

DRAFT

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

DRAFT



Independent Member of Nexia International

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

DEAR BARNABY:

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

2020 FORM 990

2020 CALIFORNIA FORM 199

2020 CALIFORNIA FORM RRF-1

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

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

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

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

VERY TRULY YOURS,

LISA M. CUMMINGS, CPA
SENIOR MANAGER

**IMPORTANT
PLEASE RESPOND IMMEDIATELY**

EFILE SIGNATURE AUTHORIZATION FORM(S)

****URGENT – NEW E-FILING RULE WITH MAJOR IMPACT****

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

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

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

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

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

- EMAIL: SACREFILE@COHNREZNICK.COM
- FAX: (916) 930-5739
- SECURE UPLOAD VIA SHAREFILE WEB SOLUTION: CLICK [THIS LINK](#) TO ACCESS **USE OTHER RETURN OPTIONS IF UNABLE TO ACCESS SHAREFILE LINK**

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

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

THANK YOU,

CohnReznick LLP

COHNREZNICK LLP

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TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

DRAFT

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.	Taxpayer identification number 95-2044300
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Name and title of officer or person subject to tax
**BARNABY PEAKE
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,362,438.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize COHNREZNICK LLP to enter my PIN 95814
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68297668297
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ COHNREZNICK LLP Date ▶ 02/01/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form sections B through M: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts, H(a) Is this a group return, H(b) Are all subordinates included, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and Preparer information fields: Sign Here, Preparer, Firm's name, Firm's address, Date, PTIN, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE PURPOSE OF ASSOCIATED STUDENTS, INC. IS TO PROVIDE AND PROMOTE OPPORTUNITIES FOR STUDENT PARTICIPATION IN CAMPUS GOVERNANCE; PROVIDE AN OFFICIAL VOICE THROUGH WHICH STUDENT OPINION MAY BE EXPRESSED; TO PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPERIENCE AND TRAINING IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 420,389. including grants of \$ 137,338.) (Revenue \$ 420,389.)
STUDENT GOVERNMENT AND ELECTIONS ARE DESIGNED TO ENHANCE COLLEGIATE EXPERIENCE THROUGH PARTICIPATION IN CAMPUS GOVERNANCE. ELECTIONS ARE AIMED TO ENCOURAGE CAMPUS-WIDE PARTICIPATION OF APPROXIMATELY 27,000 STUDENTS WHO ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES.

4b (Code:) (Expenses \$ 329,011. including grants of \$) (Revenue \$ 329,011.)
COMMUNITY SERVICES SUPPORT AND ENCOURAGE PARTICIPATION WITHIN THE COMMUNITY THROUGH VARIOUS ACTIVITIES AND INVOLVEMENT

4c (Code:) (Expenses \$ 237,368. including grants of \$ 2,044.) (Revenue \$ 603,897.)
OTHER STUDENT SERVICES TO SUPPORT APPROXIMATELY 27,000 STUDENTS WHO ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **986,768.**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding IRS filings and tax compliance.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JUDITH BENJAMIN - 323-343-4780
5151 STATE UNIVERSITY DRIVE, #SSB 5380, LOS ANGELES, CA 90032

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMBER BEASLEY DIVERSITY/INCLUSION-CAMPUS AFFAIRS	5.00	X					0.	0.	0.	
(2) ANALIZ MARMOLEJO VP FOR EXTERNAL AFFAIRS/ADVANCEMENT	5.00	X		X			0.	0.	0.	
(3) ANNA NGUYEN SECRETARY/TREASURER	5.00	X		X			0.	0.	0.	
(4) BARNABY PEAKE EXECUTIVE DIRECTOR	40.00			X			0.	0.	0.	
(5) BRAJOHN HICKS COLLEGE OF ARTS & LETTERS REP	5.00	X					0.	0.	0.	
(6) BROOKE REILLY MERO CIVIC ENGAGEMENT-COMMUNITY AFFAIRS	5.00	X					0.	0.	0.	
(7) DIANA CHAVEZ PRESIDENT	5.00	X		X			0.	0.	0.	
(8) DIANA SARAI VALDEZ COLLEGE OF ECS&T REP	5.00	X					0.	0.	0.	
(9) EMILY SANDOVAL COLLEGE OF NATURAL/SOCIAL SCIENCES	5.00	X					0.	0.	0.	
(10) JAZMIN ENNIS COLLEGE OF HEALTH & HUMAN SERVICES	5.00	X					0.	0.	0.	
(11) JOCELYN VARGAS V.P. FOR ACADEMIC GOVERNANCE	5.00	X		X			0.	0.	0.	
(12) JOHANNAKATE CONNALLY COLLEGE OF BUSINESS/ECONOMICS REP	5.00	X					0.	0.	0.	
(13) JOSUE MONTENEGRO V.P. FOR FINANCE	5.00	X		X			0.	0.	0.	
(14) KRISTY LAM COLLEGE OF NATURAL/SOCIAL SCIENCES	5.00	X					0.	0.	0.	
(15) KYLE MISA COLLEGE OF ECS&T REP	5.00	X					0.	0.	0.	
(16) LAUREN DIANA COLLEGE OF ARTS & LETTERS REP	5.00	X					0.	0.	0.	
(17) MA LEDI HAM LOOT V.P. FOR ADMINISTRATION	5.00 40.00	X		X			0.	0.	0.	

