Form 990-T		Exempt Organization Busi and proxy tax unde		tion 6112216	111			2008	
Department of the Treas	sury	(and proxy tax under tax year beginning JUL 1,	20	08 and and	ina JU	N 30, 20	09 Opt	en to Public Inspection for	
Internal Revenue Service	e For o	Name of organization (Check box if name ch	20	nd ass instructi	ons l	11 30 / 20	DEmbloke	r identification number	
' Check box address ch	59	ASSOCIATED STUDENTS OF	SAN	DIEGO	0113.)		for Block	ees' trust, see instructions D on page 9.) -6042622	
B Exempt under se	ection Print	STATE UNIVERSITY						d business activity codes	
X 501(C)(3	10 (Number, street, and room or suite no. If a P.O. box,	see pag	ge 9 of instructi	ons.		(See instr on page	ructions for Block E	
408(e)	220(e) Type	3300 CAMPANILE DRIVE					on page	J.,	
408A	530(a)	City or town, state, and ZIP code					8129	0.0	
529(a)		SAN DIEGO, CA 92182					0123	00	
C Book value of all at end of year	assets F Grou	up exemption number (See instructions for Block F.) Ck organization type X 501(c) corporation		501(c) trust		401(a) trust		Other trust	
1481569	92.								S
H Describe the org	anization's prin	nary unrelated business activity. ► STUDENT	SEF	RVICES			7 ٧	X No	
I During the tax ve	ear, was the cor	rporation a subsidiary in an affiliated group or a paren	t-subsid	diary controlled	group? .		Yes	A IVO	
If "Yes " enter the	e name and ide	ntifying number of the parent corporation.						594-6487	
J The books are in	care of	CHRISTINA BROWN				ne number		(C) Net	
Part I Unr	elated Tra	de or Business Income		(A) Incom	16	(B) Expense	5	(G) NEI	5
1a Gross receipt	ts or sales								
	and allowances	c Balance	10						
		le A, line 7)	2						Ě
		from line 1c	3						-
4 a Capital gain r	net income (atta	ach Schedule D)	4a						_
b Net gain (los	s) (Form 4797,	Part II, line 17) (attach Form 4797)	4b						_
c Capital loss of	deduction for tr	usts	4c						-
5 Income (loss	s) from partners	ships and S corporations (attach statement)	5						_
			6						-
		ome (Schedule E)	7						_
9 Interest, ann	uities, royalties	, and rents from controlled organizations (Sch. F)	8						
J Investment i	ncome of a sec	tion 501(c)(7), (9), or (17) organization					1		
(Schedule G)		9						_
10 Exploited ex	empt activity in	come (Schedule I)	10						_
11 Advertising i	income (Sched	ule J)	11					1 101 760	
12 Other incom	ie (See instructi	ions; attach schedule.) STATEMENT 1	12	4,101,				4,101,769	
13 Total Com	hine lines 3 thr	ough 12	13	4,101,				4,101,769	<u>•</u>
Doet II Do	ductions !	Not Taken Flsewhere (see instructions for	or limita	ations on ded	uctions.)				
(Exc	cept for contr	ibutions, deductions must be directly connected	ed with	the unrelated	busines	s income.)			_
14 Compensa	tion of officers,	directors, and trustees (Schedule K)					. 14	1 554 355	_
							15	1,554,255	
16 Repairs an	d maintenance						. 16	258,664	_
17 Bad debts							. 17	9,083	•
18 Interest (at	ttach schedule)						18		-
19 Taxes and	licenses						. 19		
20 Charitable	contributions (See instructions for limitation rules.)					20		_
21 Depreciation	on (attach Form	n 4562)			21	182,678	3.	100 670	
22 Less depre	eciation claimed	d on Schedule A and elsewhere on return			22a		22b	182,678	•
23 Depletion							23		_
24 Contribution	ons to deferred	compensation plans					24	204 561	
		ms						394,561	•
26 Excess ex	empt expenses	(Schedule I)					26		
07 Evenes to:	adarchin casts	(Schedule I)					27		_
28 Other ded	uctions (attach	schedule)		SEE	STA'	TEMENT 2	28	1,750,879	
29 Total de	ductions. Add	d lines 14 through 28					29	4,150,120	
30 Unrelated	husiness tayah	ole income before net operating loss deduction. Subtr	act line	29 from line 13			30	-48,351	
	ting loss deduc	tion (limited to the amount on line 30)					31) .
31 Net opera 32 Unrelated	husiness tayah	ole income before specific deduction. Subtract line 31	from li	ne 30			32	-48,351	
33 Specific d	leduction (Gene	erally \$1,000, but see instructions for exceptions)					33	1,000	١.
34 Unrelate	ed business t	taxable income. Subtract line 33 from line 32. If lin	ne 33 is	greater than lin	e 32, ente	r the smaller			
of zero or		taxable meetic. obstact in the second					34	-48,351	ı.

