplemental Information				

Provide any additional information. See instructions.

Sign		y, I declare that I have examined eclaration of preparer (other thar					wledge	and belie	ef, it is true,	
Here	0		Data	EXECU	ECTOR	the p	reparer sh	scuss this return Iown below (see		
	Signature of officer		Date	Title			instru	ictions)?	X Yes	No
	Print/Type prepar	er's name	Preparer's signature		Date	Check	if	PTIN		
Paid						self-employe	ed			
Preparei	-				03/11/25					
Use Only		ALDRICH CPAS	AND ADVISO	RS LLP		Firm's EIN				
		680 НАЖТНО	RNE AVE SE	#140						
	Firm's address	SALEM, OR	97301			Phone no.	(5	03)	585-77	74
								F	orm <b>990-T</b>	(2023)

15450311 163675 20972.002

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
	FORWARD FROM PRIOR YEAR TION INCLUDED IN PART I, LINE 6	488,479. 15,211.
SCHEDULE A PORTION SCHEDULE A ENTITY		
2 3	0.0.	
<b>4</b> 5	0. 0.	
NET OPERATING DEDU BALANCE AFTER PRE-	2018 NOL DEDUCTION	0. 15,211. 0. 28.174
EXPIRING NET OPERA CARRY FORWARD OF N		38,174. 435,094.

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
		LOSS		
		PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	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 CARRYOV	YER AVAILABLE THIS	YEAR	488,479.	488,479.

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Α

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

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).

#### Name of the c CALI

C Unrelated b

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

organization ASSOCIATED STUDE	ENTS INC.,	B Employer iden	tification nun	ıber	
FORNIA STATE UNIVERSIT	Y FULLERTON	95-6006	691		
usiness activity code (see instructions)	713990	D Sequence:	1 of	4	

#### STUDENT RECREATION CENTER Describe the unrelated trade or business Е

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

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		497,396.
3	Repairs and maintenance		8,830.
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	124,851.
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 3	14	93,101.
15	Total deductions. Add lines 1 through 14	15	724,178.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-541,415.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-541,415.
For F	Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2023

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	ule A (Form 990-T) 2023				Page 2
Part		hod of inventory valua	tion		i age z
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased With Re	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See instru	uctions.	
	A 🗌				
	в 🔄				
	c 🗌				
	D				
		A	В	С	D
2	Rent received or accrued				
а	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)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part 1	Total deductions. Add line 4, columns A through D. E         V       Unrelated Debt-Financed Income       (s         Description of debt-financed property (street address, A       (s       (s)         B	ee instructions)			0.
Part	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	ee instructions)			0.
Part	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B	ee instructions)			0.
Part	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C	ee instructions)			0. 
Part	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C	ee instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A A B C D Gross income from or allocable to debt-financed property	ee instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A A B C D Gross income from or allocable to debt-financed	ee instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1	V       Unrelated Debt-Financed Income (s         Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1	V       Unrelated Debt-Financed Income       (s         Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1 2 3	V       Unrelated Debt-Financed Income       (s         Description of debt-financed property (street address, or all of the strength of the strengt of the strength of the strength of the strengt	ee instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1 2 3 a	V       Unrelated Debt-Financed Income       (s         Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). ( A	Check if a dual-use. See	instructions.	
Part 1 2 3 a b	V       Unrelated Debt-Financed Income       (s         Description of debt-financed property (street address, or all of the strength of the streng	ee instructions) city, state, ZIP code). ( A	Check if a dual-use. See	instructions.	
Part 1 2 3 a b c	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1 2 3 b c 4	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, or all of the stress)         A	ee instructions) city, state, ZIP code). (  A	B B	instructions.	D
Part 1 2 3 6 5	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, or A	ee instructions) city, state, ZIP code). (  A	B B	C	D
Part 1 2 3 6	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, or all of the stress)         A	ee instructions) city, state, ZIP code). ( A	B B S S S S S S S S S S S S S S S S S S	instructions.	D
Part 1 2 3 6 5 7	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). ( A	B B S S S S S S S S S S S S S S S S S S	instructions.	D
Part 1 2 3 6 7 8	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). ( A A . Enter here and on Pa	B B //////////////////////////////////	instructions.	D 9%
Part 1 2 3 a b c 4 5 6 7 8 9	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). ( A A . Enter here and on Pa . Enter here and on Pa	B B //////////////////////////////////	instructions.	D %

