F	orm 990-T	Ex	empt Organization B	usir	ness Income Ta section 6033(e))	x Return	F	OMB No. 1545-0047
1		For calendar yea	ar 2019 or other tax year beginning		• • • •	6/30 .	2020	2019
			o to www.irs.gov/Form990T for				2020	
Depa	rtment of the Treasury nal Revenue Service		enter SSN numbers on this form as it					Open to Public Inspection for
A	Check box if	201101		-	hanged and see instructions.)	20101115 0 001(0)	D Em	501(c)(3) Organizations Only ployer identification number
- L	address changed		Associated Students				En (En	nployees' trust, see tructions.)
	Exempt under sectio		San Diego State Uni				9	5-6042622
-	X 501(c)(3) 408(e) 220(-	5500 Campanile Driv	ve M	C 7800		F Un	related business activity code
Ē	408A 530(San Diego, CA 92182	2-78	00		- (Se	ee instructions.)
	529(a)						7	13990 624410
CE	ook value of all assets	F Group	exemption number (See instruction	ions.)•	•			
а	t end of year 26, 334, 833	G Check	k organization type 🕨 🗴	501(c) corporation 501	(c) trust	401(a) t	rust Other trust
н			's unrelated trades or businesses.			escribe the only		
	trade or business he	ere - Campus	Programs		<u> </u>		If only on	e, complete Parts I–V.
	If more than one, de	escribe the firs	t in the blank space at the end	of the	e previous sentence, co	mplete Parts	I and II, co	omplete a Schedule M
			ess, then complete Parts III-V.					
			pration a subsidiary in an affilia			ary controlled	group?	.► Yes XNo
	The books are in care		fying number of the parent corp	ooratio		elephone num	bor (C	
			os Careaga Business Income		(A) Income	(B) Expe	, ,	<u>19) 594-6555</u> (C) Net
-				1	(A) Income	(в) Ехре	lises	(C) Net
	a Gross receipts or s b Less returns and allowa		c Balance►	1c				
			line 7)	2				
3	-	-	n line 1c	3				
-	•		Schedule D).	4a				
		•	7) (attach Form 4797)	4b				
				4c				
	Income (loss) from	a partnership o	r an S corporation					
	,		••••••	5				
6	· ·	,		6				
7			(Schedule E)	7				
8		,	om a controlled organization (Schedule F)	8				
9 10			, (9), or (17) organization (Schedule G)	9 10				
10 11		-	e (Schedule I)	10				
12			attach schedule)					
12				12				
13	Total. Combine lin	es 3 through 1	2	13	0.		0.	0.
_			en Elsewhere (See instrue		•	deductions	••	
			th the unrelated business				., (
14	Compensation of o	officers, directe	ors, and trustees (Schedule K)				14	
15	•							
16	•							
17								
18	•	, ,	nstructions)					
19							19	
20								
21			chedule A and elsewhere on ret				21b	
22			·····					
23 24			nsation plans					
24 25			dule I)					
26			ule J)					
27		•	lle)					
28		•	hrough 27					
29			me before net operating loss de					
30			n tax years beginning on or after Januar					
31	Unrelated busines	s taxable incor	me. Subtract line 30 from line 2	29			31	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

		Associated Inrelated Busin		
Dovt III	Intall	Involatod Rucu	nocc lavah	la Incoma

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r ai	C III								
32		of unrelated business taxable income ctions)				32			0.
33		ints paid for disallowed fringes				33			0.
34		table contributions (see instructions fo				34			
35		unrelated business taxable income be				34			
00	the su	um of lines 32 and 33	· · · · · · · · · · · · · · · · · · ·			35			0.
36	Deduct	ion for net operating loss arising in tax years beg	ginning before January 1, 2018 (see instr.)	S	ee St 1	36			
37	Total	of unrelated business taxable income	before specific deduction. Subtract	line 36 from line 3	5	37			0.
38		fic deduction (Generally \$1,000, but se				38			
39		ated business taxable income. Subtra				39			0
Dev		the smaller of zero or line 37				39			0.
40		Tax Computation	ultiply line 39 by 21% (0.21)		•	40			0.
41		s Taxable at Trust Rates. See instructi							0.
			r Schedule D (Form 1041).		►	41			
42	Proxy	tax. See instructions				42			
43	Alterr	native minimum tax (trusts only)				43			
44		n Noncompliant Facility Income. See				44			
45		Add lines 42, 43, and 44 to line 40 o	or 41, whichever applies			45			0.
		Tax and Payments							
		gn tax credit (corporations attach Form	-						
		credits (see instructions)							
		ral business credit. Attach Form 3800 t for prior year minimum tax (attach Fo							
		credits. Add lines 46a through 46d				46 e			0.
47	Subtr	act line 46e from line 45				47			0.
48	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866					
	C	ther (attach schedule)				48			
49 50		tax. Add lines 47 and 48 (see instruct				49			0.
50		net 965 tax liability paid from Form 96				50			
		ents: A 2018 overpayment credited to							
		estimated tax payments							
		gn organizations: Tax paid or withheld		51 d					
		up withholding (see instructions)		51 e					
		t for small employer health insurance p		51 f					
g		credits, adjustments, and payments:							
		orm 4136 Oth		► 51 g					
52		payments. Add lines 51a through 51g.				52			0.
53 54		nated tax penalty (see instructions). Ch ue. If line 52 is less than the total of li				53 54			
54 55		payment. If line 52 is larger than the to				55			
56	-	the amount of line 55 you want: Cred			Refunded >	56			
		Statements Regarding Certain							
57		time during the 2019 calendar year, did				er a		Yes	No
	finan	cial account (bank, securities, or other) in a	foreign country? If 'Yes,' the organiz	zation may have to	o file FinCEN	l Form	114,		
	Repor	t of Foreign Bank and Financial Accounts	s. If 'Yes,' enter the name of the foreigr	n country here	▶		· [Х
58	Durin	g the tax year, did the organization red	ceive a distribution from, or was it th	ne grantor of, or tra	ansferor to, a	a forei	gn trust?.		Х
	lf 'Yes	s,' see instructions for other forms the org	ganization may have to file.						
59	Enter	the amount of tax-exempt interest receive		\$	0.				
c:~-	n	Under penalties of perjury, I declare that I have ex belief, it is true, correct, and complete. Declaration	xamined this return, including accompanying sch n of preparer (other than taxpayer) is based on a	edules and statements, a all information of which p					
Sig: Her	e			Executive D:	irector	May the the prep	e IRS discuss thi parer shown bel ions)?	is retu low (se	rn with ee
	-	Signature of officer	Date	Fitle		instructi	ions)? X Ye	es	No
D . '		Print/Type preparer's name	Preparer's signature	Date	Check X if	PT	LIN LIN		
Paic Pre-		Richard H Rechif Jr			self-employed	Р	0016911	9	
pare			chif Jr CPA		Firm's EIN		3944511		
Use	•	Firm's address <a> 1240 India Str							
Onl	-	San Diego, CA			Phone no.	<u>(</u> 62	19) 997-	<u>-5</u> 1	34
BAA			TEEA0202L 02/21/20				Form 99) 0-T (2019)

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Form 990-T (2019)	Associated	Students of	SDSU	95-6042622	Page 3

E	0	10	62	2 2
5-	61	127	62	/

1	Da	'n	۵	2

1 Inventory at beginning of ye		er method of inve	,	oniot	and of year	~			
		2		-	end of year	6			
2 Purchases			/ Cost o	o t goo o from li	ds sold. Subtract ine 5. Enter here				
3 Cost of labor.		3			, line 2	7			
4 a Additional section 263A costs (attac	-							Yes	No
b Other costs		4a	8 Do the	rules	of section 263A (wit	n res	pect to		
(attach sch)		4 b	prope	ty pro	duced or acquired fo	resa	ale) apply		
5 Total. Add lines 1 through 4		5		-	ization?				Х
Schedule C – Rent Income	e (From Real	Property and	d Personal Property	/ Lea	sed With Real Pi	ope	e rty) (see in	structio	ons)
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receive	d or accrued			24) Deskustion				
(a) From personal prop		(b) From re	eal and personal proper	y j	 3(a) Deductions the income in 				
(if the percentage of rent for property is more than 10%	r personal	(If the perce	entage of rent for person ceeds 50% or if the rent	nal is	(atta	ach s	chedule)		
more than 50%)	but not		on profit or income)	15					
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of co					(b) Total deductions. E here and on page 1, Par				
here and on page 1, Part I, line 6					I, line 6, column (B)	►	•		
Schedule E – Unrelated De	ebt-Financeo	Income (see	instructions)						
1 Description of deb	t-financed prop	arty	2 Gross income from or allocable to debt- financed property		3 Deductions directly connected with or allocable debt-financed property				e to
I Description of deb		u ty			(a) Straight line		(b) Other deductions (attach schedule)		
				uep	reciation (attach sch)	'	(allach sci	leuule)	,
(1)									
(2)						_			
(3)						_			
(4)	1 -		-						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	justed basis of debt-financed ach schedule)	6 Column 4 divided by column 5	rep	7 Gross income portable (column 2 x column 6)		Allocable d (column 6 x olumns 3(a)	total d	of
(1)			oto O						
(2)			Q						
(3)			Q						
(4)			Q						
				Ente	r here and on page	I, En	ter here and	on pa	ge 1
				Part	I, line 7, column (A)	. Pa	uri, ine 7, (Joiumn	(B).
Totals			·······	•					
Total dividends-received deduct	ions included in	column 8	<u> </u>		· · · · · · · · · · · · · · · · · · ·	•			
BAA		TE	EA0203L 09/19/19				Form 9	9 0- T (2	2019)

