

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022.

Corporation/Organization name ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO
California corporation number 0468392
FEIN 95-2308831
Street address (suite or room) 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 2 columns: Description and Amount. Rows include Receipts and Revenues (Total gross receipts: 19,727,613), Expenses (Total expenses: 20,335,806), and Filing Fee (Balance due: 0).

Sign Here: CLIENT COPY EXECUTIVE DIRECTOR 4/10/2023 Telephone 805 756-1281
Paid Preparer's Use Only: ROLLAND VASIN 4/10/2023 VASIN, HEYN & COMPANY 5000 N. PARKWAY CALABASAS #201 CALABASAS, CA 91302 Telephone (818) 222-3500

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2021

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	19,727,613.
2	Total gross income (Form 199, line 8)	2	19,727,613.
3	Total expenses and disbursements (Form 199, line 9)	3	20,335,806.

Part II Settle Your Account Electronically for Taxable Year 2021

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 2021 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 Craighford
Signature of officer

4/10/2023
Date

EXECUTIVE DIRECTOR
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, 2021 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 <i>Rolland Vasin</i>	Date	4/10/2023	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P00644882
Firm's name (or yours if self-employed) and address	▶ VASIN, HEYN & COMPANY 5000 N. PARKWAY CALABASAS #201 CALABASAS CA			Firm's 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	<input type="checkbox"/>	Paid preparer's PTIN	_____	
Firm's name (or yours if self-employed) and address	▶ _____			Firm's FEIN	_____		ZIP code	_____

FTB 8453-EO 2021

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		
	2	Interest	●	2	61,587.	
	3	Dividends	●	3		
	4	Gross rents	●	4	283,909.	
	5	Gross royalties	●	5		
	6	Gross amount received from sale of assets (See instructions)	●	6		
	7	Other income. Attach schedule SEE STATEMENT 1	●	7	1,795,903.	
	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	2,141,399.	
Expenses and Disbursements	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	303,107.	
	12	Other salaries and wages	●	12	6,638,211.	
	13	Interest	●	13		
	14	Taxes	●	14	431,471.	
	15	Rents	●	15		
	16	Depreciation and depletion (See instructions)	●	16	258,207.	
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 2	●	17	12,704,810.	
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	20,335,806.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		524,144.	●	527,698.
2	Net accounts receivable		151,593.	●	399,818.
3	Net notes receivable			●	
4	Inventories		68,108.	●	54,823.
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule ST. 3		7,713,939.	●	8,993,796.
10a	Depreciable assets	6,335,361.		6,210,613.	
b	Less accumulated depreciation	4,701,830.	1,633,531.	4,696,243.	1,514,370.
11	Land			●	
12	Other assets. Attach schedule STM 4		168,172.	●	195,431.
13	Total assets		10,259,487.		11,685,936.
Liabilities and net worth					
14	Accounts payable		541,665.	●	1,916,918.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule STM 5		3,100,839.		3,760,228.
19	Capital stock or principal fund		6,616,983.	●	6,008,790.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		10,259,487.		11,685,936.

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	●	-608,193.
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		-608,193.
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		-608,193.

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

Commissions.....	\$	1,698.
Miscellaneous Income.....		59,270.
Program Service Revenue.....		1,734,935.
Total	\$	<u>1,795,903.</u>

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

Accounting Fees.....	\$	38,860.
Advertising and Promotion.....		68,006.
Bank Charges.....		27,199.
Board Expenses.....		12,596.
Business Services.....		406,107.
Contributions Expense.....		80,000.
Dues and Subscriptions.....		51,280.
Education and Training.....		32,758.
Equipment Rental & Maintenance.....		82,159.
Food Costs.....		32,813.
Grants.....		108,721.
Insurance.....		196,346.
Legal Fees.....		69,208.
Legal Settlement.....		1,350,000.
Marketing Expense.....		15,031.
Miscellaneous Expense.....		822.
Office Expenses.....		122,146.
Other Employee Benefit.....		1,693,864.
Other fees.....		33,959.
Outside Services.....		773,787.
Pension Plan Contributions.....		1,119,535.
Postage and Shipping.....		2,778.
Printing and Publications.....		16,387.
Repairs and Maintenance.....		547,229.
Scholarships.....		3,484,522.
Small Equipment.....		156,090.
Student Program Activities.....		832,087.
Supplies.....		196,280.
Telephone.....		67,107.
Travel.....		98,518.
Utilities.....		988,615.
Total		<u>\$12,704,810.</u>