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	/=	_										1
Schede Part	ule A (Form 990-T) 2023	ities. Ro	valties, and Ro	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)		Page <b>3</b>
	,						Exempt Control	· ·		,		
	1. Name of controller organization	ed	<b>2.</b> Employer identification	identification income		t unrelated 4. Total of payment		5. Part of column 4 that is included in the controlling organiza-		nn 4 in the		
			number	(see ins	structions)				gross inc		inco	ome in column 5
<u>(1)</u>												
<u>(2)</u>												
(3)												
<u>(4)</u>			No	nevempt (	Controlled O	 raanizati	ions					
7	. Taxable Income	8 N	let unrelated		otal of specif	-	1	of colu	mn 9	11	Dedi	uctions directly
	income (loss) (see instructions)			yments mad		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		in the ation's	connected with income in column 10		ected with	
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and on	Part I,	Ent	er her	imns 6 and 11. e and on Part I, column (B).
Totals									0.			0.
Part			of a Section 50	)1(c)(7), (			nization <sub>(s</sub>	ee inst	ructions)			
	<b>1.</b> Desc	cription of ir	ncome		2. Amou incor		3. Deduction directly connormal (attach stater	ected	<b>4.</b> Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2 here and o line 9, colu	. Enter n Part I,					h	Add amounts in column 5. Enter ere and on Part I, ine 9, column (B).
Totals						0.						0.
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	(see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ness income	from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected with	production of unr	elated busi	ness income	e. Enter l	here and on Pa	art I,				
										3		
4	Net income (loss) from	n unrelated t	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	ł				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line 1	2							7		

Schedule A (Form 990-T) 2023

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	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodi	cals on a con	solidated basis	<b>.</b>	
	Α 🗌					
	в 🗌					
	c 🗌					
	D					
Enter a	amounts for each periodical listed above in the	corresponding column	<u>ו.</u>			
		A		В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, line 11, column	n (A)			0.
а						
3	Direct advertising costs by periodical					
	Add columns A through D. Enter here and or		(P)			0.
а	Add columns A through D. Enter here and or	Fart I, III e TT, COUTII	Г(Б)			
		[				
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet	e				
	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					
'	1					
	line 5, subtract line 6 from line 5. If line 5 is le					
-	than line 6, enter -0-	······				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the line 8a co	lumns total o	r -0- here and c	n	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, and Trus	tees (see i	instructions)		
			•		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	<b>i</b> Hamo	-			to business	unrelated business
(1)					<u>%</u>	
<u>(1)</u>						
(2)					%	
(3)					%	
(4)					%	
Total	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instructions)				
	••					

1

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
OFFICE EXPENSES CONTRACTS/RENTALS OTHER INSURANCE PROFESSIONAL FEES STAFF DEVELOPMENT TRAVEL DEPRECIATION		36,236. 5,926. 37,648. 3,603. 3,668. 3,634. 2,277. 109.
TOTAL TO SCHEDULE A, PAR	RT II, LINE 14	93,101.

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Α

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

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., Name of the organization CALIFORNIA STATE UNIVERSITY FULLERTON

713990 С Unrelated business activity code (see instructions)

BOWLING & BILLIARDS

E	escribe the unrelated trade or business BOWLING & BI	LLI	ARDS		1
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 62,215.				
b	Less returns and allowances c Balance	1c	62,215.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	62,215.		62,215.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9					
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	62,215.		62,215.
	<b>TII</b> Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	come	)		ns must be
1					
2	0				
3	3 Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion				

Employee benefit programs

Excess exempt expenses (Part VIII)

Other deductions (attach statement) SEE STATEMENT 4

Total deductions. Add lines 1 through 14

column (C)

Deduction for net operating loss. See instructions

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Excess readership costs (Part IX)

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

10

11

12

13

14

15

16

17

18

47,004.