95-6042622

Page 4

Schedule F – Interest, A			-		trolled Or							, 	
1 Name of controlled organization	ident	nployer tification ımber	3 Net unrelated income (loss) (see instructions)		4	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in c			
(1)													
(2)													
(3)													
(4)													
Nonexempt Controlled Organiz	zations												
7 Taxable Income	inco	t unrelated ome (loss) nstructions)			f specified nts made	d	10 Part of included ir organization	n the d	controlling		11 Deductions directly connected with income in column 10		
(1)													
(2)													
(2) (3) (4)													
(4)													
Totals							Add columns here and on p 8, co	s 5 an bage 1 lumn	, Part I, line		e and on p	6 and 11. Enter bage 1, Part I, line lumn (B).	
Schedule G – Investme							or (17) Orga	nizat	ion (see ins	truction	าร)		
1 Description of income		nt of income 3 De		De ctly	ductions 4 Set-asides connected schedule) (attach schedul		5	5 Tota set-a	I deductions and sides (column 3 us column 4)				
(1)													
(2)													
(3)													
(4)													
Totals. Schedule I – Exploited I	►	Enter here an Part I, line 9,	colur	mn (A).	or Tha	n /	dvertising	Incor	ne (coo inct	ruction	Part I, li	re and on page 1 ne 9, column (B)	
Schedule I – Exploited	Exempt	2 Gross							-			25	
1 Description of exploited	activity	unrelate busines income fro trade of busines	d s om r	conne proc of u	ected with duction nrelated ess income	fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	activ	s income from ity that is not ated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).	
(1)													
(1) (2) (3) (4)												1	
(3)												1	
(4)						-						1	
Totals	Þ	Enter here on page Part I, line column (1, e 10,	on p Part I	here and bage 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 25.	
Schedule J – Advertisir	na Incon	ne (see inst	ructio	ns)								1	
Part I Income From Pe					nsolida	ter	Racic						
1 Name of periodica		2 Gross advertisin income	5	3 D adve	Direct Prtising Direct	4 / (I	Advertising gain or oss) (col. 2 minus col. 3). If a gain,		irculation ncome		adership osts	7 Excess readership costs (col. 6 minus col. 5, but not more	
							compute cols. 5 through 7.					than col. 4).	
(1)													
(2)													
(3)													
(4)													
Totals (carry to Part II, line (5)))►												

 Form 990-T (2019) Associated Students of SDSU
 95-6042622
 Page

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readershi costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(2) (3)						
(4)						
Totals from Part Ⅰ►						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1- 5)►						
Schedule K – Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name		2 Title	3 Percent of time devote to business	d to unrela	ation attributable ated business	
		+			-	

		00	
		0/0	
		0/0	
		0/0	
Total. Enter here and on page 1, Part II, line 14	•	►	

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TEEA0204 L 09/19/19

Form 990-T (2019)

	EDULE M 1 990-T)	Unrelated Bus	m an	OMB No. 1545-0047				
•		Unrei	ated Trade		12111622			2010
		For calendar year 2019 or other tax y					·	2019
	ent of the Treasury Revenue Service	► Go to www.irs.go ► Do not enter SSN numbers on t	v/Form9907 for instru					to Public Inspection for
	f the organization	ification i	c)(3) Organizations Only number					
		22						
	related Busine	San Diego State Univ ss Activity Code (see instruct	ions)► 713990		_			
De	scribe the unre	elated trade or business ► Car	mpus Program	S	-	- 1		
Part	I Unrelated	d Trade or Business Incon	ie		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts							
b	Less returns and		c Balance ►	1c 2				
2 3	-	sold (Schedule A, line 7) Subtract line 2 from line 1c		2				
3 4a	-	et income (attach Schedule E		4a				
b		(Form 4797, Part II, line 17) (atta		4b				
c		eduction for trusts		4c				
5		from a partnership or an S c						
	(attach statem	nent)		5				
6		(Schedule C)		6				
7		t-financed income (Schedule		7				
8		ities, royalties, and rents from Schedule F)		8				
9		come of a section 501(c)(7), (Schedule G)		9				
10	Exploited exer	mpt activity income (Schedule	e I)	10				
11	Advertising in	come (Schedule J)		11				
12		(See instructions; attach sch		12	4,384,125	.		4,384,125.
13	Total. Combin	e lines 3 through 12		13	4,384,125	5.		4,384,125.
Part	II Deduction	is Not Taken Elsewhere (See	instructions for li	mitatio	ns on deduction	s.) (Deductions	must b	be directly
	connected	with the unrelated business i	ncome.)					
14	Compensation	n of officers, directors, and tru	istees (Schedule	K)			14	
15		wages					15	1,767,454.
16		naintenance					16	224,970.
17							17	, ,
18	Interest (attac	h schedule) (see instructions))				18	
19		enses					19	
20		(attach Form 4562)				174,072.		
21		tion claimed on Schedule A a					21b	174,072.
22	•						22	
23 24		to deferred compensation pla nefit programs					23 24	E 4 0 - 6 0 1
24 25		ot expenses (Schedule I)					24 25	548,631.
25 26		rship costs (Schedule J)					26	
27		ons (attach schedule)					27	2,374,315.
28		ons. Add lines 14 through 27.					28	5,089,442.
29		ss taxable income before net operating					29	-705,317.
30		net operating loss arising in t		-			20	·
31		iness taxable income. Subtra					30 31	-705 217
BAA		eduction Act Notice, see instructions.						-705, 317. le M (Form 990-T) 2019

Form 990-T (2019)	Associated Students of SDSU	95-6042622	Page 3
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Schedule A – Cost of Goo					and of the s	~	
1 Inventory at beginning of ye		1		-	end of year	6	
2 Purchases		2	7 Cost o	f good from li	ds sold. Subtract ne 5. Enter here		
3 Cost of labor		3			, line 2	7	
4 a Additional section 263A costs (attac					· _		Yes No
b ou		4a	8 Do the	rules	of section 263A (with	respect to	
b Other costs (attach sch)		4 b	proper	ty prod	duced or acquired for	resale) apply	
5 Total. Add lines 1 through 4	b	5	to the	organi	ization?		Х
Schedule C – Rent Income	e (From Real I	Property and	d Personal Property	Lea	sed With Real Pro	operty) (see i	nstructions)
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	2 Rent received	or accrued			- 3(a) Deductions	directly coppe	atad with
(a) From personal prop	perty	(b) From r	eal and personal propert	y	the income in	columns 2(a) a	
(if the percentage of rent for property is more than 10%	but not	property ex	entage of rent for person ceeds 50% or if the rent	is	(attach schedule)		
more than 50%)		básed	l on profit or income)				
(1)							
(2)							
(3)							
(4)							
Total	Т	otal			(h) Tatal da duations - E		
(c) Total income. Add totals of conhere and on page 1, Part I, line 6					(b) Total deductions. En here and on page 1, Part I, line 6, column (B)		
Schedule E – Unrelated D	ebt-Financed	Income (see	instructions)				
1 Description of deb	t financed proper	+ <i>i</i>	2 Gross income from	3 De	eductions directly con debt-finan	nnected with or ced property Se	allocable to ee St 6
I Description of deb		ty	or allocable to debt- financed property	don	(a) Straight line reciation (attach sch)	(b) Other d	leductions
				uepi		(attach so	
(1)				_		-	
(2) (3)				_		-	
(3)				_		-	
(4)				_			<u></u>
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju or allocable to property (atta	debt-financed	6 Column 4 divided by column 5	rep	7 Gross income portable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total of
(1)			00				
(2)			00				
(3)			00				
(4)			00				
				Ente Part	r here and on page 1 1, line 7, column (A).	, Enter here an Part I, line 7,	d on page 1, column (B).
Totals			•				. /
Total dividends-received deducti	included in a			L	•	•	
							990-T (2019)
BAA		TE	EA0203L 09/19/19			FUITI	330-1 (2019)

95-6042622

Page 4

Schedule F – Interest, A			-		trolled Or							,
1 Name of controlled organization	ident	nployer tification ımber	i	Net unr ncome ee instru		4	4 Total of speci payments ma	ified de	that is inc the con organiz	that is included in c		eductions directly onnected with ome in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7 Taxable Income	inco	t unrelated ome (loss) nstructions)			f specified nts made	d	10 Part of included ir organization	n the d	controlling		connected	tions directly d with income blumn 10
(1)												
(2)												
(2) (3) (4)												
(4)												
Totals							Add columns here and on p 8, co	s 5 an bage 1 lumn	, Part I, line		e and on p	6 and 11. Enter bage 1, Part I, line lumn (B).
Schedule G – Investme							or (17) Orga	nizat	ion (see ins	truction	าร)	
1 Description of income		2 Amount			3 direa	De ctly	ductions connected schedule)		4 Set-asides	5	5 Tota set-a	I deductions and sides (column 3 us column 4)
(1)												
(2)												
(3)												
(4)												
Totals. Schedule I – Exploited I	►	Enter here an Part I, line 9,	colur	mn (A).	or Tha	n /	dvertising	Incor	ne (coo inct	ruction	Part I, li	re and on page 1 ne 9, column (B)
Schedule I – Exploited	Exempt	2 Gross							-			25
1 Description of exploited	activity	unrelate busines income fro trade of busines	d s om r	conne proc of u	ected with duction nrelated ess income	fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	activ	s income from ity that is not ated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).
(1)												
(1) (2) (3) (4)												1
(3)												1
(4)						-						1
Totals	Þ	Enter here on page Part I, line column (1, e 10,	on p Part I	here and bage 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 25.
Schedule J – Advertisir	na Incon	ne (see inst	ructio	ns)								1
Part I Income From Pe					nsolida	ter	Racic					
1 Name of periodica		2 Gross advertisin income	5	3 D adve	Direct Prtising Direct	4 / (I	Advertising gain or oss) (col. 2 minus col. 3). If a gain,		irculation ncome		adership osts	7 Excess readership costs (col. 6 minus col. 5, but not more
							compute cols. 5 through 7.					than col. 4).
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5)))►											

 Form 990-T (2019) Associated Students of SDSU
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 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)
 Page

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readershi costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(2) (3)						
(4)						
Totals from Part Ⅰ►						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1- 5)►						
Schedule K – Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devote to business	d to unrela	ation attributable ated business
		+			-	

