

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **7/01/2017**, and ending (mm/dd/yyyy) **6/30/2018**

Corporation/Organization name **ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO** California corporation number **0468392**

Additional information. See instructions. FEIN **95-2308831** PMB no.

Street address (suite or room) **1 GRAND AVENUE, BLDG. 65 #212**

City **SAN LUIS OBISPO** State **CA** Zip code **93407**

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

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized

**E** Check accounting method: Enter date (mm/dd/yyyy)  1 Cash  2 Accrual  3 Other

**F** Federal return filed?  1 990T  2 990-PF  3 Sch H (990)  4 Other 990 series

**G** Is this a group filing? See instructions.  Yes  No

**H** Is this organization in a group exemption?  Yes  No If 'Yes,' what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB?  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g? If 'Yes,' enter the gross receipts from nonmember sources.  Yes  No \$

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.  Yes  No

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No Date filed with IRS

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	2,894,965.
	2	Gross dues and assessments from members and affiliates.	2	14,569,035.
	3	Gross contributions, gifts, grants, and similar amounts received.	3	558,594.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B.	4	18,022,594.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	18,022,594.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	18,763,666.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-741,072.
<b>Filing Fee</b>	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Information F.	15	10.
	16	Penalties and Interest. See General Information J.	16	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
<b>Paid Preparer's Use Only</b>	Signature of officer	Title <b>ASSOC EXEC DIR</b>	Date	Telephone <b>805 756-1281</b>
	Preparer's signature <b>ROLLAND VASIN</b>	Date <b>5/13/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00644882</b>
	Firm's name (or yours, if self-employed) and address <b>VASIN, HEYN &amp; COMPANY</b>			FEIN <b>95-4401626</b>
	<b>5000 N. PARKWAY CALABASAS #201 CALABASAS, CA 91302</b>			Telephone <b>(818) 222-3500</b>
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR  
**2017**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>ASSOCIATED STUDENTS, INC. CALIFORNIA</b>	Identifying number <b>95-2308831</b>
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### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	18,022,594.
2 Total gross income (Form 199, line 8)	2	18,022,594.
3 Total expenses and disbursements (Form 199, Line 9)	3	18,763,666.

### Part II Settle Your Account Electronically for Taxable Year 2017

4  Electronic funds withdrawal    4a Amount \_\_\_\_\_    4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_


### Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
 6 Account number \_\_\_\_\_    7 Type of account:  Checking     Savings

### 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 2017 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**        5/14/19    **ASSOC EXEC DIR**  
 Signature of officer    Date    Title

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

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, 2017 e-file 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 Must Sign**    ERO's signature: **ROLLAND VASIN**     Date: **5/14/19**    Check if also paid preparer:     Check if self-employed:     ERO's PTIN: **P00644882**  
 Firm's name (or yours if self-employed) and address: **VASIN, HEYN & COMPANY**  
**5000 N. PARKWAY CALABASAS #201**  
**CALABASAS CA**    FEIN: **95-4401626**  
 ZIP Code: **91302**

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 Must Sign**    Paid preparer's signature: \_\_\_\_\_    Date: \_\_\_\_\_    Check if self-employed:     Paid preparer's PTIN: \_\_\_\_\_  
 Firm's name (or yours if self-employed) and address: \_\_\_\_\_    FEIN: \_\_\_\_\_  
 ZIP code: \_\_\_\_\_

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1		
	2	Interest	●	2	56,172.	
	3	Dividends	●	3		
	4	Gross rents	●	4	291,293.	
	5	Gross royalties	●	5		
	6	Gross amount received from sale of assets (See Instructions)	●	6		
	7	Other income. Attach schedule	●	7	SEE STATEMENT 1	2,547,500.
<b>Expenses and Disbursements</b>	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	2,894,965.	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	SEE STATEMENT 2	102,600.
	10	Disbursements to or for members	●	10		
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	419,319.	
	12	Other salaries and wages	●	12	6,521,297.	
	13	Interest	●	13		
	14	Taxes	●	14	478,276.	
	15	Rents	●	15		
	16	Depreciation and depletion (See instructions)	●	16	223,469.	
	17	Other Expenses and Disbursements. Attach schedule	●	17	SEE STATEMENT 3	11,018,705.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	18,763,666.	