47,004.

15,211.

15,211.

0.

LHA 323741 01-19-24

15450311 163675 20972.002

Contributions to deferred compensation plans

For Paperwork Reduction Act Notice, see instructions.

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55 2023.05060 ASSOCIATED STUDENTS INC., 20972.01

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

B Employer identification number

2

of

95-6006691

**D** Sequence:

Calaad					2
Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter meth	od of inventory valu	ation		Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8 9	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter h Do the rules of section 263A (with respect to property p				Yes No
Part					
1	Description of property (property street address, city, st				
	A 🗌				
	В				
	c				
	D []				
		Α	В	c	D
2	Rent received or accrued				
а	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)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 <u>5</u> Part	in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se	iter here and on Part	  , line 6, column (B)		0.
1	Description of debt-financed property (street address, c		Check if a dual-use. Se	e instructions	
•	A	ity, state, 21 6666).			
	B				
	c 🗌				
	D			•	
	-	Α	В	c	D
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
а	to debt-financed property 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	C	%%		%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on F	art I, line /, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A three	ough D. Enter here a	nd on Part I, line 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line				0.
323721 (	01-19-24			Sche	dule A (Form 990-T) 2023
		F C			

												2
Schedu	ule A (Form 990-T) 2023	iti e a Da										Page 3
Part	VI Interest, Annu	lities, Ro	byaities, and Re	ents Fro	m Contro		-	`	ee instruct	,		
	1. Name of controlled	d	9 Employer	2 Not	unrelated		Exempt Control al of specified	1	ganization art of colur		6 Doductio	no directly
	organization	u	<ol> <li>Employer</li> <li>identification</li> </ol>		ne (loss)		nents made		included		connect	ons directly ted with
	organization		number		structions)				olling orga s gross inc		income in	
(1)					· · ·				5 gr033 mc	Joine		
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	ganizati	ions					
7	7. Taxable Income		Net unrelated		otal of specif		10. Part of			11.	Deductions	
			come (loss)	pa	yments mad	е	that is inc				connected	
		(see	e instructions)				gross	incom	ne	inc	come in col	umn 10
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>							Add colum		nd 10	Ada	d columns 6	and 11
							Enter here				r here and	
							line 8, c	olumn	(A).	li	ine 8, colun	nn (B).
Totals									0.			0.
Part	VII Investment I	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)			
	<b>1.</b> Desc	cription of i	income		2. Amou		3. Deductio		4. Set-	asides		deductions
					incon	ne	directly conne (attach stater		(attach st	tatemer		et-asides ols 3 and 4)
<u></u>							(					
(1) (0)												
(2) (2)												
(3) (4)												
(+)					Add amou	unts in					Add a	mounts in
					column 2							n 5. Enter
					here and o line 9, colu	,						id on Part I, column (B).
Totals						Ò.						0.
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	see in	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess income	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
										3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expense									_		
	4. Enter here and on P	rart II, line	12							7		

Schedule A (Form 990-T) 2023

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	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on	a consolidated basis	S.	
	Α				
	В				
	С				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
		Α	В	c	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F				0.
	Ū.				
4	Advertising gain (loss). Subtract line 3 from line	e			
	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	s			
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	n			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre		otal or -0- here and o	on	
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see	instructions)			
		,			

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### 95-6006691

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
BOWLING & BILLIARD OPERATIONS		47,004.
TOTAL TO SCHEDULE A, PART II, L	INE 14	47,004.

SCHE	DULE 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 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).