		00	
		0/0	
		0/0	
		0/0	
Total. Enter here and on page 1, Part II, line 14	•	►	

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TEEA0204 L 09/19/19

Form 990-T (2019)

	EDULE M 1 990-T)	Unrelated Business Taxa Unrelated Trade			m an	OI	MB No. 1545-0047
•	·	Officialed frade		usiliess			2010
		For calendar year 2019 or other tax year beginning $\frac{7}{}$	<u>01,</u> 2	2019, and ending 6/	<u>/30 ,</u> 20 <u>20</u>	·	2019
	ent of the Treasury	► Go to www.irs.gov/Form990T for instru				Open t	o Public Inspection for
	Revenue Service f the organization	► Do not enter SSN numbers on this form as it may be	e made pi	ublic if your organizat	Employer identi		(3) Organizations Only
Name U		Associated Students of SDSU San Diego State University			95-604262		
Un	related Busine	ss Activity Code (see instructions) ► 624410			55 004202	4	
		elated trade or business ► Children's Cer	nter	_			
Part	I Unrelated	d Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts	s or sales					
b	Less returns and		1c				
2	-	sold (Schedule A, line 7)	2				
3		Subtract line 2 from line 1c	3				
4a		et income (attach Schedule D)	4a 4b				
b c		(Form 4797, Part II, line 17) (attach Form 4797) eduction for trusts	40 4c				
5		from a partnership or an S corporation					
J		nent)	5				
6		(Schedule C)	6				
7		t-financed income (Schedule E)	7				
8		ities, royalties, and rents from a controlled					
•		Schedule F)	8				
9		come of a section 501(c)(7), (9), or (17) Schedule G)	9				
10		mpt activity income (Schedule I)	10				
11	Advertising in	come (Schedule J)	11				
12		(See instructions; attach schedule) Stmt. 7.	12	408,983	•		408,983.
13	Total. Combin	e lines 3 through 12	13	408,983	•		408,983.
Part	II Deduction	s Not Taken Elsewhere (See instructions for I	imitatio	ons on deductions	s.) (Deductions	must be	e directly
	connected	with the unrelated business income.)					
14	Compensation	n of officers, directors, and trustees (Schedule	K)			14	
15	-	wages				15	375,127.
16	Repairs and n	naintenance				16	25,826.
17	Bad debts					17	
18	Interest (attac	h schedule) (see instructions)				18	
19		enses				19	
20		(attach Form 4562)			7,008.		
21		tion claimed on Schedule A and elsewhere or				21b	7,008.
22	•	to deferred componentian plane				22	
23 24		to deferred compensation plans				23 24	100 104
24 25		nefit programs ot expenses (Schedule I)				24	100,194.
25 26		rship costs (Schedule J)				25	
27		ons (attach schedule)				27	119,086.
28		ons. Add lines 14 through 27				28	627,241.
29		s taxable income before net operating loss deduction. Sub				29	-218,258.
30		net operating loss arising in tax years beginn					·
						30	
31		iness taxable income. Subtract line 30 from li	ne 29 .			31	-218,258.
BAA	For Paperwork Re	eduction Act Notice, see instructions.				Schedul	e M (Form 990-T) 2019

Form 990-T (2019)	Associated Students of SDSU	95-6042622	Page 3
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Schedule A – Cost of Goo					and of the s	~	
1 Inventory at beginning of ye		1		-	end of year	6	
2 Purchases		2	7 Cost o	f good from li	ds sold. Subtract ne 5. Enter here		
3 Cost of labor		3			, line 2	7	
4 a Additional section 263A costs (attac					· _		Yes No
b ou		4a	8 Do the	rules	of section 263A (with	respect to	
b Other costs (attach sch)		4 b	proper	ty prod	duced or acquired for	resale) apply	
5 Total. Add lines 1 through 4	b	5	to the	organi	ization?		Х
Schedule C – Rent Income	e (From Real I	Property and	d Personal Property	Lea	sed With Real Pro	operty) (see i	nstructions)
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	2 Rent received	or accrued			- 3(a) Deductions	directly coppe	atad with
(a) From personal prop	perty	(b) From r	eal and personal propert	y	the income in	columns 2(a) a	
(if the percentage of rent for property is more than 10%	but not	property ex	entage of rent for person ceeds 50% or if the rent	is	(attach schedule)		
more than 50%)		básed	l on profit or income)				
(1)							
(2)							
(3)							
(4)							
Total	Т	otal			(h) Tatal da duations - E		
(c) Total income. Add totals of conhere and on page 1, Part I, line 6					(b) Total deductions. En here and on page 1, Part I, line 6, column (B)		
Schedule E – Unrelated D	ebt-Financed	Income (see	instructions)				
1 Description of deb	t financed proper	+ <i>i</i>	2 Gross income from	3 De	eductions directly con debt-finan	nnected with or ced property Sectors	allocable to ee St 6
I Description of deb		ty	or allocable to debt- financed property	don	(a) Straight line reciation (attach sch)	(b) Other d	leductions
				uepi		(attach so	
(1)				_		-	
(2) (3)				_		-	
(3)				_		-	
(4)				_			<u></u>
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju or allocable to property (atta	debt-financed	6 Column 4 divided by column 5	rep	7 Gross income portable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total of
(1)			00				
(2)			00				
(3)			00				
(4)			00				
				Ente Part	r here and on page 1 1, line 7, column (A).	, Enter here an Part I, line 7,	d on page 1, column (B).
Totals			•				. /
Total dividends-received deducti	included in a			L	•	•	
							990-T (2019)
BAA		TE	EA0203L 09/19/19			FUITI	330-1 (2019)

95-6042622

Page 4

Schedule F – Interest, A			-		trolled Or							,
1 Name of controlled organization	ident	nployer tification ımber	i	Net unr ncome ee instru		4	4 Total of speci payments ma	ified de	that is included in c		eductions directly onnected with ome in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7 Taxable Income	inco	t unrelated ome (loss) nstructions)			f specified nts made	d	10 Part of included ir organization	n the d	controlling		connected	tions directly d with income blumn 10
(1)												
(2)												
(2) (3) (4)												
(4)												
Totals							Add columns here and on p 8, co	s 5 an bage 1 lumn	, Part I, line		e and on p	6 and 11. Enter bage 1, Part I, line lumn (B).
Schedule G – Investme							or (17) Orga	nizat	ion (see ins	truction	าร)	
1 Description of income		2 Amount			3 direa	De ctly	ductions connected schedule)		4 Set-asides 5 Tota (attach schedule) 5 Tota		I deductions and sides (column 3 us column 4)	
(1)												
(2)												
(3)												
(4)												
Totals. Schedule I – Exploited I	►	Enter here an Part I, line 9,	colur	mn (A).	or Tha	n /	dvertising	Incor	ne (coo inct	ruction	Part I, li	re and on page 1 ne 9, column (B)
Schedule I – Exploited	Exempt	2 Gross							-			25
1 Description of exploited	activity	unrelate busines income fro trade of busines	d s om r	conne proc of u	ected with duction nrelated ess income	fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	activ	s income from ity that is not ated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).
(1)												
(1) (2) (3) (4)												1
(3)												1
(4)						-						1
Totals	Þ	Enter here on page Part I, line column (1, e 10,	on p Part I	here and bage 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 25.
Schedule J – Advertisir	na Incon	ne (see inst	ructio	ns)								1
Part I Income From Pe					nsolida	ter	Racic					
1 Name of periodica		2 Gross advertisin income	5	3 D adve	Direct Prtising Direct	4 / (I	Advertising gain or oss) (col. 2 minus col. 3). If a gain,		irculation ncome		adership osts	7 Excess readership costs (col. 6 minus col. 5, but not more
							compute cols. 5 through 7.					than col. 4).
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5)))►											

 Form 990-T (2019) Associated Students of SDSU
 95-6042622
 Page

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readershi costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(2) (3)						
(4)						
Totals from Part Ⅰ►						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1- 5)►						
Schedule K – Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devote to business	d to unrela	ation attributable ated business
		+			-	

		00	
		0/0	
		0/0	
		0/0	
Total. Enter here and on page 1, Part II, line 14	•	►	

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Form 990-T (2019)

Federal Statements

Associated Students of SDSU San Diego State University

Page 1

95-6042622

Statement 1 Form 990-T, Part III, Line 36 Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
Taxable Income		\$ 0. \$ 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	\$O.
Statement 2 Schedule M, Part I, Line 12 Other Income Program Service Rever		Т	<u>\$ 4,384,125.</u> otal <u>\$ 4,384,125.</u>
Statement 3 Schedule M, Part II, Line 2 Other Deductions	7		
Equipment Facility administrati Insurance Miscellaneous Promotions Resale merchandise Services Supplies Travel	on	T	8,885. 6,885. 54,887. 17,478. 1,167,607. 666. 257,966. 46,330. 7,067.

Federal Statements

Associated Students of SDSU San Diego State University

Page 2

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Loss Year Ending		riginal Loss	Loss Previously Used		Loss Available
6/30/19 Net Operating Loss Taxable Income Net Operating Loss					. \$ -705,317
Statement 7 Schedule M, Part I, Line Other Income Program Service Rev				Total	
Statement 8 Schedule M, Part II, Line Other Deductions Corporate Administr Equipment Insurance Miscellaneous Office Promotions Services Supplies Travel Jtilities	ation				7,49 2,44 62 4,17 5 2,22 31,10 32 7,61
Statement 9 Schedule M, Part II, Line Net Operating Loss Dec	luction	riginal Loss	Loss Previously Used		Loss Available
Loss Year Ending					

General Elections

Associated Students of SDSU San Diego State University Page 1

95-6042622

Election to Waive Net Operating Loss Carryback

Pursuant to IRC Section 172(b)(3), the Organization hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended 6/30/20.