823701 3-09-09 LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **990-T** (2008)

Form 990-T (2008) STATE UNIVERSITY

Part II	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	:	
	(1) \[\\$ \		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)		35c 0.
C	Income tax on the amount on line 34	" 014	35c U.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of		36
	Tax rate schedule or Schedule D (Form 1041)		37
37	Proxy tax. See instructions		38
38	Alternative minimum tax		39 0.
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		33
Part I	Tax and Payments	40a	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40b	1
	Other credits (see instructions)	40c	1
C	General business credit. Attach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	400	40e
е	Total credits. Add lines 40a through 40d		
41	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	Other (attach achadula)	42
42			43 0.
43	Total tax. Add lines 41 and 42	44a	70
	Payments: A 2007 overpayment credited to 2008	44b	1
	2008 estimated tax payments	446	1
(Tax deposited with Form 8868	44d	7
		44e	
	Backup withholding (see instructions) Other credits and payments: Form 2439	170	7 1
9		441	
45	Total payments. Add lines 44a through 44f		45
45	Estimated tax penalty (see instructions). Check if Form 2220 is attached		46
46	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	▶	47 0.
47	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	>	48 0.
48	Enter the amount of line 48 you want: Credited to 2009 estimated tax	Refunded	49
Part	. D I' O I . A Ali ilia - and Other Informati	on (See instructions on pa	age 18)
1 At	any time during the 2008 calendar year, did the organization have an interest in or a signature or o	other authority over a financial	account Yes No
/h:	ank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F S	90-22.1, Report of Foreign Ban	k and X
r:.	angial Accounts of VES, anter the name of the foreign country here		
	laticial Accounts. If 113, effect the failing of the following receive a distribution from, or was it the grantor of, or transferor to, a foreign tr TES, see page 5 of the instructions for other forms the organization may have to file.	rust?	X
3 Er	ter the amount of tax-exempt interest received or accrued during the tax year > \$		
Sche	dule A - Cost of Goods Sold. Enter method of inventory valuation		
	N/I	A	
1 In	ventory at beginning of year 1 6 Inventory at end of year	ear	. 6
	orchases 2 7 Cost of goods sold. S	Subtract line 6	
3 C	ost of labor 3 from line 5. Enter her		7
	Iditional section 263A costs	on 263A (with respect to	Yes No
b O	her costs (attach schedule) 4b property produced or	r acquired for resale) apply to	, v
5 T			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	d statements, and to the best of my barer has any knowledge.	knowledge and belief, it is true,
Sign			May the IRS discuss this return with
Here		ATE EXEC DIR	the preparer shown below (see
	Signature of officer Date Title		instructions)? X Yes No
	Preparer's Date	Check if	Preparer's SSN or PTIN P00232017
Paid Prepa	signature / Coloneul 5 / C4 / C	1 / 1	41-1944416
Use O	nly RSM MCGLADREI, INC.		
	employed), 515 S. FLOWER STREET, 41ST FLOO	Phone n	o. (213) 330–4600
	ZIP code LOS ANGELES, CA 90071		(213) 330-4000