2023 Open to Public Inspection for

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4	Name of the organization	ASSOCI	ATED	STUDEN	FS INC.,
	CALIFORNIA	STATE	UNIV	<b>TERSITY</b>	FULLERTON

C Unrelated business activity code (see instructions) 624410

B Employer identification number 95-6006691

3

D Sequence:

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

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales 181,597. Less returns and allowances c Balance	1c	181,597.		
2 3	Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c	2 3	181,597.		181,597.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b c	Net gain (loss) (Form 4797) (attach Form 4797). See instructions) Capital loss deduction for trusts	4b 4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	181,597.		181,597.

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	122,881.
3	Repairs and maintenance	3	58.
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	57,837.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 5	14	25,334.
15	Total deductions. Add lines 1 through 14	15	206,110.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-24,513.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-24,513.
For F	Paperwork Reduction Act Notice, see instructions.	Schedu	Ile A (Form 990-T) 2023

LHA 323741 01-19-24

15450311 163675 20972.002

s Only

r identification number			
5).	501(c)(3) Organizations		
	Open to Public Inspect		

of

	ule A (Form 990-T) 2023				3 Page 2
Part		thod of inventory valua	tion		r ugo 🖬
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2		
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased With R	eal Property)	
1	Description of property (property street address, city,	state, ZIP code). Check	t if a dual-use. See instru	uctions.	
	Α				
	В				
	c				
	D	1			
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4	in lines 2a and 2b (attach statement)				
5 Part 1	Description of debt-financed property (street address,	see instructions)			0.
Part	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C	see instructions)			0.
Part	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B	see instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	see instructions)			0. 
Part	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	see instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	see instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1	V       Unrelated Debt-Financed Income       (street address,         Description of debt-financed property (street address,       A	see instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1 2 3	V       Unrelated Debt-Financed Income       (street address,         Description of debt-financed property (street address,       A	see instructions) city, state, ZIP code). (	Check if a dual-use. See	instructions.	
Part 1 2 3 a	V       Unrelated Debt-Financed Income       (street address,         Description of debt-financed property (street address,       A	A	Check if a dual-use. See	instructions.	
Part 1 2 3 a b	V       Unrelated Debt-Financed Income       (state         Description of debt-financed property (street address,       A	A	Check if a dual-use. See	instructions.	
Part 1 2 3 a	V       Unrelated Debt-Financed Income       (state         Description of debt-financed property (street address,       A	A	Check if a dual-use. See	instructions.	
Part 1 2 3 b c	V       Unrelated Debt-Financed Income       (steet address,         Description of debt-financed property (street address,       A	A	Check if a dual-use. See	instructions.	
Part 1 2 3 a b	V         Unrelated Debt-Financed Income         (steet address,           Description of debt-financed property (street address,         A	A	Check if a dual-use. See	instructions.	
Part 1 2 3 b c 4	V         Unrelated Debt-Financed Income         (steet address,           Description of debt-financed property (street address,         A	A	Check if a dual-use. See	instructions.	
Part 1 2 3 b c	V         Unrelated Debt-Financed Income         (steet address,           Description of debt-financed property (street address,         A	A	Check if a dual-use. See	instructions.	
Part 1 2 3 6 5	V         Unrelated Debt-Financed Income         (steet address,           A	A	Check if a dual-use. See	C	D
Part 1 2 3 6	V         Unrelated Debt-Financed Income         (steet address,           A	A	Check if a dual-use. See	instructions.	D
Part 1 2 3 6 5 7	V         Unrelated Debt-Financed Income         (steet address,           A	A	B B S S S S S S S S S S S S S S S S S S	instructions.	D
Part 1 2 3 6	V         Unrelated Debt-Financed Income         (steet address,           A	A	B B S S S S S S S S S S S S S S S S S S	instructions.	0. D
Part 1 2 3 6 7	V         Unrelated Debt-Financed Income         (steet address,           A	A	B B S S S S S S S S S S S S S S S S S S	instructions.	D
Part 1 2 3 6 7 8	V         Unrelated Debt-Financed Income         (street address,           A	A	B B //////////////////////////////////	instructions.	D 94 0. 0.
Part 1 2 3 a b c 4 5 6 7 8 9	V         Unrelated Debt-Financed Income         (street address,           A	A A	B B //////////////////////////////////	instructions.	D 94 0.

