

2020

California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 7/01/2020, and ending (mm/dd/yyyy) 6/30/2021. Corporation/Organization name ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO. California corporation number 0468392. FEIN 95-2308831. Street address 1 GRAND AVENUE, BLDG. 65 #212. City SAN LUIS OBISPO. State CA. Zip code 93407.

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: 1 Cash 2 Accrual 3 Other. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption?

I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-16). Total gross income is 17,470,672. Total expenses are 14,475,559. Balance due is 0.

Sign Here: CLIENT COPY, INTERIM EXEC. DIR., 5/10/22. Paid Preparer's Use Only: ROLLAND VASIN, VASIN, HEYN & COMPANY, 5000 N. PARKWAY CALABASAS #201, CALABASAS, CA 91302. Telephone: (818) 222-3500. May the FTB discuss this return with the preparer shown above? Yes [X] No [ ]

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

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2020

8453-EO

Exempt Organization name

Identifying number

ASSOCIATED STUDENTS, INC. CALIFORNIA

95-2308831

### Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	17,470,672.
2	Total gross income (Form 199, line 8)	2	17,470,672.
3	Total expenses and disbursements (Form 199, line 9)	3	14,475,559.

### Part II Settle Your Account Electronically for Taxable Year 2020

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 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**    ▶ Michelle Crawford    |    05/10/2022    |    ▶ INTERIM 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, 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 Must Sign**    ERO's signature: ROLAND VASIN    Date: 5/10/22    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    Firm's FEIN: 95-4401626  
5000 N. PARKWAY CALABASAS #201    CA    ZIP code: 91302  
CALABASAS

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: \_\_\_\_\_    Firm's FEIN: \_\_\_\_\_  
ZIP code: \_\_\_\_\_

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

**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	83,398.
	3	Dividends . . . . .	●	3	
	4	Gross rents . . . . .	●	4	238,243.
	5	Gross royalties . . . . .	●	5	
	6	Gross amount received from sale of assets (See Instructions) . . . . .	●	6	
	7	Other income. Attach schedule . . . . . <b>SEE STATEMENT 1</b>	●	7	697,680.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1. . . . .		8	1,019,321.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	●	9	
	10	Disbursements to or for members . . . . .	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . .	●	11	657,467.
	12	Other salaries and wages . . . . .	●	12	5,274,520.
	13	Interest . . . . .	●	13	
	14	Taxes . . . . .	●	14	527,645.
	15	Rents . . . . .	●	15	
	16	Depreciation and depletion (See instructions) . . . . .	●	16	304,046.
	17	Other expenses and disbursements. Attach schedule . . . . . <b>SEE STATEMENT 2</b>	●	17	7,711,881.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9. . . . .		18	14,475,559.

<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 . . . . .		414,500.	●	524,144.
2	Net accounts receivable . . . . .		414,139.	●	151,593.
3	Net notes receivable . . . . .			●	
4	Inventories . . . . .		73,934.	●	68,108.
5	Federal and state government obligations . . . . .			●	
6	Investments in other bonds . . . . .			●	
7	Investments in stock . . . . .			●	
8	Mortgage loans . . . . .			●	
9	Other investments. Attach schedule . . . . . <b>ST. 3</b>		6,536,473.	●	7,713,939.
10a	Depreciable assets . . . . .	6,284,235.		6,335,361.	
b	Less accumulated depreciation . . . . .	4,400,273.	1,883,962.	4,701,830.	1,633,531.
11	Land . . . . .			●	
12	Other assets. Attach schedule . . . . . <b>STM 4</b>		296,917.	●	168,172.
13	<b>Total assets</b> . . . . .		9,619,925.		10,259,487.
<b>Liabilities and net worth</b>					
14	Accounts payable . . . . .		492,035.	●	541,665.
15	Contributions, gifts, or grants payable . . . . .		1,969.	●	
16	Bonds and notes payable . . . . .			●	
17	Mortgages payable . . . . .			●	
18	Other liabilities. Attach schedule . . . . . <b>STM 5</b>		5,504,051.		3,100,839.
19	Capital stock or principal fund . . . . .		3,621,870.	●	6,616,983.
20	Paid-in or capital surplus. Attach reconciliation . . . . .			●	
21	Retained earnings or income fund . . . . .			●	
22	<b>Total liabilities and net worth</b> . . . . .		9,619,925.		10,259,487.