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-1878
Department of the Treasury Internal Revenue Service	For calendar year 2019, or fiscal year beginning <u>7/01</u> , 2019, and ending <u>6/30</u> ► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.		2019
	sociated Students of SDSU n Diego State University	Employer i 95-60	identification number
Name and title of officer	in Diego State University	55 00	12022
Christina Brown	Executive Directo	or	
Check the box for the return check the box on line 1a , 2 leave line 1b , 2b , 3b , 4b , o	rn and Return Information (Whole Dollars Only) in for which you are using this Form 8879-EO and enter the applicable amour 2a , 3a , 4a , or 5a , below, and the amount on that line for the return being filed r 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- Do not complete more than one line in Part I.	with this forn	n was blank, then
1 a Form 990 check here	► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12	2)	1b 26,439,919.
	here b Total revenue, if any (Form 990-EZ, line 9)		2 b
	k here b Total tax (Form 1120-POL, line 22)		3b
	b Tax based on investment income (Form 990-PF, Part VI,		4b
5 a FOITH 6606 CHECK HE	e b Balance Due (Form 8868, line 3c)		5b
Part II Declaration a	nd Signature Authorization of Officer		
intermediate service provice the IRS (a) an acknowledg refund, and (c) the date of funds withdrawal (direct de organization's federal taxe contact the U.S. Treasury I authorize the financial inst answer inguiries and resol	amount in Part I above is the amount shown on the copy of the organization's ler, transmitter, or electronic return originator (ERO) to send the organization's ement of receipt or reason for rejection of the transmission, (b) the reason for any refund. If applicable, I authorize the U.S. Treasury and its designated Fir bit) entry to the financial institution account indicated in the tax preparation s s owed on this return, and the financial institution to debit the entry to this ac Financial Agent at 1-888-353-4537 no later than 2 business days prior to the itutions involved in the processing of the electronic payment of taxes to receiv we issues related to the payment. I have selected a personal identification nu eturn and, if applicable, the organization's consent to electronic funds withdray	's return to ti r any delay in ancial Agen software for p count. To rev count. To rev confidentia mber (PIN) a	ne IRS and to receive from n processing the return or t to initiate an electronic bayment of the voke a payment, I must tlement) date. I also al information necessary to
Officer's PIN: check one b	-	100	
X authorize Richar	Cd H Rechif Jr CPA to enter my PIN	199 Enter five nur	
a state agency(ies) reg the return's disclosure As an officer of the orga indicated within this re	year 2019 electronically filed return. If I have indicated within this return that a cop ulating charities as part of the IRS Fed/State program, I also authorize the af consent screen. nization, I will enter my PIN as my signature on the organization's tax year 2019 ele turn that a copy of the return is being filed with a state agency(ies) regulating y PIN on the return's disclosure consent screen.	do not enter a y of the return orementione ectronically file	all zeros n is being filed with d ERO to enter my PIN on ed return. If I have
Officer's signature	Date ►		
Part III Certification			
ERO's EFIN/PIN. Enter you	r six-digit electronic filing identification your five-digit self-selected PIN		33690181955 Do not enter all zeros
above. I confirm that I am su	neric entry is my PIN, which is my signature on the 2019 electronically filed re bmitting this return in accordance with the requirements of Pub. 4163, Modernized e ders for Business Returns.	eturn for the e-File (MeF) Ir	organization indicated nformation for
ERO's signature	Date ►		
	ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	0	

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

TAXABLE YEARCalifornia Exempt Organization2019Annual Information Return

FORM **199**

	ar 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019 , ar	nd ending (mm/dd/yyyy) 6/30/	202	0.
Corporation/Or	anization name ASSOCIATED STUDENTS OF SDSU		С	alifornia corporation number
	SAN DIEGO STATE UNIVERSITY		C)148475
Additional infor	mation. See instructions.		FI	EIN
				95-6042622
	(suite or room)		P	MB no.
<u>5500 CA</u> City	MPANILE DRIVE MC 7800	State	7	ip code
SAN DIE	GO	CA		92182-7800
Foreign country	/ name	Foreign province/state/county		oreign postal code
A First Retu		cempt under R&TC Section 23701d, has the		
B Amended		nization engaged in political activities?		····· • Yes X No
C IRC Section	on 4947(a)(1) trust			
D Final Info	rmation Return?			. — —
• Di		ne organization exempt under R&TC Sectior 'es," enter the gross receipts from	n 23701	g? ● Yes X No
	: (mm/dd/yyyy) ● non	member sources	. \$	
		ganization is a public charity exempt under		
	ash 2 X Accrual 3 0 Other	C Section 23701d and meets the filing fee eption, check box. No filing fee is required.		• X
		. ,		
		ne organization a Limited Liability Company		
		the organization file Form 100 or Form 109 ble income?	to rep	ort • X Yes No
H is this ord		ne organization under audit by the IRS or ha		
		ited in a prior year?		
	P Is fr	ederal Form 1023/1024 pending?		
Did the o	rganization have any changes to its guidelines	e filed with IRS		
	red to the FTB? See instructions			
Part I	Complete Part I unless not required to file this form. See General In	formation B and C.		
	1 Gross sales or receipts from other sources. From Side 2, Part	I, line 8 •	1	26,185,558.
	2 Gross dues and assessments from members and affiliates	• • • • • • • • • • • • • • • • • • • •	2	
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received	3	254,361.	
Revenues	4 Total gross receipts for filing requirement test. Add line 1 throu	gh line 3.		
	This line must be completed. If the result is less than \$50,000,	see General Information B ●	4	26,439,919.
	5 Cost of goods sold			
	6 Cost or other basis, and sales expenses of assets sold	• 6		
	7 Total costs. Add line 5 and line 6		7	
	8 Total gross income. Subtract line 7 from line 4		8	26,439,919.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 1		9	26,450,076.
	10 Excess of receipts over expenses and disbursements. Subtract	10	-10,157.	
	11 Total payments	•	11	
	12 Use tax. See General Information K.		12	
	13 Payments balance. If line 11 is more than line 12, subtract line		13	
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 1	1 from line 12 ●	14	
Fee	15 Filing fee \$10 or \$25. See General Information F		15	
	16 Penalties and Interest. See General Information J.		16	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the re	esult	17	0.
Sign	Under penalties of periury. I declare that I have examined this return, including accompanying	ng schedules and statements, and to the best	of my	
Here	correct, and complete. Declaration of preparer (other than taxpayer) is based on all informa Signature	tion of which preparer has any knowledge. Date	14	Telephone
	Signature of officer	DIRECTOR		(619) 594-6555
		Date Check if		PTIN
Paid	signature RICHARD H RECHIF JR	employed	I	200169119
Preparer's Use Only	Firm's name _ RICHARD H RECHIF JR CPA			Firm's FEIN
USC Only	(or yours, if self-employed)		3	8-3944511
	and address SAN DIEGO, CA 92101			Telephone
				(619) 997-5134
	May the FTB discuss this return with the preparer shown above? Se	e instructions	•	X Yes No

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95-6042622

ASSOCIATED STUDENTS OF SDSU

Part II		anizations with gross receipts of m rdless of amount of gross receipts – c				55 (042022
	1	Gross sales or receipts from all bu	•		•	1	
	2	Interest				2	
	3	Dividends				3	383,330
eceipts om	4	Gross rents			•	4	•
other	5	Gross royalties				5	
ources	6	Gross amount received from sale of				6	
	7	Other income. Attach schedule	7	25,802,228			
	8	Total gross sales or receipts from other sou	8	26,185,558			
	9	Contributions, gifts, grants, and similar amo	-			9	
	10	Disbursements to or for members.				10	
	11	Compensation of officers, directors	s, and trustees. Attach	schedule	• • • • • • • • • • •	11	1,224,728
	12	Other salaries and wages				12	10,575,724
xpenses	13	Interest				13	10,0,0,72
nd visburse-	14	Taxes				14	659,076
ients	15						1,007,098
	16	-			15 16	949,762	
	17	Other Expenses and Disbursement				17	12,033,688
	18	Total expenses and disbursements. Add line				18	26,450,076
Schedule	-	Balance Sheet	Beginning of			of taxab	
	: L	Dalance Sheet	(a)	(b)	(c)		(d)
ssets 1 Cash			(a)	20,212,528.	(0)	•	19,474,651
		receivable		887,709.		•	918,979
_		eivable				•	510,575
						•	
		state government obligations				•	
		in other bonds				•	
7 Investn	ients i	in stock				•	
		ns				•	
- 0	-	nents. Attach schedule				•	
10 a Deprec	iable a	assets	15,246,828.		17,145,78	1.	
-		lated depreciation.	10,779,695.	4,467,133.	11,579,29		5,566,491
			10, 115, 0501	.,	11/0/0/10	•	0,000,101
		Attach schedule		485,550.		•	374,712
				26,052,920.			26,334,833
iabilities a				20/032/320.			20,001,000
				2,911,349.		•	3,975,163
		, gifts, or grants payable.		2,911,549.		•	5,975,105
						•	
		btes payable				•	
		es. Attach schedule		4 221 100		-	2 4 4 0 4 4 6
				4,221,190.			3,449,446
		or principal fund		18,920,381.			18,910,224
		nings or income fund					
		ies and net worth		26,052,920.		-	26,334,833
ichedule		1 Reconciliation of income per b		return			20,004,000
		Do not complete this schedule if the					
		• • • • • • • • • • • • • • • • • • •	-10,157.		ooks this year not inclu		
2 Federal	incon	ne tax		in this return. Attach	schedule		

	Net income per books	-10,157.		Income recorded on books this year not included		
2	Federal income tax	•		in this return. Attach schedule	•	
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged		
4	Income not recorded on books this year.			against book income this year.		
	Attach schedule	•		Attach schedule	•	
5	Expenses recorded on books this year not deducted		9	Total. Add line 7 and line 8		
	in this return. Attach schedule	•	10	Net income per return.		
6	Total. Add line 1 through line 5	-10,157.		Subtract line 9 from line 6		-10,157.

