

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019, and ending (mm/dd/yyyy) 6/30/2020

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

Additional information. See instructions. FEIN **95-2308831**

Street address (suite/room no.) **1 GRAND AVENUE, BLDG. 65 #212** PMB no.

City (If the corporation has a foreign address, see instructions.) **SAN LUIS OBISPO** State **CA** ZIP code **93407**

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

- A** First Return Filed?  Yes  No
- B** Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D** Final Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
Enter date (mm/dd/yyyy)
- E** Amended Return  Yes  No
- F** Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G** Nature of trade or business SUMMER PROGRAMS AND M
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I** Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K** Unrelated Business Activity (UBA) Code 713990
- L** Is this a Hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

<b>Taxable Corporation</b>	<b>1</b> Unrelated business taxable income from Page 2, Part II, line 30	<b>1</b>	-2,100.
	<b>2</b> Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	<b>2</b>	
	<b>3</b> Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	<b>3</b>	-2,100.
<b>Taxable Trust</b>	<b>4</b> Unrelated business taxable income from Side 2, Part II, line 30	<b>4</b>	
<b>Tax Computation</b>	<b>5</b> Unrelated business taxable income from line 3 or line 4	<b>5</b>	
	<b>6</b> EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	<b>6</b>	
	<b>7</b> Net Operating Loss deduction. See General Information N.	<b>7</b>	
	<b>8</b> Add line 6 and line 7	<b>8</b>	
	<b>9</b> Net unrelated business taxable income. Subtract line 8 from line 5	<b>9</b>	
	<b>10</b> Tax _____ % x line 9. See General Information J.	<b>10</b>	
	<b>11</b> Tax credits from Schedule B. See instructions	<b>11</b>	
<b>Total Tax</b>	<b>12</b> Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	<b>12</b>	0.
	<b>13</b> Alternative minimum tax. See General Information O.	<b>13</b>	
	<b>14</b> Total tax. Add line 12 and line 13	<b>14</b>	
<b>Payments</b>	<b>15</b> Overpayment from a prior year allowed as a credit	<b>15</b>	
	<b>16</b> 2019 estimated tax payments. See instructions	<b>16</b>	
	<b>17</b> Withholding (Form 592-B and/or 593.) See instructions	<b>17</b>	
	<b>18</b> Amount paid with extension (form FTB 3539)	<b>18</b>	
	<b>19</b> Total payments and credits. Add line 15 through line 18	<b>19</b>	
<b>Use Tax/ Tax Due/ Overpayment</b>	<b>20</b> Use tax. See instructions	<b>20</b>	
	<b>21</b> Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	<b>21</b>	
	<b>22</b> Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	<b>22</b>	
	<b>23</b> Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	<b>23</b>	
	<b>24</b> Overpayment. Subtract line 14 from line 21. See instructions	<b>24</b>	
	<b>25</b> Enter amount of line 24 to be applied to 2020 estimated tax	<b>25</b>	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24. . . . . ●	26	
	a Fill in the account information to have the refund directly deposited. Routing number ●	26 a	
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number . . . . . ●	26 c	
	27 Penalties and interest. See General Information M. . . . . ●	27	
	28 ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24. . . . . ●	29		

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales _____ b Less returns and allowances _____ c Balance ●	1 c	
2 Cost of goods sold and/or operations (Schedule A, line 7) . . . . . ●	2	
3 Gross profit. Subtract line 2 from line 1c . . . . . ●	3	
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) . . . . . ●	4 a	
b Net gain (loss) from Part II, Schedule D-1 . . . . . ●	4 b	
c Capital loss deduction for trusts . . . . . ●	4 c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule . . . . . ●	5	
6 Rental income (Schedule C) . . . . . ●	6	
7 Unrelated debt-financed income (Schedule D) . . . . . ●	7	
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) . . . . . ●	8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) . . . . . ●	9	
10 Exploited exempt activity income (Schedule G) . . . . . ●	10	
11 Advertising income (Schedule H, Part III, Column A) . . . . . ●	11	
12 Other income. Attach schedule. . . . . <b>SEE STATEMENT 1</b> ●	12	191,653.
13 Total unrelated trade or business income. Add line 3 through line 12. . . . . ●	13	191,653.