									3
Sched	ule A (Form 990-T) 2023 VI Interest, Annu	ition Dovaltion a	nd Donto Er	om Contro		raonization	C (and in star	- + )	Page 3
Part	VI Interest, Annu					Exempt Control	,	,	
	1. Name of controlled	d <b>2.</b> Emplo	ver 3. Net	t unrelated		al of specified	5. Part of col	r	6. Deductions directly
	organization	identificat		me (loss)	1	nents made	that is include	d in the	connected with
		numbe	r (see ir	nstructions)			controlling or tion's gross i		income in column 5
(1)							0		
(2)									
(3)									
<u>(4)</u>									
	• <b>T</b> aurah la la sama	0 Net medated		Controlled O	-		- (   0	1 44	Deductions discutto
7	. Taxable Income	8. Net unrelated income (loss) (see instructions)	p	Total of specif ayments mad		that is inc	of column 9 cluded in the organization's income		Deductions directly connected with come in column 10
(1)						9			
(2)									
(3)									
(4)									
						Enter here	nns 5 and 10. and on Part I, column (A).	Ent	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Totals				(0)			0		0.
Part		ncome of a Section cription of income	501(c)(7),			1	ee instructions	/	5. Total deductions
	I. Desc			2. Amou incor		3. Deduction directly connormal (attach stater	ected (attach	et-asides stateme	
(1)									
(2)									
(3)									
(4)				A del aveca	ta i.e				A del erre evinte in
				Add amor column 2					Add amounts in column 5. Enter
				here and o					here and on Part I,
Totolo				line 9, colu					line 9, column (B).
Totals Part		xempt Activity Inc	ome. Other	Than Adve		a Income	see instructior	ns)	J.
1	Description of exploite								
2		ess income from trade of	or business. Ent	er here and o	n Part I,	line 10, colum	n (A)	2	
3		nected with production							
	line 10, column (B)							3	
4		unrelated trade or busi							
								4	
5		tivity that is not unrelate							
6		to income entered on li						6	
7		ses. Subtract line 5 fron							
	4. Enter here and on P	art II, line 12						7	

Schedule A (Form 990-T) 2023

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Sched	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportir	ng two or n	nore periodicals on	a consolidated bas	sis.	
	Α 🗌	-				
	в					
	c 🔲					
	D					
Enter a	amounts for each periodical listed above in the	correspon	ding column.			
	·	· [	A	В	С	D
2	Gross advertising income	Ī				
	Add columns A through D. Enter here and on	-	e 11, column (A)			0.
а	C C	,	, , , ,			
3	Direct advertising costs by periodical	[				
а	Add columns A through D. Enter here and on		e 11. column (B)	•		0.
	,					
4	Advertising gain (loss). Subtract line 3 from lir	ne [				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs	Г				
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 le					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
-	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		e line 8a columns t	total or -0- here and	lon	I
-	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees	(see instructions)		
				(,	3. Percentage	4. Compensation
	1. Name		<b>2.</b> Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
	· · · · · · · · · · · · · · · · · · ·					
Total	Enter here and on Part II, line 1					0.
Part		ee instructi	ons)			

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### 95-6006691

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

FORM 990-T	DESCRIPTION OF ORGANIZATION'S UNRELATED	STATEMENT 6
SCHEDULE A	BUSINESS ACTIVITY	

CHILDREN'S CENTER - MEMBERS FROM COMMUNITY/ALUMNI

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A POST-2017		7 NET OPERATING	LOSS DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/23	10,386. 6,489.	0. 10,38 0. 6,48		10,386. 6,489.
NOL CARRYO	OVER AVAILABLE THIS	YEAR	16,875.	16,875.