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Schedule B	California Copy	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2019
	sociated students of SDS0	r identification number 042622
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
Form 990-PF	527 political organization	
	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page 2
Name of organization	Employer identification numbe	r	
Associated Students of SDSU	95-6042622		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	California Department of Education 1430 N St., Ste 5319 Sacramento, CA 95814	\$216,661.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Department of Parks and Recreation One Capitol Mall, Suite 410 Sacramento, CA 95814	\$ <u>37,700.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page 3
Name of organization	Employer ident	tification nu	ımber
Associated Students of SDSU	95-6042	622	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	NONCASH Property (see instructions). Use duplicate copies of Part II if addition	iai space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No	(b)	(c)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
		'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) N-		(-)	(_\\
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	L		
]\$	
A		Schedule B (Form 990, 990-E	

	3 (Form 990, 990-EZ, or 990-PF) (2019)			1 1 Page 4			
Name of organ	nization Ated Students of SDSU			Employer identification number 95-6042622			
	<i>Exclusively</i> religious, charitable, et or (10) that total more than \$1,000 for t the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribut ompleting Part III, enter the total of (Enter this information once. See	tor. Complet of <i>exclusive</i>	lescribed in section 501(c)(7), (8), te columns (a) through (e) and ely religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift		(d) Description of how gift is held				
	N/A						
	Transferee's name, addres	Rela	tionship of transferor to transferee				
(a) No. from	 (b) Purpose of gift	 (c) Use of gift		(d) Description of how gift is held			
Part I			· · ·				
		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		Relationship of transferor to transferee					
		·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	Relationship of transferor to transferee					
BAA			 Sche	dule B (Form 990, 990-EZ, or 990-PF) (2019)			

2019	California Statements Associated Students of SDSU	Page 1
	San Diego State University	95-6042622
Statement 1 Form 199, Part II, Line 7 Other Income Program Service Revenue		<u>\$ 25,802,228.</u> otal <u>\$ 25,802,228.</u>
Statement 2 Form 199, Part II, Line 17 Other Expenses		
Advertising and Promotion Conferences, Conventions, an Facility expenses Information Technology Insurance Legal Fees Lobbying fees Management fees Misc management & general Office Expenses Other Employee Benefit Payments to Affiliates Pension Plan Contributions Program expenditures	d Meetings	202,284. 71,232. 1,951,710. 223,775. 347,347. 33,567. 5,475. 89,205. 158,222. 580,526. 2,411,263. 3,002,859. 219,015. 2,461,099.
Statement 3 Form 199, Schedule L, Line 12 Other Assets		
Prepaid Expenses and Deferre	d ChargesTo	otal <u>\$ 374,712.</u>
Statement 4 Form 199, Schedule L, Line 18 Other Liabilities		
Accrued Employee Benefits Deferred Revenue	Τ	3,324,261. 125,185. otal \$3,449,446.

TAXABLE YEARCalifornia Exempt Organization2019Business Income Tax Return

FORM **109**

			_					
		or fiscal year beginning (mm/dd/yyyy) 7/01/2019	<u>9</u> , and endin	g (mm/	(dd/yyyy) <u>6/3</u>)/2020		
Corporation/Organ			corporation num	ber				
A 1 111		SAN DIEGO STATE UNIVERSITY				01484 FEIN	475	
Additional informa								
Street address (su	uite/roc	m no.)				95-6 PMB no.	042622	
5500 CAM	PAN	ILE DRIVE MC 7800						
		as a foreign address, see instructions.)	State	Z	ZIP code			
SAN DIEG			CA		92182-7800			
Foreign country n	ame	Foreign province/state/county		F	oreign postal code			
A First Retu	rn Fi	ed?Yes XNo	H Is the organize described in I	ation a n RC Secti	ion-exempt charitable tr on 4947(a)(1)?	ust as	• Yes	X No
B Is this an		ation IRA within the TC Section 23712?						
C Is the ora	aniza	tion under audit by the IRS	Zone (EZ), Los	s Angele	iming any former; Enter s Revitalization Zone (L	ARZ).		
or has the	e IRS	audited in a prior year? • Yes X No	Local Agency	Military	Base Recovery Area (ÌA TA), or Manufacturing	MBŔA),		
D Final Retu			Enhancement	 Yes 	X _{No}			
		d Surrendered (Withdrawn) Merged/Reorganized	J is this organiz	ation a d	qualified pension, profit	-sharina. o	r 👝	_
		n/dd/yyyy)	stock bonus p	lan as d	escribed in IRC Section	401(a)?	• Yes	X _{No}
E Amended	Retu	rn● ∐Yes X No	K Unrelated Bus	iness Ac	ctivity (UBA) Code		• 713990)
F Accounting I	Viethoo	Used: (1) Cash (2) X Accrual (3) Other					• Yes	X No
G Nature of	trade	or business STUDENT SERVICES			I Schedule H (Form 990)		163	110
Taxable	1	Unrelated business taxable income from Page 2, Part II	, line 30		•	1	-92	3,575.
Corporation		Multiply line 1 by the average apportionment percentage						
		Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B				2		
	3	Enter the lesser amount from line 1 or line 2. If the unrelate						
		California and Schedule R was not completed, enter the	e amount from	line 1.	• • • •	3	-92	3,575.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II,	line 30		•	4		
Тах	5	Unrelated business taxable income from line 3 or line 4				5		
Compu- tation	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6					
lation	7	Net Operating Loss deduction. See General Information	7					
	8	Add line 6 and line 7			•	8		
	9	Net unrelated business taxable income. Subtract line 8	from line 5		•	9		
	10	Tax% x line 9. See General Information	ion J		•	10		
	11	Tax credits from Schedule B. See instructions.				11		
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is great				12		0.
IAA	13	Alternative minimum tax. See General Information O				13		
Des	14	Total tax. Add line 12 and line 13		<u></u>	•	14		
Payments	15	Overpayment from a prior year allowed as a credit						
	16	2019 estimated tax payments. See instructions						
	17 10	Withholding (Form 592-B and/or 593.) See instructions.				_		
	18 10	Amount paid with extension (form FTB 3539)		1		10		
	19	Total payments and credits. Add line 15 through line 18				19		
U T	20	Use tax. See instructions.				20		
Use Tax/ Tax Due/	21	Payments balance. If line 19 is more than line 20, subtr				21		
Overpay-	22	Use tax balance. If line 20 is more than line 19, subtract				22		
ment	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return.				23		
	24	Overpayment. Subtract line 14 from line 21. See instruct				24		
	25	Enter amount of line 24 to be applied to 2020 estimated	d tax		•	25		

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ASSOCIATED STUDENTS OF SDSU

95-	6042	2622
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Refu Amo Due		 26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26 27 29	
Unre	elated	Business Taxable Income		
Part	l Uni	elated Trade or Business Income		
1 a	Gross rec	sipts or gross sales b Less returns and allowances c Balance •	1c	
2	Cost of	goods sold and/or operations (Schedule A, line 7)	2	
		rofit. Subtract line 2 from line 1c	3	
		gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4a	
		n (loss) from Part II, Schedule D-1	4b	
	-	loss deduction for trusts	4c	
5	Income	(or loss) from partnerships, limited liability companies, or S corporations. See specific line ons. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5	
		ncome (Schedule C)	6	
7	Unrelat	ed debt-financed income (Schedule D)	7	
		ent income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	
		Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	
		d exempt activity income (Schedule G)	10	
		ing income (Schedule H, Part III, Column A)	11	
12	Other ir	come. Attach schedule SEE_STATEMENT_1	12	4,793,108.
		related trade or business income. Add line 3 through line 12	13	4,793,108.
		uctions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business	income.)	, ,
14	Compe	sation of officers, directors, and trustees from Schedule I	14	
15	Salaries	and wages	15	2,142,581.
16	Repairs	•	16	250,795.
17	Bad del	•	17	
18	Interest	Attach schedule	18	
19	Taxes.	Attach schedule	19	
20	Contrib	itions. See instructions and attach schedule	20	
21 a	Depreciat	on (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F) • 21 a 181,080.		
b	Less: d	epreciation claimed on Schedule A. See instructions 21 b	21	181,080.
22	Depletio	n. Attach schedule	22	
23 a	Contrib	Itions to deferred compensation plans	23a	
b	Employ	ee benefit programs. See instructions. eductions. Attach schedule SEE_STATEMENT_2	23b	648,827.
24	Other d	eductions. Attach schedule	24	2,493,400.
25	Total de	ductions. Add line 14 through line 24	25	5,716,683.
26	Unrelated	business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	-923,575.
27	Excess	advertising costs (Schedule H, Part III, Column B)	27	
28	Unrelat	ed business taxable income before specific deduction. Subtract line 27 from line 26	28	-923,575.
29	Specific	eduction. See instructions	29	
30	Unrelat	ed business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	-923,575.
Sign Here	113 Und corr	earn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to . To request this notice by mail, call 800.852.5711. are penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Title Date	-	lge and belief, it is true,
	offic	er EXECUTIVE DIRECT	(619)	594-6555
Paid		ature RICHARD H RECHIF JR	PTIN P0016	
Pre- parer	's ⊾		Firm's FEIN	
Use	s 🕨	RICHARD H RECHIF JR CPA		944511
Only		1240 INDIA DIALLI ONII 500	Telephone	
		SAN DIEGO, CA 92101	(619)	
	Ma	y the FTB discuss this return with the preparer shown above? See instructions \ldots \bullet	X Yes	No
		Page 2 Form 109 2019 059 3642194 CAEA9812L 12/13/	19	