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I . . . . . ●	14	
15 Salaries and wages . . . . . ●	15	119,307.
16 Repairs . . . . . ●	16	
17 Bad debts . . . . . ●	17	
18 Interest. Attach schedule. . . . . ●	18	
19 Taxes. Attach schedule . . . . . ●	19	
20 Contributions. See instructions and attach schedule. . . . . ●	20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) . . . . . ●	21 a	
b Less: depreciation claimed on Schedule A. See instructions . . . . . ●	21 b	
22 Depletion. Attach schedule . . . . . ●	22	
23 a Contributions to deferred compensation plans . . . . . ●	23 a	
b Employee benefit programs. See instructions. . . . . ●	23 b	
24 Other deductions. Attach schedule. . . . . <b>SEE STATEMENT 2</b> ●	24	74,446.
25 Total deductions. Add line 14 through line 24. . . . . ●	25	193,753.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. . . . . ●	26	-2,100.
27 Excess advertising costs (Schedule H, Part III, Column B) . . . . . ●	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26. . . . . ●	28	-2,100.
29 Specific deduction. See instructions. . . . . ●	29	
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. . . . . ●	30	-2,100.

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to <a href="http://ftb.ca.gov/forms">ftb.ca.gov/forms</a> and search for 1131. To request this notice by mail, call 800.852.5711.			Telephone 805 756-1281
	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.			
Paid Preparer's Use Only	Signature of officer	Title INTERIM EXEC. DI	Date 5/11/21	PTIN P00644882
	Preparer's signature	Firm's name (or yours, if self-employed) and address VASIN, HEYN & COMPANY 5000 N. PARKWAY CALABASAS #201 CALABASAS, CA 91302		Firm's FEIN 95-4401626
				Telephone (818) 222-3500
				Check if self-employed <input type="checkbox"/>
May the FTB discuss this return with the preparer shown above? See instructions . . . . . ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) \_\_\_\_\_

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4a	Additional IRC Section 263A costs. Attach schedule .....	4a	
b	Other costs. Attach schedule .....	4b	
5	Total. Add line 1 through line 4b .....	5	
6	Inventory at end of year .....	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Page 2, Part I, line 2 ...	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits.**

1	Enter credit name _____ code ● _____ ●	1	
2	Enter credit name _____ code ● _____ ●	2	
3	Enter credit name _____ code ● _____ ●	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Page 1, line 11. ....	4	

**Schedule K Add-On Taxes or Recapture of Tax.** See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 .....	1	
2	Interest on tax attributable to installment: <b>a</b> Sales of certain timeshares or residential lots .....	2a	
	<b>b</b> Method for non-dealer installment obligations .....	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles .....	3	
4	Credit recapture. Credit name _____ .....	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions .....	5	

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method – Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales .....	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Page 1, line 2 .....			●

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions .....	●	●	●
2 Payroll factor: Wages and other compensation of employees .....	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances .....	●	●	●
4 Total percentage: Add the percentages in column (c) .....			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions .....			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
					%
					%
					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5	Complete if any item in column 3 is more than 10%, but not more than 50%		
(a)	Deductions directly connected (attach schedule)	(a)	Gross income reportable, column 2 x column 3	(b)	Deductions directly connected with personal property (att sch)
				(c)	Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 .....

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Total. Enter here and on Page 2, Part I, line 8. Enter gross income from members (dues, fees, charges, or similar amounts).

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns for Exempt Controlled Organizations (1-6) and 6 columns for Nonexempt Controlled Organizations (7-11). Includes summary rows 4, 5, and 6.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same structure as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

**2019**

**Net Operating Loss (NOL) Computation and  
NOL and Disaster Loss Limitations – Corporations**

**3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name <b>ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO</b>	California corporation number <b>0468392</b>
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> <input type="checkbox"/> C corporation <input checked="" type="radio"/> <input type="checkbox"/> S corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt organization <input checked="" type="radio"/> <input type="checkbox"/> Limited liability company (electing to be taxed as a corporation)	FEIN <b>95-2308831</b>