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

Department of the Treasury

Internal Revenue Service

Е

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

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., Name of the organization Α CALIFORNIA STATE UNIVERSITY FULLERTON

531190 С Unrelated business activity code (see instructions)

Describe the unrelated trade or business ROOM RENTALS

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

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	0.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	
				Schedu	lle A (Form 990-T) 2023

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LHA 323741 01-19-24

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

4

B Employer identification number

4

of

95-6006691

**D** Sequence:

						4
	ule A (Form 990-T) 2023					Page 2
Part	Entermot	od of inventory valuation				
1	Inventory at beginning of year				1 2	
2 3	Purchases				3	
4	Cost of labor Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			Γ	8	
9	Do the rules of section 263A (with respect to property p				[	Yes No
Part					y)	
1	Description of property (property street address, city, st A B ROOM RENTALS 800 N. COLL B C					
	D			_		
		Α	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)	2,524.				
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)	0.				
С	Total rents received or accrued by property.	2 5 2 4				
	Add lines 2a and 2b, columns A through D	2,524.				
5 Part 1	in lines 2a and 2b (attach statement) <u>STMT 8</u> Total deductions. Add line 4, columns A through D. Er V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B	e instructions)				2,524.
	c					
	D	I		1		
		Α	В	c		D
2	Gross income from or allocable to debt-financed					
•	property					
3	Deductions directly connected with or allocable					
-	to debt-financed property Straight line depreciation (attach statement)					
a b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,					
U	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		9	6	%	%
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (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	Total allocable deductions. Add line 9, columns A three		n Part I, line 7, colu	umn (B)		
11	Total dividends-received deductions included in line	10				0.
323721 (	01-19-24	~ ~		Sc	hedule A (	Form 990-T) 2023

Sabad	10 A (Form 000 T) 2022	,										4 Dago <b>3</b>
Part	ule A (Form 990-T) 2023 VI Interest, Annu	, uities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	<b>S</b> (se	e instruct	ions)		Page <b>3</b>
						E	Exempt Control	lled Or	ganization	s		
	<b>1.</b> Name of controlle organization	d	<b>2.</b> Employer identification	3. Net unrelated 4 income (loss)		<b>4.</b> Total of specified payments made		5. Pa	rt of colur included	nn 4		eductions directly
	organization		number		structions)				olling orga gross inc			ome in column 5
(1)									<u> </u>			
(2)												
(3)												
<u>(4)</u>												
					Controlled O	-	1					
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part of that is incontrolling gross	luded	in the ation's		conr	uctions directly nected with in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I,	Ente	er her	imns 6 and 11. e and on Part I, column (B).
Totals									0.			0.
Part			of a Section 50	1(c)(7), (			nization <sub>(s</sub>	ee inst	ructions)			
	1. Desc	cription of i	ncome		2. Amou incor		3. Deduction directly connormal (attach stater	ected	<b>4.</b> Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2							Add amounts in column 5. Enter
					here and o							ere and on Part I,
Totals					line 9, colu	mn (A). <b>0</b> •					li	ine 9, column (B). 0 •
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Entei	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
										3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2023

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	ule A (Form 990-T) 2023				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a	consolidated bas	is.	
	A				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on				0.
	5	, , , , ,			
4	Advertising gain (loss). Subtract line 3 from line	e			
	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	e			
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
U	deduction. For each column showing a gain of	- I			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gro		tal ar 0 hara and		
u	Part II, line 13				0.
Part	X Compensation of Officers, Direction	ectors. and Trustees	see instructions)		•••
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
	in reality			to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
(-)				/0	
Total	Enter here and on Part II, line 1				0.
Part		inatruationa)			
I UIT					

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4

FORM 990-T (A) DED	OUCTIONS CONNEC	TED WITH	RENTAL	INCOME	STATEMENT	8
DESCRIPTION			CTIVITY IUMBER	AMOUNT	TOTAL	
RENTAL RELATED DEDUC LACK OF PROFIT MOTIV	Έ			4,365. -1,841.		
	- SUBT	OTAL -	5		2,5	524.
TOTAL TO FORM 990-T,	SCHEDULE A, P	ART IV, I	INE 4		2,5	524.