10000514 141401 7000

schedule C - Rent Income (I	/ERSITY From Real	Property	and F	Personal Pr	roperty	Lease	95-6042 d With Real Prop	perty) (see instr. on pg 19)
Pescription of property								
1)			i.					
2)								
3)								
4)								
-1	2 Rent received						3(a) Deductions directly	connected with the income in
(a) From personal property (if the perorent for personal property is more to 10% but not more than 50%)	tnan	of re	ent for pers	personal property (onal property excess based on profit or	eds 50% or il	age	columns 2(a) an	d 2(b) (attach schedule)
1)								
2)								
3)								
4)								
otal	0.	Total				0.		
) Total income. Add totals of columns 2	2(a) and 2(b). E	nter					(b) Total deductions.	
ere and on page 1, Part I, line 6, column	(A)	▶			40)	0.	Enter here and on page 1, Part I, line 6, column (B)	0.
chedule E - Unrelated Deb	ot-Finance	d Income	See In	structions on	page 19)	T	3 Deductions directly cor	anacted with or allocable
				2 Gross inco	me from		to debt-finan	
2				or allocable t	to debt-	(a)	Straight line depreciation	(b) Other deductions
1 Description of debt-fir	nanced property			financed pr	орегц		(attach schedule)	(attach schedule)
(1)								
(2)								
(4)	5 Average	ge adjusted bas	is	6 Column 4	divided		7 Gross income	8 Allocable deductions
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fir	r allocable to nanced property ch schedule)		by colum			reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)					%			
(2)	1				%			
	E				%			
(3)					%			
(4)	1						here and on page 1, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals								0. 0
Total dividends-received deductions in	ncluded in colur	nn 8						
Schedule F - Interest, Annu	uities, Roy	alties, an	id Ren	ts From Co	ontrolle	d Org	anizations (See in	structions on page 20)
			Exemp	t Controlled O	rganizatio	ns		
1 Name of controlled organization	Employer nu	2 identification imber	Net ur (loss) (s	3 nrelated income see instructions)		4 of specified ents made		rolling connected with income
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organization	ns							
	Net unrelated inc	come (loss)	9 To	otal of specified pay	yments	10 Part o	of column 9 that is included	11 Deductions directly connected with income in column 10
, , , , , , , , , , , , , , , , , , , ,	(see instructi	ons)		made		in the	controlling organization's gross income	with income in column to
(1)								
(2)			1		1			
(2)			-					1
(3)								
					-		mns 5 and 10. e and on page 1, Part I, lumn (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
(3)						Enter her	e and on page 1, Part I,	Enter here and on page 1, Part I, line 8, column (B).