			and/or Operations.
ASSOCIATED	STUDENTS	OF	SDSU

JJ 0012022	95-	60	42	622
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od of inventory valuation (specify)			
Inventory at beginning of year			1
Purchases.			2
Cost of labor		•	3
Additional IRC Section 263A costs. Attach schedule			4a
Other costs. Attach schedule		•	4b
Total. Add line 1 through line 4b			5
Inventory at end of year			6
Cost of goods sold and/or operations. Subtract line 6 from	m line 5. Enter here and	on Page 2, Part I, line 2	7
Do the rules of IRC Section 263A (with respect to property pr	oduced or acquired for res	ale) apply to this organization	? Yes X No
	•	, , , , , , , , , , , , , , , , , , , ,	
	•	1	
			1
			-
Total. Add line 1 through line 3. If claiming more than 3 credits, enter the	e total of all claimed credits,	_	4
Iedule K Add-On Taxes or Recapture of Tax. See inst	ructions.		
Interest computation under the look-back method for completed long-terr	n contracts. Attach form FTB 3	•	1
			2a
b Method for n	ion-dealer installment of	oligations	2b
		5	3
			4
			5
••	-		le-sales factor formula.
	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
Total Sales.	•	•	
column (a) and multiply the result by 100. Enter the result here and on			
	corporation uses the th	ree-factor formula	
B. Three Fuelor Formula: Complete this part only if the			(c)
	Total within and outside California	Total within California	(c) Percent within California [(b) ÷ (a)] x 100
Property factor: See instructions.	•	•	•
Payroll factor: Wages and other compensation of employees	•	•	•
	•		
Tabal managements and Add the managements and in a domain (a)			•
Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions.		•	•
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2.	onal Property Leased wi	th Real Property	•
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions.			ructions for exceptions.
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions.			3 Percentage of rent attribut- able to personal property
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions. An edule C Rental Income from Real Property and Person ental income from debt-financed property, use Schedule D, R&TC Section 2		ction 23701n organizations. See inst 2 Rent received	3 Percentage of rent attribut- able to personal property %
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions. An edule C Rental Income from Real Property and Person ental income from debt-financed property, use Schedule D, R&TC Section 2		ction 23701n organizations. See inst 2 Rent received	3 Percentage of rent attribut- able to personal property %
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions Tedule C Rental Income from Real Property and Person ental income from debt-financed property, use Schedule D, R&TC Section 2 Description of property	23701g, Section 23701i, and Sec	ction 23701n organizations. See inst 2 Rent received or accrued	3 Percentage of rent attribut- able to personal property % %
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions. Intersection Intersection	23701g, Section 23701i, and Sec	ction 23701n organizations. See inst 2 Rent received or accrued umn 3 is more than 10%, but not n	3 Percentage of rent attribut- able to personal property % % 0%
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions. Income from Real Property and Person ental income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	23701g, Section 23701i, and Sec	ction 23701n organizations. See inst 2 Rent received or accrued	3 Percentage of rent attribut- able to personal property % % hore than 50%
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions. Income from Real Property and Person ental income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	 23701g, Section 23701i, and Sec 5 Complete if any item in col (a) Gross income reportable, 	ction 23701n organizations. See inst 2 Rent received or accrued umn 3 is more than 10%, but not n (b) Deductions directly connected	3 Percentage of rent attribut- able to personal property % % % nore than 50%
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions. Income from Real Property and Person ental income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	 23701g, Section 23701i, and Sec 5 Complete if any item in col (a) Gross income reportable, 	ction 23701n organizations. See inst 2 Rent received or accrued umn 3 is more than 10%, but not n (b) Deductions directly connected	3 Percentage of rent attribut- able to personal property % % % nore than 50%
Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions. Income from Real Property and Person ental income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	 23701g, Section 23701i, and Sec 5 Complete if any item in col (a) Gross income reportable, 	ction 23701n organizations. See inst 2 Rent received or accrued umn 3 is more than 10%, but not n (b) Deductions directly connected	3 Percentage of rent attribut- able to personal property % % % nore than 50%
	Purchases. Cost of labor Additional IRC Section 263A costs. Attach schedule. Total. Add line 1 through line 4b. Inventory at end of year. Cost of goods sold and/or operations. Subtract line 6 from Do the rules of IRC Section 263A (with respect to property pr redule B Tax Credits. Enter credit name code • Enter credit name code • Total. Add line 1 through line 3. If claiming more than 3 credits, enter th on line 4. Enter here and on Page 1, line 11. redule K Add-On Taxes or Recapture of Tax. See inst Interest computation under the look-back method for completed long-tern Interest on tax attributable to installment: a Sales of cerr b Method for r IRC Section 197(f)(9)(B)(ii) election to recognize gain on Credit recapture. Credit name Total. Combine the amounts on line 1 through line 4. See redule R Apportionment Formula Worksheet. Use only A. Standard Method – Single-Sales Factor Formula. Cor Total Sales. Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Page 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions.	Purchases. Cost of labor Additional IRC Section 263A costs. Attach schedule. Other costs. Attach schedule Total. Add line 1 through line 4b. Inventory at end of year. Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and Do the rules of IRC Section 263A (with respect to property produced or acquired for res redule B Tax Credits. Enter credit name code • • Enter credit name code • • Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Page 1, line 11. redule K Add-On Taxes or Recapture of Tax. See instructions. Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3 Interest on tax attributable to installment: a Sales of certain timeshares or reside b Method for non-dealer installment of IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intane Credit recapture. Credit name Total. Combine the amounts on line 1 through line 4. See instructions. Interest Credit name Total. Combine the amounts on line 1 through line 4. See instructions. Interest Credit recapture. Credit name Total Sales. Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Page 1, line 2 B. Three Factor Formula. Complete this part only if the corporation uses the the Payroll factor: Wages and other compensation of employees. Payroll factor: See instructions. Payroll factor: Gross sales and/or receipts less returns Alles factor: Gross sales and/or receipts less returns	Enter credit name code 1 Enter credit name code 3 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Page 1, line 1 3 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Page 1, line 1 3 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 • Interest on tax attributable to installment: a Sales of certain timeshares or residential lots. • b Method for non-dealer installment obligations. • IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles. • Credit recapture. Credit name • • Total. Combine the amounts on line 1 through line 4. See instructions. • Intelle R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts. • A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the sing • Total within and outside California • • Apportionment percentage. Divide total sales column (b) by total sales column (b) more there and on Form 109, Page 1, line 2. • • B. Three Factor Formula. Complete this part only if the corporation u

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Schedule D Unrelated Debt-Financed Income

Concurre D Children	Debermane	cu meome								
1 Description of debt-financed property				2 Gross income from or allocable to debt-		3 Deductions directly connected with or allocable to debt-financed property				
				financed property	(a) Straight-lin (attach scl	ne depreciation nedule)	(b) Other deductions (attach schedule)			
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average a of or alloc financed p (attach sc	adjusted basis able to debt- property hedule)		t basis percentage, mn 4 ÷ column 5	7 Gross income reportable, colum column 6	nn 2 x	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6		- ind	et income (or loss) cludible, column 7 ss column 8
				olo						
				0/0						
				olo						
Total. Enter here and on F	-									
Schedule E Investmen		n R&TC Sec	tion 237	01g, Section 237	01i, or Section 237	701n Oi	ganization			
1 Description	2 Amount	3	Deduction connected schedule)	d (attach	4 Net investment in column 2 less col	ncome, lumn 3	5 Set-asides schedule)	(attach	inc	alance of investment come, column 4 less lumn 5
Tatal Fatan bana and an F		line 0								
Total. Enter here and on F	e .									
Enter gross income from r			.		,					
Schedule F Interest,	Annuities, Ro	yaities and	-		Organizations					
Neme of controlled ergenization				ot Controlled Or	5			(4)	• •	1 P P 0
1 Name of controlled organizations 2 Employer Identification Number		3 incol	unrelated me (loss)	d 4 Total of specified payments made		5 Part of col that is incl the contro organizatio gross inco	uded in lling on's	6 Deductions directly connected with income in column (5)		
1										
2										
3										
Nonexempt Controlled Org	ganizations									
7 Taxable Income			8 Net	unrelated	9 Total of specified	i	10 Part of co	umn (9)		eductions directly
		inco	me (loss)	payments made		that is included in the controlling organization's gross income		connected with income in column (10)		
1										
2										
3										
4 Add columns 5 and 1	0									
5 Add columns 6 and 1	1									
6 Subtract line 5 from	line 4. Enter h	nere and or	n Page 2	, Part I, line 9.						
Schedule G Exploited	l Exempt Acti	vity Incom	e, other	than Advertisir	ng Income					
1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses connected production unrelated business	t with n of	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	att	penses ributable to lumn 5	7 Excess ex expense, o 6 less colu but not mo column 4	column Imn 5	8 Net income includible, column 4 less column 7 but not less than zero
						<u> </u>				
						<u> </u>				
Tatal Enternal 1 - 5										
Total. Enter here and on F	rage 2, line 10	J								

Schedule H Advertising Income and Excess Advertising Costs

Par	t I Income	from Perio	dicals Re	ported on a C	onsolio	lated Basis							
1 Name of periodical 2 Gross advertising income		ne costs		4 Advertising incomposed excess advertise costs. If column greater than concomplete column 6, and 7. If column 6, and 7. If column 2, enter the exc. Part III, column Do not complete columns 5, 6, and columns	ing 1 2 is lumn 3, ins 5, imn 3 column ess in B(b). e			6 Readership costs		7 If column 5 is great than column 6, end the income shown column 4, in Part 1 column 4(b). If column 6 is greate than column 5, subtract the sum o column 6 and colu 3 from the sum of column 5 and colu 2. Enter amount in Part III, column AQ If the amount is les than zero, enter -0			
						-						-	
Tota	ls												
-		from Perio	dicals Re	ported on a S	Separate	Basis							
<u></u>	•												
Par	t III Colum	1 A – Net A	dvertising	g Income		•	Par	t III Column I	B – Exc	ess Adverti	sing Cos	sts	
	•••	nsolidated perio n-consolidated		or names of	Part I, o amoun	r total amount from column 4 or 7, and t listed in Part II, lumns 4 or 7	(a) Enter "consolida non-con		lical" and/or n periodicals	ames of	from	Enter total amount Part I, column 4, and unts listed in Part II, column 4
-			,			-	Enter	total here and on	Page 2, P	art II, line 27			
<u>Scn</u>	edule I Name of Office		2 SSN	ficers, Directo	ors,and 3 ⊺		4	Democrat of times	5	0		6	F
1		21	2 331	UT TTIN	5	lue		Percent of time devoted to busine	ss 5	Compensati attributable unrelated bi	to		Expense account allowances
									010				
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Tota	I. Enter here	and on Pag	ge 2, Part	II, line 14									
Sch			n (Corpo			ions only. Trus	ts use	e form FTB 38			•		
1	Group and guid description of			2 Date acquir (dd/mm/yy		Cost or other basis	4	Depreciation allowed or allowable in prior years	co	ethod of omputing epreciation	6 Life rat	e or e	7 Depreciation for this year
1	Total additi	onal first-ye	ar depr <u>ec</u>	iation (do not	include	e in items below)						
2	Other depre	eciation:											
	Buildings												
	Furniture an	nd fixtures.											
	Transportat	ion equipme	ent										
	Machinery a other equip	and ment											
	Other (spec	cify)											
3	Other depre	eciation											
4													
5													
6	Balance. Si	ubtract line	5 from lin	ie 4. Enter he	re and o	on Page 2, Part	II, lin	e 21a					