<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 . . . . .	●	2,995,113.
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	<b>Total.</b> Add line 1 through line 5. . . . .		2,995,113.
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	<b>Total.</b> Add line 7 and line 8 . . . . .		
10	<b>Net income per return.</b> Subtract line 9 from line 6. . . . .		2,995,113.

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

Commissions.....	\$	52.
Miscellaneous Income.....		67,979.
Program Service Revenue.....		629,649.
Total	\$	<u>697,680.</u>

**Statement 2**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees.....	\$	36,583.
Advertising and Promotion.....		18,730.
Bank Charges.....		16,447.
Board Expenses.....		9,381.
Business Services.....		396,105.
Contributions Expense.....		36,902.
Dues and Subscriptions.....		47,752.
Education and Training.....		15,811.
Equipment Rental & Maintenance.....		38,370.
Food Costs.....		20,967.
Grants.....		88,133.
Insurance.....		149,588.
Legal Fees.....		80,355.
Marketing Expense.....		3,558.
Miscellaneous Expense.....		346.
Office Expenses.....		58,744.
Other Employee Benefit.....		-96,733.
Other fees.....		29,475.
Outside Services.....		207,126.
Pension Plan Contributions.....		989,484.
Postage and Shipping.....		1,925.
Printing and Publications.....		12,900.
Repairs and Maintenance.....		402,721.
Scholarships.....		3,516,282.
Small Equipment.....		116,615.
Student Program Activities.....		554,584.
Supplies.....		99,151.
Telephone.....		72,192.
Travel.....		8,481.
Utilities.....		779,906.
Total	\$	<u>7,711,881.</u>

**Statement 3**  
**Form 199, Schedule L, Line 9**  
**Other Investments**

U.S. Bank SWIFT Pool.....	\$	7,713,939.
Total	\$	<u>7,713,939.</u>

**Statement 4**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

Prepaid Expenses and Deferred Charges.....	161,024.
Related Party Receivable.....	7,148.
Total	<u>\$ 168,172.</u>

**Statement 5**  
**Form 199, Schedule L, Line 18**  
**Other Liabilities**

Accrued Payroll and Related Liabilities.....	590,632.
Deferred Revenue.....	205,919.
Funds Held for Others.....	2,088,648.
Related Party Payable.....	215,640.
Total	<u>\$ 3,100,839.</u>

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 7/01/2020, and ending (mm/dd/yyyy) 6/30/2021

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), 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	1	-1,075.
	<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	2	
	<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	3	-1,075.
<b>Taxable Trust</b>	<b>4</b> Unrelated business taxable income from Side 2, Part II, line 30	4	
<b>Tax Computation</b>	<b>5</b> Unrelated business taxable income from line 3 or line 4	5	
	<b>6</b> EZ, LAMBRA, or TTA NOL carryover deduction	6	
	<b>7</b> Net Operating Loss deduction. See General Information N.	7	
	<b>8</b> Add line 6 and line 7	8	
	<b>9</b> Net unrelated business taxable income. Subtract line 8 from line 5	9	
	<b>10</b> Tax _____ % x line 9. See General Information J.	10	
	<b>11</b> Tax credits from Schedule B. See instructions	11	
	<b>12</b> Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	0.
<b>Total Tax</b>	<b>13</b> Alternative minimum tax. See General Information O.	13	
	<b>14</b> Total tax. Add line 12 and line 13	14	
<b>Payments</b>	<b>15</b> Overpayment from a prior year allowed as a credit	15	
	<b>16</b> 2020 estimated tax payments. See instructions	16	
	<b>17</b> Withholding (Form 592-B and/or 593). See instructions	17	
	<b>18</b> Amount paid with extension (form FTB 3539)	18	
	<b>19</b> Total payments and credits. Add line 15 through line 18	19	
<b>Use Tax/ Tax Due/ Overpayment</b>	<b>20</b> Use tax. See instructions	20	
	<b>21</b> Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	
	<b>22</b> Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22	
	<b>23</b> Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23	
	<b>24</b> Overpayment. Subtract line 14 from line 21. See instructions	24	
	<b>25</b> Enter amount of line 24 to be applied to 2021 estimated tax	25	