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PHOEBE WONG CHARTER COLLEGE OF EDUCATION REP	5.00	X					0.	0.	0.	
(19) ROCHELE CORDERO COLLEGE OF HEALTH & HUMAN SERVICES	5.00	X					0.	0.	0.	
(20) SIDNEY LIM CHARTER COLLEGE OF EDUCATION REP	5.00	X					0.	0.	0.	
(21) TU (TYLER) NGUYEN VICE CHAIR FOR FINANCE	5.00	X		X			0.	0.	0.	
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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

Form 990 (2020)

95-2044300 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>STUDENT SERVICES</u>	Business Code 90099	603,897.	603,897.			
	b <u>STUDENT GOVERNMENT</u>	90099	420,389.	420,389.			
	c <u>COMMUNITY SVC. SUPPORT</u>	90099	329,011.	329,011.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,353,297.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,035.			9,035.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>MISCELLANEOUS REVENUE</u>	Business Code 90099	106.			106.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		106.				
12 Total revenue. See instructions		1,362,438.	1,353,297.	0.	9,141.		

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

Form 990 (2020)

95-2044300 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	139,382.	139,382.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	18,879.	14,831.	4,048.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	202,032.	157,305.	44,727.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	92,671.	78,412.	14,259.	
10 Payroll taxes	17,509.	14,815.	2,694.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	86,575.	53,356.	33,219.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	15,988.	9,853.	6,135.	
12 Advertising and promotion	27,124.	27,124.		
13 Office expenses	4,947.	3,409.	1,538.	
14 Information technology				
15 Royalties				
16 Occupancy	22,604.	13,816.	8,788.	
17 Travel	167.	30.	137.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,231.	11,143.	7,088.	
23 Insurance	4,238.	2,548.	1,690.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	428,049.	428,049.		
b EQUIP RENTAL & MAINT	18,546.	16,800.	1,746.	
c GENERAL & ADMIN	11,229.	9,620.	1,609.	
d OTHER EXPENSES	9,106.	6,275.	2,831.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,117,277.	986,768.	130,509.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

Form 990 (2020)

95-2044300 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	393,878.	1	144,832.
	2 Savings and temporary cash investments	1,652,298.	2	2,153,109.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,507.	4	22,736.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,789.	9	43,822.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	264,920.		
	b Less: accumulated depreciation	199,724.		
	11 Investments - publicly traded securities	45,087.	10c	65,196.
	12 Investments - other securities. See Part IV, line 11		11	
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,156,559.	15	2,429,695.	
17 Accounts payable and accrued expenses	48,896.	16	58,838.	
18 Grants payable		17		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	38,295.	24	0.	
26 Total liabilities. Add lines 17 through 25	87,191.	25	58,838.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
28 Net assets without donor restrictions	2,069,368.	26	2,370,857.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
30 Capital stock or trust principal, or current funds		27		
31 Paid-in or capital surplus, or land, building, or equipment fund		28		
32 Retained earnings, endowment, accumulated income, or other funds		29		
33 Total net assets or fund balances	2,069,368.	30	2,370,857.	
34 Total liabilities and net assets/fund balances	2,156,559.	31	2,429,695.	

Form **990** (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,362,438.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,117,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	245,161.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,069,368.
5	Net unrealized gains (losses) on investments	5	-7,899.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	64,227.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,370,857.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Employer identification number 95-2044300

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

ASSOCIATED STUDENTS OF CALIFORNIA

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1453671.	1454881.	1416103.	1344336.	1353297.	7022288.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1453671.	1454881.	1416103.	1344336.	1353297.	7022288.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						7022288.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1453671.	1454881.	1416103.	1344336.	1353297.	7022288.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,240.	20,945.	34,268.	28,914.	9,035.	108,402.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,240.	20,945.	34,268.	28,914.	9,035.	108,402.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,028.	22,888.	19,542.	14,066.	106.	77,630.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1489939.	1498714.	1469913.	1387316.	1362438.	7208320.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	97.42 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	97.14 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1.50 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1.49 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and significant voice.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, 3b regarding the Integral Part Test and Activities Test.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 [] Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Table with 3 columns: Description, (A) Prior Year, (B) Current Year (optional). Section A - Adjusted Net Income. Rows include Net short-term capital gain, Recoveries of prior-year distributions, Other gross income, Add lines 1 through 3, Depreciation and depletion, Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions), Other expenses (see instructions), Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).