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2019 Net Operating Loss (NOL) Computation and NOL and Disater Loss Limitations – Corporations 3805Q Attach to Form 100, Form 1000, Form 100, F	TAXABLE Y	EAR	•							CALIF	ORNIA FORM			
Attach to Form 100, Form 100W, Form 100W, Form 109. California composition number Composition Form 100, Form 100W, Form 100W, for composition end to SAM DIEGO SPTATE UNIVERSITY Difference composition number Daring the taxeley part the concrustion incurred the RU, the composition end with a sequence of the composition number Difference composition number Off Off Sequence of the Composition of the Composition end and the composition number Difference composition number Off Off Off Sequence of the Composition of the composition number Difference composition number Off Off Off Sequence of the Composition of the composition number Difference composition number Off The tops form 100, Incent Tolk, Incent Composition of the composition number Difference composition number Difference composition number Off The tops form 100, Incent Tolk, Incent Composition and the composition number Difference composition number Difference composition number Subtract Ince 2 from 100, Incent 1, Ince composition of the composition number Difference composition number Difference composition number Difference composition number Subtract Ince 2 from the loss incurred by an explose senduated in Ince 3. Difference composition number Difference composition number Difference composition number Subtr	20 19									3	805Q			
ASSOCIATED STUDENTS OF BD30 D148473 Dring the table year the corporation mand the NOL, the organization was (b): (a): Corporation D148473 Oil = comparison (b): Experiation was (b): (b): Corporation (reschiption be tand a a corporation) 95-6042622 Oil = comparison (b): Experiation (reschiption) 95-6042622 If the corporation previously field california to returns under anther corporate name, eater the corporation name and California corporator number. 923,575. Oil = comparison (b): Ell = Corm 1000, line 18; Corm 1000, line 18; Corm 1000, line 18; Corm 1000, line 18; Corm 1000, line 13, Corporation 19, line 2. 1 923,575. Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. 4a 4a 4a Is Erist the amount of the loss incurred by an exployee wobinses included in line 3. 4a 4a 4a Is Corrent up are NOL. Add line 2, line 4c, and line 5. See instructions. Image: and line 4b, and line 2, line 4c, and line 5. See instructions. 9 923,575. Part II NOL carryover and disaster loss carryover limitations. See instructions. Image: and line 4b, and line 2, line 2, line 16, or Form 100, line 18; Form 1000W, line 100, form 2018 Antonf (see instructions). Outon Hier Reture		m 100, Forr												
branch the tradie year the convertion sear (b): (b): (c): (c): (c): (c): (c): (c): (c): (c	Corporation name	ASSOC							California cor	poration nu	mber			
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If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting, Parl Current year NOL. If the corporation does not have a current year NOL, go to Part II. 1 Net loss from Form 100, line 18; Form 100%, line 15; or Form 19; line 2. 2 and goater loss included in line 1. Enter as a positive number. 2 and goater loss included in line 1. Enter as a positive number. 2 and goater loss included in line 1. Enter as a positive number. 2 and goater loss included in line 2. Enter as a mount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 a Enter the amount of the loss incurred by an eligible small business included in line 3. 4 and income – Enter the amount from form 100, line 18; form 100W, line	S corpo	ration 🔘	X Exempt o	rganization 💿 🗌 Limit	ed liabi	lity company (electin	g to be taxed as a corporati	on)	95-6042	2022				
If the corporation is included in a combined report of a unitary group, see instructions. General Information C, Combined Reporting. PART		n previously file	ed California	tax returns under another of	corpora	te name, enter the co	prporation name and Califor	nia corporation	number:					
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b Enter the amount of the loss incurred by an eligible small business included in line 34b											923,575.			
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Form 1005, line 15 less line 16; or Form 109, line 2; (but not less than -0-)	1 Net inco	me - Ente	r the amo	unt from Form 100 li	ne 18	· Form 100W lin	ne 18 [.]	Available	balance	4				
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line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0														
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	line 21; F	Form 100W,	line 21; c	or Form 100S, line 19	. Forn	n 109 filers enter	r -0	· · · · · · · · · · · · · · · · · · ·	2		0.			
line 17; or Form 109, line 7	3 Subtract	line 2 from	line 1. En	iter the result here an	id on	Form 100, line 1	9; Form 100W, line 1	9; Form 100)S,					
	line 17; o	or Form 109	, line 7						(•) 3		0.			

TAXABLE Y		Operati	ing Loss (NOL) C	`om	nutation and				CALI	FORNIA FORM
2019	NO	L and D	isaster Loss Lim	itati		ations				3805Q
Attach to For		m 100W, F	Form 100S, or Form 1	09.		CONTIN		EE fornia cor		SE 2
Corporation name	ASSOC:		STUDENTS OF S		ſ					under
During the taxah			TATE UNIVERSI rred the NOL, the corporati		s a(n):	rnoration	FEI	48475 N)	
						g to be taxed as a corporati	on) 95	-6042	2622	
ч Ц			<u>с</u>			prporation name and Califor		nber:		
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	ation is incl	uded in a	combined report of a	a uni	tary group, see ir	structions, General	nformation C,	Combir	ed Rep	oorting.
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1 Net loss Enter as	a positive r	100, line 1 1umber		8; F	orm 1005, line 15	; or Form 109, line 2.		1		
						• • • •				
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5 General	NOL. Subtra	act line 4c	from line 3					5		
6 Current y	/ear NOL. A	dd line 2,	line 4c, and line 5. S	see ir	nstructions			. • 6		,
Part II NO	L carryover	and disa	ster loss carryover li	mitat	tions. See instruc	tions.				
							(g) Available ba	ance		
			unt from Form 100, li 16; or Form 109, line							
Prior Year N				<u>, (</u>		<u> </u>				
(a) Year of loss	(b) Code — See instructions	(c) Type of NOL - See below*	(d) Initial loss – See instructions		(e) Carryover from 2018	(f) Amount used in 2019				(h) yover to 2020 e) minus col. (f)
2@2012		GEN	145,348.	ullet	145,348.	0.		0.	۲	145,348.
•2013		GEN	363,331.	۲	363,331.	0.		0.	ullet	363,331.
•2014		GEN	745,507.	$oldsymbol{O}$	745,507.	0.		0.	ullet	745,507.
•2015		GEN	739,600.		739,600.	0.		0	$ \bigcirc $	739,600.
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2019										
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Part III 201										
			ne 2. column (f)					•1		0.
2 Enter the	total amoun	t from line	1 that represents disas	ster l	oss carryover dedu	ction here and on Form	100,	-		0.
3 Subtract	line 2 from	line 1. En	iter the result here ar	nd or	Form 100, line 1	9; Form 100W, line 1	9; Form 100S,	-		0.
iiie 17; (5 FUTTI 109	, me /						. • 3		<u> </u>

TAXABLE Y		Onerati	ing Loss (NOL) C	`om	nutation and				CALIF	FORNIA FORM
2019	NO NO	L and D	isaster Loss Lim	itati	•	ations			3	3805Q
Attach to For		m 100W, F	form 100S, or Form 1	09.		CONTIN	UATION SHE		PAG poration n	E 3
Corporation name	ASSOC		STUDENTS OF S FATE UNIVERSI		ſ			847		umber
During the taxab			rred the NOL, the corporati		s a(n): • C cc	rporation	FEIN			
S corpo	ration 🔘	X Exempt o	rganization 💿 🗌 Limit	ed liat	pility company (electin	g to be taxed as a corporat	on) 95-	6042	2622	
If the corporation	n previously file	ed California	tax returns under another	corpor	ate name, enter the co	prporation name and Califo	nia corporation numb	er:		
•										
	ation is incl	uded in a	combined report of a	a uni	tary group, see ir	structions, General	Information C, C	ombir	ned Rep	orting.
			corporation does not							
1 Net loss Enter as	a positive r	100, line 1 1umber	8; Form 100W, line 1	18; Fo	orm 1005, line 15	; or Form 109, line 2		. 1		
			line 1. Enter as a po							
			zero or less, enter -0							
			ncurred by a new bus							
			ncurred by an eligible							
			from line 3							
			line 4c, and line 5. S							
-			ster loss carryover li					0		
	L carryover		ster loss carryover in	ma			(g)			
1 Net inco	me – Ente	r the amo	unt from Form 100, li	ne 18	8. Form 100W lin	e 18·	Available bala	nce	-	
Form 10	00S, line 15	less line	16; or Form 109, line	2; (b	out not less than -	0-)				
Prior Year N	-	(0)	(d)	<u> </u>	(0)	(f)				(h)
(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	Initial loss – See instructions		(e) Carryover from 2018	Amount used in 2019				yover to 2020 e) minus col. (f)
2@2016		GEN	658,721.	۲	658,721.	0.		0.	۲	658,721.
•2017		GEN	584,830.	ullet	584,830.	0.		0.	ullet	584,830.
•2018		GEN	733,682.	$oldsymbol{O}$	733,682.	0.		0.	۲	733,682.
Current Year	NOLs			lacksquare					lacksquare	
										d) minus col. (f)
3 2019		DIS							See	instructions.
4 2019										
2019										
2019										
2019										
	-		w Business (NB), Elig	gible	Small Business (ESB), or Disaster (DI	S).			
Part III 201	9 NOL ded	uction								
1 Total the	amounts ir	n Part II, li	ne 2, column (f)					•1		0.
2 Enter the line 21; F	total amoun Form 100W,	t from line line 21; c	1 that represents disa r Form 100S, line 19	ster lo . For	oss carryover dedu m 109 filers enter	ction here and on Forr	1 100,	. 2		0.
3 Subtract	line 2 from	line 1. En	ter the result here ar	nd on	Form 100, line 1	9; Form 100W, line 1	9; Form 100S,	0 3		0.
1110 17, C		, III C /						9 3		<u> </u>