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number .....	1	<u>2,100.</u>
2 2019 disaster loss included in line 1. Enter as a positive number .....	2	<u>          </u>
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions .....	3	<u>2,100.</u>
4a Enter the amount of the loss incurred by a new business included in line 3 .....	4a	<u>          </u>
b Enter the amount of the loss incurred by an eligible small business included in line 3 ..	4b	<u>2,100.</u>
c Add line 4a and line 4b .....	4c	<u>2,100.</u>
5 General NOL. Subtract line 4c from line 3 .....	5	<u>          </u>
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions .....	<input checked="" type="radio"/> 6	<u>2,100.</u>

**Part II NOL carryover and disaster loss carryover limitations. See instructions.**

1 Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-) .....	<input checked="" type="radio"/>	(g) Available balance	
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**Prior Year NOLs**

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2018	(f) Amount used in 2019		(h) Carryover to 2020 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2011		ESB	1,906.	<input checked="" type="radio"/> 1,906.	0.	0.	<input checked="" type="radio"/> 1,906.
<input checked="" type="radio"/> 2012		ESB	3,781.	<input checked="" type="radio"/> 3,781.	0.	0.	<input checked="" type="radio"/> 3,781.
<input checked="" type="radio"/> 2014		ESB	13,197.	<input checked="" type="radio"/> 13,197.	0.	0.	<input checked="" type="radio"/> 13,197.
<input checked="" type="radio"/> 2015		ESB	23,893.	<input checked="" type="radio"/> 23,893.	0.	0.	<input checked="" type="radio"/> 23,893.

**Current Year NOLs**

							col. (d) minus col. (f) See instructions.
3 2019		DIS					
4 2019		ESB	2,100.				2,100.
2019							
2019							
2019							

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III 2019 NOL deduction**

1 Total the amounts in Part II, line 2, column (f) .....	<input checked="" type="radio"/> 1	<u>0.</u>
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- .....	2	<u>0.</u>
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 .....	<input checked="" type="radio"/> 3	<u>0.</u>

2019

**Net Operating Loss (NOL) Computation and  
NOL and Disaster Loss Limitations – Corporations**

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

CONTINUATION SHEET PAGE 2

Corporation name <b>ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO</b>	California corporation number <b>0468392</b>
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During the taxable year the corporation incurred the NOL, the corporation was a(n):  C corporation  
 S corporation  Exempt organization  Limited liability company (electing to be taxed as a corporation)

FEIN  
**95-2308831**

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number .....	1	
2 2019 disaster loss included in line 1. Enter as a positive number .....	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions .....	3	
4a Enter the amount of the loss incurred by a new business included in line 3 .....	4a	
b Enter the amount of the loss incurred by an eligible small business included in line 3 ..	4b	
c Add line 4a and line 4b. ....	4c	
5 General NOL. Subtract line 4c from line 3 .....	5	
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions .....	6	<input checked="" type="radio"/>

**Part II NOL carryover and disaster loss carryover limitations. See instructions.**

1 Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-) .....	<input checked="" type="radio"/>	(g) Available balance	
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**Prior Year NOLs**

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2018	(f) Amount used in 2019		(h) Carryover to 2020 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2016		ESB	14,783.	<input checked="" type="radio"/> 14,783.	0.	0.	<input checked="" type="radio"/> 14,783.
<input checked="" type="radio"/> 2017		ESB	11,711.	<input checked="" type="radio"/> 11,711.	0.	0.	<input checked="" type="radio"/> 11,711.
<input checked="" type="radio"/> 2018		ESB	20,061.	<input checked="" type="radio"/> 20,061.	0.	0.	<input checked="" type="radio"/> 20,061.
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

**Current Year NOLs**

							col. (d) minus col. (f) See instructions.
3 2019		DIS					
4 2019							
2019							
2019							
2019							

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III 2019 NOL deduction**

1 Total the amounts in Part II, line 2, column (f) .....	1	0.
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- .....	2	0.
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 .....	3	0.

**Statement 1**  
**Form 109, Part I, Line 12**  
**Other Income**

Program Service Revenue.....	\$	191,653.
Total	\$	<u>191,653.</u>

**Statement 2**  
**Form 109, Part II, Line 24**  
**Other Expenses**

Operating expenses.....	\$	74,446.
Total	\$	<u>74,446.</u>