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

U.S. Bank SWIFT Pool.....	\$	8,993,796.
Total	\$	<u>8,993,796.</u>

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

Prepaid Expenses and Deferred Charges.....	179,386.
Related Party Receivable.....	16,045.
Total	<u>\$ 195,431.</u>

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

Accrued Payroll and Related Liabilities.....	587,222.
Deferred Revenue.....	474,741.
Funds Held for Others.....	2,055,153.
Related Party Payable.....	643,112.
Total	<u>\$ 3,760,228.</u>

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022

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/room no.) **1 GRAND AVENUE, BLDG. 65 #212**

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)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30.....	1	-4,779.
	2	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	
	3	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	-4,779.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30.....	4	
Tax Computation	5	Unrelated business taxable income from line 3 or line 4.....	5	
	6	EZ, LAMBRA, or TTA NOL carryover deduction.....	6	
	7	Net Operating Loss deduction. See General Information N.....	7	
	8	Add line 6 and line 7.....	8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5.....	9	
	10	Tax _____ % x line 9. See General Information J.....	10	
	11	Tax credits from Schedule B. See instructions.....	11	
	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-.....	12	0.
Total Tax	13	Alternative minimum tax. See General Information O.....	13	
	14	Total tax. Add line 12 and line 13.....	14	
Payments	15	Overpayment from a prior year allowed as a credit.....	15	
	16	2021 estimated tax payments. See instructions.....	16	
	17	Withholding (Form 592-B and/or 593). See instructions.....	17	
	18	Amount paid with extension (form FTB 3539).....	18	
	19	Total payments and credits. Add line 15 through line 18.....	19	
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions.....	20	
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19.....	21	
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20.....	22	
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions.....	23	
	24	Overpayment. Subtract line 14 from line 21. See instructions.....	24	
	25	Enter amount of line 24 to be applied to 2022 estimated tax.....	25	

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. SEE STATEMENT 1 ● 12	95,709.
13 Total unrelated trade or business income. Add line 3 through line 12. ● 13	95,709.

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	58,008.
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. SEE STATEMENT 2 ● 24	42,480.
25 Total deductions. Add line 14 through line 24. ● 25	100,488.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. ● 26	-4,779.
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	-4,779.
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	-4,779.

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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	CLIENT COPY	Title	Date	Telephone
		EXECUTIVE DIRECT	4/10/2023	805 756-1281

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	PTIN
ROLLAND VASIN <i>[Signature]</i>	4/10/2023	<input type="checkbox"/>	P00644882
Firm's name (or yours, if self-employed) and address	Firm's FEIN		
VASIN, HEYN & COMPANY	95-4401626		
5000 N. PARKWAY CALABASAS #201	Telephone		
CALABASAS, CA 91302	(818) 222-3500		

May the FTB discuss this return with the preparer shown above? See instructions ● Yes 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 Side 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 Side 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: a Sales of certain timeshares or residential lots	2a	
	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, Side 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, Side 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 (attach schedule)
				(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 Side 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 Side 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 Side 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 Side 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.

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 (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.

2021

**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 ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO	California corporation number 0468392
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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	<u>4,779.</u>
2	2021 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>4,779.</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>4,779.</u>
c	Add line 4a and line 4b	4c	<u>4,779.</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>4,779.</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-). If the corporation taxable income is \$1,000,000 or more, see instructions.	(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 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 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	2021	DIS					
4	2021	ESB	4,779.				4,779.
	2021						
	2021						
	2021						

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

Part III 2021 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>

2021

**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 ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO	California corporation number 0468392
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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 2021 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	_____

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-). If the corporation taxable income is \$1,000,000 or more, see instructions.	(g) Available balance	_____
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(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 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	2021	DIS					
4	2021						
	2021						
	2021						
	2021						

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

Part III 2021 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.

2021

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 3

Corporation name ASSOCIATED STUDENTS, INC. CALIFORNIA POLYTECHNIC STATE UNIV SAN LUIS OBISPO	California corporation number 0468392
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 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 2021 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	_____

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-). If the corporation taxable income is \$1,000,000 or more, see instructions. <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 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2020		ESB	1,075.	<input checked="" type="radio"/> 1,075.	0.	0.	<input checked="" type="radio"/> 1,075.
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (d) minus col. (f) See instructions.
3 2021		DIS					
4 2021							
2021							
2021							
2021							

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

Part III 2021 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.....	\$	95,709.
Total	\$	<u>95,709.</u>

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

Operating expenses.....	\$	42,480.
Total	\$	<u>42,480.</u>