Form	4626
	tment of the Treasury

# **Alternative Minimum Tax-Corporations**

OMB No. 1545-0123

Attach	to	vour	tax	roturn
Allach	ιυ	your	ιax	return.

#### Go to www.irs.gov/Form4626 for instructions and the latest information

	2023					
Encoder and the set of a set of a second second						

inten	Go to www.irs.gov/Form4626 for instruct	cuons	and the latest inform	ation.			
					Employ	er identificat	ion number
	ASSOCIATED STUDENTS INC.,						C 0 1
_	CALIFORNIA STATE UNIVERSITY FULLERTON				9 	5-6006	X No
	Is the corporation filing this form a member of a controlled group treated as a single		( ) (	,,,,	L	Yes	
	If "Yes," the corporation must complete Part V listing the names, EINs, and	•					
	statement income or loss for each member of the controlled group treated			nto			
	account in the determination of "applicable corporation" under section 59(I					<b>—</b>	<b>T</b>
	Is the corporation filing this form a member of a foreign-parented multinational grou		, -		(B)? □	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	•					
	statement income or loss for each member of the FPMG under section 59(						
Pa	rt I Applicable Corporation Determination (Report all am						
	If you have already determined in current or prior years you are an a	applica					
			-	(b) Second Pr			-
			Year Ended	Year End	led	Year E	inded
						ļ	
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	<b>1</b> a					
b	Include AFS net income or loss of other includible entities (add	1					
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
а	Financial statements covering different tax years	2a				ļ	
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
С	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)	2c					
d	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)	2d					
e	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
n ,	Certain credits (see instructions)	2h					
	Mortgage servicing income	2i					
J	Tax-exempt entities (organizations subject to tax under section 511)	2j					
k	Depreciation	2k 2l					
י יי	Qualified wireless spectrum Covered transactions						
	Covered transactions           Adjustments related to bankruptcy and insolvency	2m 2n					
	Certain insurance company adjustments	20					
0							
4		2p 2q					
ч г		2q 2r					
r S		21 2s					
z		23 2z					
3	Other (see instructions) Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5		5					
6	AFSI of first, second, and third preceding tax years. Combine columns (a),		nd (c) of line 5	I	6		
-		, <u>, , ,</u> , u	· · · · · · · · · · · · · · · · · · ·			·	

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Form 4	626 (2023)				Page <b>2</b>
Part	Applicable Corporation Determination (Report all amo	unts in U.S.	dollars.) (continued	d)	
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 a	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	<b>10</b> a			
b	Aggregation differences (see instructions)	<b>10</b> b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	<b>10c</b>			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	<b>11a</b>			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	<b>11b</b>			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns (	a), (b), and (	(c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	<b>No.</b> STOP here. Attach to your tax return.				