Table with 3 columns: Description, (A) Prior Year, (B) Current Year (optional). Section B - Minimum Asset Amount. Rows include Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities, Average monthly cash balances, Fair market value of other non-exempt-use assets, Total (add lines 1a, 1b, and 1c), Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets, Subtract line 2 from line 1d, Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions), Net value of non-exempt-use assets (subtract line 4 from line 3), Multiply line 5 by 0.035, Recoveries of prior-year distributions, Minimum Asset Amount (add line 7 to line 6).

Table with 3 columns: Description, (A) Prior Year, (B) Current Year. Section C - Distributable Amount. Rows include Adjusted net income for prior year (from Section A, line 8, column A), Enter 0.85 of line 1, Minimum asset amount for prior year (from Section B, line 8, column A), Enter greater of line 2 or line 3, Income tax imposed in prior year, Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions), Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions table with columns for description and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Section E - Distribution Allocations table with columns for (i) Excess Distributions, (ii) Underdistributions Pre-2020, and (iii) Distributable Amount for 2020. Rows include distributable amount for 2020, underdistributions, and excess distributions carryover.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 21,028.

2017 AMOUNT: \$ 22,888.

2018 AMOUNT: \$ 19,542.

2019 AMOUNT: \$ 14,066.

2020 AMOUNT: \$ 106.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Employer identification number 95-2044300

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures collections, including revenue and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 3 columns: Description, Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii)...

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,441,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-7,899.	
b	Donated services and use of facilities	2b	86,751.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		78,852.
3	Subtract line 2e from line 1	3		1,362,438.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,362,438.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,139,801.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	86,751.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-64,227.	
e	Add lines 2a through 2d	2e		22,524.
3	Subtract line 2e from line 1	3		1,117,277.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,117,277.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ASSOCIATED STUDENTS IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE TAXATION CODE OF CALIFORNIA. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ASSOCIATED STUDENTS HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2021 AND 2020. ASSOCIATED STUDENTS' FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO 2018 AND 2017, RESPECTIVELY, ARE CLOSED, AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

Part XIII Supplemental Information (continued)

IF APPLICABLE, ASSOCIATED STUDENTS RECOGNIZES INTEREST AND PENALTIES
ASSOCIATED WITH TAX MATTERS AS PART OF INCOME TAX EXPENSE AND INCLUDES
ACCRUED INTEREST AND PENALTIES WITH ACCOUNTS PAYABLE AND ACCRUED EXPENSES
IN THE STATEMENTS OF FINANCIAL POSITION.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION

COSTS/BENEFIT -64,227.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Employer identification number 95-2044300

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT GRANT-IN-AID	38	137,338.	0.		
STUDENT SCHOLARSHIPS	4	2,044.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MONITORS FUNDS PAID TO THE AUXILIARY TO ENSURE THAT THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE(S).

THE ORGANIZATION PERIODICALLY MONITORS ELIGIBILITY AND USE OF STUDENT GRANT AID AND SCHOLARSHIP RECIPIENTS.

PART III, COLUMN B:

THE ORGANIZATION IS REPORTING THE ACTUAL NUMBER OF RECIPIENTS.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.

Employer identification number 95-2044300

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

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

Employer identification number
95-2044300

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONSIBLE CIVIC PARTICIPATION AND COMMUNITY LEADERSHIP; TO ADVOCATE FOR THE RIGHTS AND INTERESTS OF STUDENTS; AND TO SUPPORT THE EDUCATIONAL, SOCIAL, PHYSICAL AND CULTURAL WELLBEING OF THE UNIVERSITY COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER FORM 990 HAS BEEN PREPARED BY AN OUTSIDE ACCOUNTING FIRM, ALL TAX DOCUMENTS FILED BY ASI ARE REVIEWED BY THE BUSINESS FINANCIAL SERVICES AND THEN FORWARDED TO THE EXECUTIVE DIRECTOR OF ASI FOR REVIEW AND COMMENTS. UPON APPROVAL, THE RETURN IS FINALIZED. BEFORE THE RETURN IS FILED, A COPY OF THE RETURN IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS SIGN A STATEMENT OF CONFLICT OF INTEREST ANNUALLY. ALSO, EACH EMPLOYEE UPON BEING HIRED IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM. EACH BRANCH OF ASI IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM UPON BEING ELECTED OR APPOINTED TO OFFICE. UPON THE IDENTIFICATION OF ANY CONFLICTS, THE BOARD OF DIRECTORS WILL DETERMINE THE MOST APPROPRIATE COURSE OF ACTION. DURING ANY DISCUSSION, THE CONFLICTED PARTY WILL NOT BE PRESENT AT THE MEETING.