2019	California Statements		Page 1
	Associated Students of SDSU San Diego State University		95-6042622
Statement 1 Form 109, Part I, Line 12 Other Income			
Program Service Revenue			,793,108. ,793,108.
Statement 2 Form 109, Part II, Line 24 Other Expenses Corporate Administration Facility Administration Insurance Miscellaneous Office Promotions Resale Merchandise Services Small Equipment Supplies Travel		\$	641,030. 6,885. 57,332. 18,103. 4,176. ,167,662. 666. 260,194. 16,377. 77,436. 7,390.
Utilities		Total <u>\$ 2</u>	236,149. ,493,400.

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)					DEPARTMENT OF JU	JSTICE 1 of 5	
IN MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400	TO A	REGISTRATION R	AL OF CALIFO	ORNIA	(For Registry Use		2
STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400	Failure to subn organization's ac	tions 12586 and 12587, Calif Cal. Code Regs. sections 30 nit this report annually no later than f ccounting period may result in the los of \$800, plus interest, and/or fines or f	1-306, 309, 311, and our months and fifteen aft as of tax exemption and th	312 ter the end of the te assessment of a			
WEBSITE ADDRESS: www.ag.ca.gov/charities/		23703; Government Code section 1258	36.1. IRS extensions will b				
ASSOCIATED STUDENTS SAN DIEGO STATE UNIV			Check if: Change of Amended r				
List all DBAs and names the organization of 5500 CAMPANILE DRIVE			State Charity	Registration Num	uber 005965		
Address (Number and Street)					000000		
SAN DIEGO, CA 92182- City or Town, State and ZIP Code	7800		Corporation or	Organization No	o. <u>0148475</u>		
(619) 594-6555 Telephone Number	E-mail Ad	EAGA@SDSU.EDU	Federal Emplo	oyer ID No. <u>95</u>	-6042622		
ANNUAL F	EGISTRATION	RENEWAL FEE SCHEDULE (1 Make Check Payable to De			11, and 312)		
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual	Revenue	F	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$25 Between \$250,001 and \$1 r	, .		0,001 and \$10 millior 00,001 and \$50 millic 50 million	on \$	150 225 300
PART A – ACTIVITIES							
For your most recent full a	accounting peri	iod (beginning 7/01	/19 ending	6/30/20) list:		
Gross Annual Revenue \$	26,439,919	9. Noncash Contribution	s \$	0. Total A	ssets \$ <u>26,33</u>	4,83	33.
Program Ex	penses \$	23,682,986.	Total Expenses	\$ 26,45	0,076.		
	·	, <u>, </u>					
PART B – STATEMENTS Note: All questions must be an providing an explanation	swered. If you		uestions below, yo	u must attach a	separate page	No.	
1 During this reporting period, v	vere there any	contracts, loans, leases or other fin	ancial transactions betw	een the organiza	ation and any	Yes	
officer, director or trustee thereof,	either directly o	or with an entity in which any	such officer, director o	r trustee had any t	financial interest?		X
2 During this reporting period, v	vas there any t	heft, embezzlement, diversio	on or misuse of the o	organization's charita	ble property or funds?	Ш	Х
3 During this reporting period, v	vere any organ	ization funds used to pay an	y penalty, fine or ju	dgment?			Х
4 During this reporting period, v coventurer used?	vere the service	es of a commercial fundraiser, fur	ndraising counsel fo	r charitable purposes	s, or commercial		X
5 During this reporting period, of	lid the organiza	ation receive any governmen	tal funding?	SEI	E STATEMENT 1	Х	
6 During this reporting period, o	lid the organiza	ation hold a raffle for charitat	ble purposes?				X
7 Does the organization conduct	t a vehicle don	ation program?					Х
8 Did the organization conduct generally accepted accounting	an independent g principles for	t audit and prepare audited f this reporting period?	inancial statements	in accordance w	vith	Х	
9 At the end of this reporting pe	eriod, did the or	rganization hold restricted net a	ssets, while reporting	negative unrest	ricted net assets?		Х
I declare under penalty of perju and belief, the content is true, o				locuments, and	to the best of my kno	owled	ge
		ISTINA BROWN	EXECUTIVE	DIRECTOR			
Signature of Authorized Agent	Printec	d Name	Title		Date		

Associated Students of SDSU San Diego State University

Page 1

95-6042622

Statement 1 Form RRF-1, Part B, Line 5 Government Agency That Provided Funding

California Department of Education 1430 N St., Suite 5319 Sacramento, CA 95814

Department of Parks and Recreation Division of Boating and Waterways One Capitol Mall, Suite 410 Sacramento, CA 95814

Date Accep	oted				DO	NOT MA	IL THIS	FORM TO THE	FTB
TAXABLE `	YEAR Califo	rnia e-file Retu	rn Autho	rization	for			FOR	M
2019	9 Exemi	pt Organization	S					8453-	-EO
Exempt Organ			-				Identif	iying number	
ASSOCIA	ATED STUDENTS (OF SDSU					95-	6042622	
Part I	Electronic Return	Information (whole dollars	s only)						
		199, line 4)							
	•	199, line 8)							
3 Total	expenses and disburs	sements (Form 199, Line 9))					26,450,0	076.
Part II	Settle Your Acco	unt Electronically for	Taxable Yea	ar 2019					
4 E	lectronic funds withdra	awal 4a Amount		 4b Wi	hdrawal d	ate (mm/c	ld/yyyy)		
Part III	Banking Informat	tion (Have you verified the	e exempt organi	ization's bank	ing inform	ation?)			
5 Routi	ng number				_	1			
6 Accou	unt number			7 Type of acc	ount:	Checking		Savings	
Part IV	Declaration of Of	ficer							
	the exempt organizati for the amount listed	ion's account to be settled on line 4a.	as designated in	n Part II. If I c	heck Part	II, Box 4,	l authoriz	e an electronic fund	ls
return origi correspond organization Tax Board for the fee statements	nator (ERO), transmitting lines of the exemption of the exemption is true, correct (FTB) does not receive liability and all applicate transmitted to the FT	e that I am an officer of the a ter, or intermediate service of organization's 2019 Calif t, and complete. If the exemp e full and timely payment of able interest and penalties. TB by the ERO, transmitter, of thorize the FTB to disclose	e provider and the ornia electronic of organization is of the exempt of authorize the or intermediate se	ne amounts in return. To the filing a balance rganization's f exempt organ ervice provider. intermediate	Part I abo e best of n e due retur ee liability nization re If the proc service pr	ove agree ny knowled n, I unders d, the exen turn and a cessing of t ovider the	with the a dge and b tand that if npt organi ccompany the exempt reason(s	mounts on the elief, the exempt the Franchise zation will remain lia ving schedules and t organization's	able
Sign	•			EX	ECUTIV	E DIREC	CTOR		
Here	Signature of officer		Date	Title					
Part V	Declaration of Fl	ectronic Return Origi	nator (FRO)	and Paid P	renarer	See instri	ictions		
the best of organizatio officer's sig forms and Authorized exempt orga under pena statements	my knowledge. (If I a n's return. I declare, h gnature on form FTB 8 information that I will e-file Providers. I will anization return is filed, alties of perjury, I decla	e above exempt organization am only an intermediate se however, that form FTB 845 8453-EO before transmitting file with the FTB, and I hav keep form FTB 8453-EO of whichever is later, and I will are that I have examined the y knowledge and belief, the	rvice provider, I 53-EO accuratel g this return to t ve followed all o on file for four you make a copy avain the above exemption	I understand t y reflects the the FTB; I hav ther requirem ears from the ailable to the F ot organization	hat I am n data on th e provided ents descr due date TB upon re n's return a	ot respons e return.) I the organ ibed in FT of the retu quest. If I a and accom	sible for re I have obtinization of B Pub. 13 rn or four am also the npanying s	eviewing the exempt tained the organizat ficer with a copy of 45, 2019 Handbook years from the date e paid preparer, schedules and	t all for e the
	ERO's			Date	Chec		Check if self-	ERO'S PTIN	
ERO	signature				prepa	arer X	self- employed Σ Firm's		
Must	Firm's name (or yours		RICHARD H RECHIF JR CPA						
Sign	if self-employed) and address		ET UNIT 30	8			CA ZIP co	<u>38-3944511</u> de 92101	
Under penaltie	s of periury. I declare that I I	SAN DIEGO have examined the above organizati	ion's return and acco	ompanying schedu	les and stater		CA	52101	thev
		is declaration based on all informa						,	·-,
	Paid .			Date			_	Paid preparer's PTIN	
Paid	preparer's signature					Check if self-emp			
Preparer							Firm's	FEIN	
Must Sign	Firm's name (or yours if self-								
Jigii	èmployed) and address						ZIP co	de	
For Privacy	/ Notice, get FTB 1131	I ENG/SP.						FTB 8453-EO	2019