UIII	4626 (2023)		Page <b>3</b>
Pa	t II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	. 1a	-551,717.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1</b> b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)		
d	Adjustment for certain consolidating entries (see instructions)		
е	Specified additional net income or loss item D. Reserved for future use		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	. <b>1</b> f	-551,717.
2	Adjustments:		
а	Financial statements covering different tax years		
b	Reserved for future use - Adjustment 2b		
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)		
d	The corporation's distributive share of adjusted financial statement income of partnerships	. 2d	
е	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)		
f	Amounts that are not effectively connected to a U.S. trade or business		
g	Certain taxes. Enter the amount from Part III, line 7		
h	Patronage dividends and per-unit retain allocations (cooperatives only)		
i	Alaska native corporations		
I.	Certain credits (see instructions)		
k	Mortgage servicing income		
	Covered benefit plans described in section 56A(c)(11)(B)		
	Tax-exempt entities (organizations subject to tax under section 511)		
n	Depreciation		
0	Qualified wireless spectrum		
p	Covered transactions		
q	Adjustments related to bankruptcy and insolvency		
r	Certain insurance company adjustments		
s	AFSI adjustment S - Reserved for future use		
t 	AFSI adjustment T - Reserved for future use	0	
u -	AFSI adjustment U - Reserved for future use		
z 3	Other (see instructions) Total adjustments. Combine lines 2a through 2z		
3 4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		-551,717.
<del>-</del> 5	Financial statement net operating loss (FSNOL) (see instructions)		551,717.
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		
7			
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		
0	Regular tax liability (see instructions)		
1	Base erosion minimum tax (see instructions)		
2	Combine lines 10 and 11		
3	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	. 13	
<b>a</b>	t III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal		
3	Deferred income tax provision - Foreign		
4	Deferred income tax provision - Federal		
5	Income taxes included in equity method investment income	·	
	Adjustment A - Reserved for future use		
	Adjustment B - Reserved for future use		
	Adjustment C - Reserved for future use		
	Adjustment D - Reserved for future use		
	Adjustment E - Reserved for future use		
	Adjustment F - Reserved for future use		
	Adjustment G - Reserved for future use		
	Adjustment H - Reserved for future use		
	Income taxes in other places		
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g		
	02-12-24 72		Form <b>4626</b> (2023)

Form	4626 (2023)				Page <b>4</b>
Pa	<b>t IV</b> Alternative Minimum Tax - Corporations Foreign Tax Credit				
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g $$			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
с	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, I	line 8		6	

Form 4626 (2023)

Form <b>8868</b>
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(Rev. January 2024)

### 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 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.

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 - Io	dentification								
Type or Print	Name of exempt organization, employer, or other filer, see instructions.       Tax         ASSOCIATED STUDENTS INC • ,       Tax				Taxpayer identification number (TIN)				
Elle houdh a	CALIFORNIA STATE UNIVERSITY		95-600669	1					
File by the due date for filing your return. See									
instructions.									
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			07			
Applicati	ion Is For	Return Code	Application Is For			Return Code			
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09			
	20 (individual)	03	Form 5227			10			
Form 990		04	Form 6069			11			
	)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12			
	)-T (trust other than above)	06	Form 5330 (individual)			13			
Form 990	)-T (corporation)	07	Form 5330 (other than individual)			14			
Form 104	II-A	08	· · · · · · · · · · · · · · · · · · ·						
After ye	ou enter your Return Code, complete either Part II or Part	III. Part II	l, including signature, is applicable o	only for an	extension of				
time to fil	e Form 5330.								
• If this a	pplication is for an extension of time to file Form 5330, ye	ou must ei	nter the following information.						
Pla	n Name								
Pla	n Number								
Pla	n Year Ending (MM/DD/YYYY)								
	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)						
The b	boks are in the care of KATHLEEN POSTAL	EGE	P.O. BOX 6828 - FU	ILLERT		31			
	none No. <u>657-278-2402</u>		Fax No.						
	organization does not have an office or place of business								
	is for a Group Return, enter the organization's four-digit G								
box	If it is for part of the group, check this box		ch a list with the names and TINs of						
	quest an automatic 6-month extension of time until			e the exem	pt organization retu	n for			
the	organization named above. The extension is for the orga $\neg$	anization's	return for:						
57	calendar year 20 or			TTTT 2	0	24			
X	tax year beginning JUL 1	, 20 _	2.3 , and ending	JUN 3	<u>U</u> ,20	24			
- ···									
2 If th	he tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reasc	n: Initial return	Final retur	n				
3a lftl	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the	tentative tax, less						
	/ nonrefundable credits. See instructions.			3a	\$	0.			
b lft	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and						
	imated tax payments made. Include any prior year overpa			3b	\$	0.			
c Ba	lance due. Subtract line 3b from line 3a. Include your pay	yment with	n this form, if required, by						
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
	icy Act and Paperwork Reduction Act Notice, see inst				Form <b>8868</b> (Re	ev. 1-2024)			

LHA 323841 12-22-23