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.	Employer identification number 95-2044300
--	--

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A PERSONNEL COMMITTEE AND CAMPUS HUMAN RESOURCES. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION IN A CLOSED DOOR MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS WILL BE PLACED ON THE ASI WEBSITE AFTER CAREFUL REVIEW AND APPROVAL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION	
COSTS/BENEFIT	64,227.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A SEPARATE COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT PERFORMED BY AN INDEPENDENT AUDITOR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.** Employer identification number **95-2044300**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY, LOS ANGELES - 95-4386558, 5154 STATE UNIVERSITY DR. U-SU 203, LOS ANGELES, CA 90032	PUBLIC UNIVERSITY	CALIFORNIA	115	N/A	N/A		X

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l		X
1m		X
1n	X	
1o		X
1p	X	
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Form fields: Type or print, Name of exempt organization or other filer, Taxpayer identification number (TIN), Number, street, and room or suite no., City, town or post office, state, and ZIP code.

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above).

JUDITH BENJAMIN - 5151 STATE UNIVERSITY DRIVE, #SSB 5380

- The books are in the care of - LOS ANGELES, CA 90032 Telephone No. 323-343-4780 Fax No. If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: [] calendar year or [X] tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

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

Table with 3 columns: Description, 3a, 3b, 3c. Rows include: 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

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

PREPARED BY:

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

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

DRAFT

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT OF TAX:

BALANCE DUE OF \$150

MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

MAIL TAX RETURN TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

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

TAXABLE YEAR
2020

California Exempt Organization
Annual Information Return

028941 12-22-20
FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. California corporation number 0377818

Additional information. See instructions. FEIN 95-2044300

Street address (suite or room) 5151 STATE UNIVERSITY DR, #SSB 5380 PMB no.

City LOS ANGELES State CA ZIP code 90032

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes [X] No
B Amended return Yes [X] No
C IRC Section 4947(a)(1) trust Yes [X] No
D Final information return?
E Check accounting method: (1) Cash (2) [X] Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) [X] Other 990 series
G Is this a group filing? See instructions Yes [X] No
H Is this organization in a group exemption Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes [X] No
K Is the organization exempt under R&TC Section 23701g? Yes [X] No
L Is the organization a limited liability company? Yes [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? Yes [X] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes [X] No
O Is federal Form 1023/1024 pending? Yes [X] No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes columns for line number, description, and amounts. Total gross income is 1,362,438. Total expenses are 1,117,277. Balance due is 245,161.

Sign Here: Signature of officer EXECUTIVE DIRE, Date 02/01/22
Paid Preparer's Use Only: Preparer's signature LISA M. CUMMINGS, CPA, Date 02/01/22, Firm's name COHNREZNICK LLP, 400 CAPITOL MALL, SUITE 1200, SACRAMENTO, CA 95814, Telephone 916-442-9100

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	9,035	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7	1,353,403	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,362,438	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	139,382	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	18,879	00
	12	Other salaries and wages	•	12	202,032	00
	13	Interest	•	13		00
	14	Taxes	•	14	17,509	00
	15	Rents	•	15	22,604	00
	16	Depreciation and depletion (See instructions)	•	16	18,231	00
	17	Other expenses and disbursements	•	17	698,640	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,117,277	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,046,176		2,297,941
2 Net accounts receivable		19,507		22,736
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	265,988		264,920	
b Less accumulated depreciation	(220,901)	45,087	(199,724)	65,196
11 Land				
12 Other assets		45,789		43,822
13 Total assets		2,156,559		2,429,695
Liabilities and net worth				
14 Accounts payable		48,896		58,838
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities		38,295		
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,069,368		2,370,857
22 Total liabilities and net worth		2,156,559		2,429,695

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	245,161	7	Income recorded on books this year not included in this return	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year	•		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return	•			Subtract line 9 from line 6		245,161
6	Total. Add line 1 through line 5		245,161				

CA 199

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

MISCELLANEOUS REVENUE	106.
STUDENT GOVERNMENT	420,389.
STUDENT SERVICES	603,897.
COMMUNITY SVC. SUPPORT	329,011.
TOTAL TO FORM 199, PART II, LINE 7	1,353,403.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 2

ACTIVITY CLASSIFICATION: STUDENT GRANT-IN-AID

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
38 RECIPIENTS	5151 STATE UNIVERSITY DR, #SSB 5380 - LOS ANGELES, CA 90032	STUDENTS	137,338.