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

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

<b>1 a</b> Gross receipts or gross sales _____ <b>b</b> Less returns and allowances _____ <b>c</b> Balance ● <b>1 c</b>	
<b>2</b> Cost of goods sold and/or operations (Schedule A, line 7) . . . . . ● <b>2</b>	
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . . ● <b>3</b>	
<b>4 a</b> Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) . . . . . ● <b>4 a</b>	
<b>b</b> Net gain (loss) from Part II, Schedule D-1 . . . . . ● <b>4 b</b>	
<b>c</b> Capital loss deduction for trusts . . . . . ● <b>4 c</b>	
<b>5</b> 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 . . . . . ● <b>5</b>	
<b>6</b> Rental income (Schedule C) . . . . . ● <b>6</b>	
<b>7</b> Unrelated debt-financed income (Schedule D) . . . . . ● <b>7</b>	
<b>8</b> Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) . . . . . ● <b>8</b>	
<b>9</b> Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) . . . . . ● <b>9</b>	
<b>10</b> Exploited exempt activity income (Schedule G) . . . . . ● <b>10</b>	
<b>11</b> Advertising income (Schedule H, Part III, Column A) . . . . . ● <b>11</b>	
<b>12</b> Other income. Attach schedule. . . . . <b>SEE STATEMENT 1</b> ● <b>12</b>	4,257.
<b>13</b> Total unrelated trade or business income. Add line 3 through line 12. . . . . ● <b>13</b>	4,257.

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

<b>14</b> Compensation of officers, directors, and trustees from Schedule I . . . . . ● <b>14</b>	
<b>15</b> Salaries and wages . . . . . ● <b>15</b>	2,670.
<b>16</b> Repairs . . . . . ● <b>16</b>	
<b>17</b> Bad debts . . . . . ● <b>17</b>	
<b>18</b> Interest. Attach schedule. . . . . ● <b>18</b>	
<b>19</b> Taxes. Attach schedule . . . . . ● <b>19</b>	
<b>20</b> Contributions. See instructions and attach schedule. . . . . ● <b>20</b>	
<b>21 a</b> Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) . . . . . ● <b>21 a</b>	
<b>b</b> Less: depreciation claimed on Schedule A. See instructions . . . . . ● <b>21 b</b>	
<b>22</b> Depletion. Attach schedule . . . . . ● <b>22</b>	
<b>23 a</b> Contributions to deferred compensation plans . . . . . ● <b>23 a</b>	
<b>b</b> Employee benefit programs. See instructions. . . . . ● <b>23 b</b>	
<b>24</b> Other deductions. Attach schedule. . . . . <b>SEE STATEMENT 2</b> ● <b>24</b>	2,662.
<b>25</b> Total deductions. Add line 14 through line 24. . . . . ● <b>25</b>	5,332.
<b>26</b> Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. . . . . ● <b>26</b>	-1,075.
<b>27</b> Excess advertising costs (Schedule H, Part III, Column B) . . . . . ● <b>27</b>	
<b>28</b> Unrelated business taxable income before specific deduction. Subtract line 27 from line 26. . . . . ● <b>28</b>	-1,075.
<b>29</b> Specific deduction. See instructions. . . . . ● <b>29</b>	
<b>30</b> Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. . . . . ● <b>30</b>	-1,075.