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		215,745.	●	227,182.
2	Net accounts receivable		141,829.	●	122,769.
3	Net notes receivable			●	
4	Inventories		52,586.	●	51,330.
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule	ST. 4	5,189,258.	●	5,353,720.
10a	Depreciable assets	5,534,818.		5,688,867.	
b	Less accumulated depreciation	4,311,239.	1,223,579.	4,425,391.	1,263,476.
11	Land			●	
12	Other assets. Attach schedule	STM 5	66,173.	●	126,516.
13	Total assets		6,889,170.		7,144,993.
<b>Liabilities and net worth</b>					
14	Accounts payable		397,868.	●	356,446.
15	Contributions, gifts, or grants payable			●	1,156.
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule	STM 6	2,465,981.		3,503,142.
19	Capital stock or principal fund		4,025,321.	●	3,284,249.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		6,889,170.		7,144,993.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
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	●	-741,072.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5	●	-741,072.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8	●	
10	Net income per return. Subtract line 9 from line 6	●	-741,072.

Client ASICPSLO

Associated Students, Inc. California  
Polytechnic State Univ San Luis Obispo

95-2308831

5/13/19

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**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

Commissions.....	\$	22,027.
Miscellaneous Income.....		81,571.
Program Service Revenue.....		2,443,902.
	Total	<u>\$ 2,547,500.</u>

**Statement 2**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

Donee's Name:	CA Poly St Univ, San Luis Obi	
Donee's Street Address:	1 Grand Avenue	
Donee's City, State, ZIP:	San Luis Obispo, CA 93407	
Amount Given:		102,600.
	Total	<u>\$ 102,600.</u>

**Statement 3**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees.....	\$	34,822.
Advertising and Promotion.....		28,963.
Bank Charges.....		31,426.
Board Expenses.....		12,919.
Business Services.....		326,838.
Conferences, Conventions, and Meetings.....		7,825.
Contributions Expense.....		350,000.
Dues and Subscriptions.....		36,594.
Education and Training.....		67,827.
Equipment Rental & Maintenance.....		80,239.
Food Costs.....		35,002.
Insurance.....		155,822.
Legal Fees.....		6,224.
Marketing Expense.....		21,026.
Miscellaneous Expense.....		386.
Office Expenses.....		135,002.
Other Employee Benefit.....		2,801,644.
Other fees.....		74,787.
Outside Services.....		176,602.
Pension Plan Contributions.....		745,863.
Postage and Shipping.....		6,528.
Printing and Publications.....		19,840.
Program Development.....		724.
Repairs and Maintenance.....		547,166.
Scholarships.....		3,167,682.
Small Equipment.....		244,948.
Special Event.....		20,483.
Student Program Activities.....		746,552.
Supplies.....		248,573.
Telephone.....		75,479.
Travel.....		143,923.
Utilities.....		666,996.
	Total	<u>\$11,018,705.</u>



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**Statement 4**  
**Form 199, Schedule L, Line 9**  
**Other Investments**

U.S. Bank SWIFT Pool.....	\$ 5,353,720.
Total	<u>\$ 5,353,720.</u>

**Statement 5**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

Interest Receivable.....	1,833.
Prepaid Expenses and Deferred Charges.....	35,698.
Related Party Receivable.....	88,985.
Total	<u>\$ 126,516.</u>

**Statement 6**  
**Form 199, Schedule L, Line 18**  
**Other Liabilities**

Accrued Payroll and Related Liabilities.....	534,054.
Deferred Revenue.....	325,558.
Funds Held for Others.....	1,596,900.
Post-retirement Benefit Payable.....	847,626.
Related Party Payable.....	199,004.
Total	<u>\$ 3,503,142.</u>