TOTAL FOR THIS ACTIVITY 137,338.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
4 RECIPIENTS	5151 STATE UNIVERSITY DR, #SSB 5380 - LOS ANGELES, CA 90032	STUDENTS	2,044.

TOTAL FOR THIS ACTIVITY 2,044.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

139,382.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
AMBER BEASLEY 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	DIVERSITY/INCLUSION-CAMPUS 5.00	0.
ANALIZ MARMOLEJO 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	VP FOR EXTERNAL AFFAIRS/AD 5.00	0.
ANNA NGUYEN 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	SECRETARY/TREASURER 5.00	0.
BARNABY PEAKE 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	EXECUTIVE DIRECTOR 40.00	18,879.
BRAJOHN HICKS 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	COLLEGE OF ARTS & LETTERS 5.00	0.
BROOKE REILLY MERO 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	CIVIC ENGAGEMENT-COMMUNITY 5.00	0.
DIANA CHAVEZ 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	PRESIDENT 5.00	0.
DIANA SARAI VALDEZ 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	COLLEGE OF ECS&T REP 5.00	0.
EMILY SANDOVAL 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	COLLEGE OF NATURAL/SOCIAL 5.00	0.
JAZMIN ENNIS 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	COLLEGE OF HEALTH & HUMAN 5.00	0.
JOCELYN VARGAS 5151 STATE UNIVERSITY DR, #SSB 5380 LOS ANGELES, CA 90032	V.P. FOR ACADEMIC GOVERNAN 5.00	0.

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

TOTAL TO FORM 199, PART II, LINE 11

18,879.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
PROGRAM EXPENSES		428,049.
EQUIP RENTAL & MAINT		18,546.
GENERAL & ADMIN		11,229.
OTHER EXPENSES		9,106.
OTHER EMPLOYEE BENEFITS		92,671.
ACCOUNTING FEES		86,575.
OTHER PROFESSIONAL FEES		15,988.
ADVERTISING AND PROMOTION		27,124.
OFFICE EXPENSES		4,947.
TRAVEL		167.
INSURANCE		4,238.
TOTAL TO FORM 199, PART II, LINE 17		698,640.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	45,789.	43,822.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	45,789.	43,822.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET POST-RETIREMENT BENEFIT OBLIGATION	37,929.	0.
DUE TO AFFILIATES	366.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	38,295.	0.

CA 199	FUND BALANCES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	2,069,368.	2,370,857.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	2,069,368.	2,370,857.

TAXABLE YEAR
2020

**California e-file Return Authorization for
Exempt Organizations**

FORM
8453-EO

Exempt Organization name ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.	Identifying number 95-2044300
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	1,362,438
2 Total gross income (Form 199, line 8)	2	1,362,438
3 Total expenses and disbursements (Form 199, line 9)	3	1,117,277

Part II Settle Your Account Electronically for Taxable Year 2020

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here		_____	EXECUTIVE DIRECTOR
		Date	Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	COHNREZNICK LLP	Date	02/01/22	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN	P00043433
Must Sign	Firm's name (or yours if self-employed) and address	COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA	Firm's FEIN	22-1478099	ZIP code	95814		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	_____	Date	_____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	_____
Must Sign	Firm's name (or yours if self-employed) and address	_____	Firm's FEIN	_____	ZIP code	_____	_____

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

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

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

(For Registry Use Only)

<p>ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>5151 STATE UNIVERSITY DR, #SSB 5380 Address (Number and Street)</p> <p>LOS ANGELES, CA 90032 City or Town, State, and ZIP Code</p> <p>323-343-4780 Telephone Number</p> <p style="text-align: right;">E-mail Address</p>	<p>Check if:</p> <p><input checked="" type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT10308</p> <p>Corporation or Organization No. 0377818</p> <p>Federal Employer ID No. 95-2044300</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Gross Annual Revenue \$ <u>1,362,438</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>2,429,695</u>	
Program Expenses \$ <u>986,768</u>	Total Expenses \$ <u>1,117,277</u>		

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<p>BARNABY PEAKE Signature of Authorized Agent</p>	<p>EXECUTIVE DIRECTOR Title</p>
<p>Printed Name</p>	<p>Date</p>