<b>Sign Here</b>	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 <b>1131</b> . To request this notice by mail, call 800.852.5711. 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.		
	Signature of officer	Title	Date
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		Telephone
			PTIN
			Firm's FEIN
Signature: <b>CLIENT COPY</b> Title: <b>INTERIM EXEC. DI</b> Date: <b>5/10/22</b>			Telephone: <b>805 756-1281</b> PTIN: <b>P00644882</b> Firm's FEIN: <b>95-4401626</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			

**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)	(b)	Income includible, column 2 less column 4(a)	(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**

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 (attach schedule)	(b) Other deductions (attach schedule)	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		0%			
		0%			
		0%			
Total. Enter here and on Page 2, Part I, line 7.					

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

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
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**

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Page 2, Part I, line 9.					

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Page 2, line 10.							

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.

Table with 4 columns for totals, corresponding to the sub-tables above.

Enter total here and on Page 2, Part I, line 11 ... Enter total here and on Page 2, Part II, line 27. ....

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.

Total. Enter here and on Page 2, Part II, line 14 .....

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 (dd/mm/yyyy), 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.

**2020**

**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):   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	<u>1,075.</u>
2	2020 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	<u>1,075.</u>
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	<u>1,075.</u>
c	Add line 4a and line 4b	4c	<u>1,075.</u>
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"/> <u>1,075.</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-) <b>If the corporation taxable income is \$1,000,000 or more, see instructions.</b>	(g) Available balance	
---	--	--------------------------	--

**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 2019	(f) Amount used in 2020	(g) Available balance	(h) Carryover to 2021 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	2020	DIS					
4	2020	ESB	1,075.				1,075.
	2020						
	2020						
	2020						

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

**Part III 2020 NOL deduction**

1	Total the amounts in Part II, line 2, column (f)	1	<input checked="" type="radio"/> <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	3	<input checked="" type="radio"/> <u>0.</u>

**2020**

**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>
--	---

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 2020 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-) <b>If the corporation taxable income is \$1,000,000 or more, see instructions.</b> .....	<input checked="" type="radio"/>	(g) Available balance	
--	----------------------------------	--------------------------	--

**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 2019	(f) Amount used in 2020		(h) Carryover to 2021 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"/> 2019		ESB	2,100.	<input checked="" type="radio"/> 2,100.	0.	0.	<input checked="" type="radio"/> 2,100.

**Current Year NOLs**

							col. (d) minus col. (f) See instructions.
3 2020		DIS					
4 2020							
2020							
2020							
2020							

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

**Part III 2020 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.....	\$	4,257.
Total	\$	<u>4,257.</u>

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

Operating expenses.....	\$	2,662.
Total	\$	<u>2,662.</u>



(For Registry Use Only)

## 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.**

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

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO <small>Name of Organization</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used 1 GRAND AVENUE, BLDG. 65 #212 <small>Address (Number and Street)</small>	State Charity Registration Number <u>10533</u>
SAN LUIS OBISPO, CA 93407 <small>City or Town, State, and ZIP Code</small>	Corporation or Organization No. <u>0468392</u>
805 756-1281      DBRUMMET@CALPOLY.EDU <small>Telephone Number      E-mail Address</small>	Federal Employer ID No. <u>95-2308831</u>

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/20 ending 6/30/21) list:

**Total Revenue \$** (including noncash contributions) 17,470,672.    **Noncash Contributions \$** 0.    **Total Assets \$** 10,259,487.

**Program Expenses \$** 14,078,410.                      **Total Expenses \$** 14,475,559.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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.**

CLIENT COPY	MICHELLE CRAWFORD	INTERIM EXEC. DIR.	
<small>Signature of Authorized Agent</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

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

California Department of Education  
1430 "N" Street, Suite 2213  
Sacramento, CA 95814-5901  
(916) 445-1068

Form 199, Part II, Line 11

Compensation of officers, directors, and trustees

Marcy Maloney, Executive Director.....	\$203,346
Dwayne Brummett, Associate Executive Director.....	\$180,396