				Tec 10000 10000 100		
STATE V	UNIVE	ERSITY				
		PLODEMIP	OI	DAIN	DIDC	

m 990-T (2008) STATE U	NIVERSITY							93-00	42022	
chedule G - Investmen	t Income of a	Section	on 501(c)(7	7), (9), o	r (17) Org	janizatio	on			
(see instru	ctions on page 21)									E T
1 Descrip	tion of income			2 Amount	t of income	3 Deduction directly contact (attach sci	nnected		asides schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
)										
2)										
3)										
4)					and on page 1,					Enter here and on page 1 Part I, line 9, column (B).
				Part I, line 9), column (A).					
stale			•		0.					0.
otals Schedule I - Exploited E	xempt Activit	y Inco	me, Othe	r Than	Advertisi	ng Inco	me			
(see instruc	ctions on page 21)	Τ			T					
1 Description of exploited activity	2 Gross unrelated business income from trade or business	direc wit	Expenses ctly connected h production of unrelated iness income	from unrel business minus co gain, con	come (loss) lated trade or s (column 2 blumn 3). If a npute cols. 5 bugh 7.	5 Gross from activ is not un business	vity that related	attrib	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(4)										
(1)		1								
(2)		1								
(3)		-								
(4)	Enter here and on		er here and on							Enter here and on page 1,
	page 1, Part I, line 10, col. (A).		age 1, Part I, le 10, col. (B).							Part II, line 26.
	0		0 .							0
otals Schedule J - Advertisir										
1 Name of periodical	2 Gross advertisin income		3 Direct advertising cost	or (lo s col. 3).	dvertising gain ss) (col. 2 minus If a gain, compu s. 5 through 7.	0.0000000000000000000000000000000000000	rculation come		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
907										
(1)		-+								
(2)										
(3)										
(4)						-				
Totals (carry to Part II, line (5))		0.		0.						(
Totals (carry to Part II, line (5)) Part II Income From columns 2 through	Periodicals Re	porte	ed on a Se	parate	Basis (For	each peri	odical lis	ted in Par	t II, fill in	
1 Name of periodical	2 Gros	s ng	3 Direct advertising cos	or (losts col. 3)	Advertising gain oss) (col. 2 minu). If a gain, comp ols. 5 through 7.	is 50	Circulation income		eadership costs	7 Excess readership costs (column 6 minu column 5, but not mor than column 4).
(1)										
(2)										
(3)										
(4)										
(5) Totals from Part I		0.		0.						
(3) Tutais nomi are	Enter here a page 1, P line 11, co	art I, I. (A).	Enter here and page 1, Part line 11, col. (E	I, 3).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		0.	D: .	0.		oo instruct	tions on t	nage 22)		
Schedule K - Comper	nsation of Offi	cers,	Directors,	and Ir	ustees (s	ee mstruci	3 P	ercent of	10-	mpensation attributable
1	Name				2 Title		time o	levoted to siness	to	unrelated business
								%		
								%		

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		▶	0.
Total. Enter here and on page 1, Part II, line 14			Form 990-T (2008)

823731 03-09-09

UTILITIES 72,163. INSURANCE 28,516. TRAVEL 690,776. SERVICES 36,249. PROMOTIONS 36,249. ADMINISTRATIVE EXPENSES 436,213.			
DESCRIPTION UNRELATED USE OF STUDENT PROGRAMS TOTAL TO FORM 990-T, PAGE 1, LINE 12 4,101,769. FORM 990-T OTHER DEDUCTIONS STATEMENT 2 DESCRIPTION LICENSES SUPPLIES UTILITIES INSURANCE TRAVEL SERVICES PROMOTIONS ADMINISTRATIVE EXPENSES 4,101,769. 4,101,769. AMOUNT AMOUNT 1,090. 129,098. 356,774. 690,776. 36,249. 36,249. AMOUNT 1,090. 36,249.	FORM 990-T	OTHER INCOME	STATEMENT 1
UNRELATED USE OF STUDENT PROGRAMS TOTAL TO FORM 990-T, PAGE 1, LINE 12 OTHER DEDUCTIONS STATEMENT 2 DESCRIPTION AMOUNT LICENSES SUPPLIES UTILITIES INSURANCE TRAVEL SERVICES PROMOTIONS ADMINISTRATIVE EXPENSES 4,101,769. 4,101,769. AMOUNT 1,090. 129,098. 356,774. 428,516. 690,776. 36,249. AJAG,213.	DESCRIPTION		AMOUNT
TOTAL TO FORM 990-T, PAGE 1, LINE 12 FORM 990-T OTHER DEDUCTIONS STATEMENT 2 AMOUNT LICENSES SUPPLIES UTILITIES 11,090. 129,098. 356,774. 172,163. 172,163. 172,163. 172,163. 172,163. 172,163. 173,163. 174,163. 175,163. 175,163. 175,163. 175,163. 175,163. 175,163. 175,163. 175,163.		ENT PROGRAMS	4,101,769.
DESCRIPTION LICENSES SUPPLIES UTILITIES INSURANCE TRAVEL SERVICES PROMOTIONS ADMINISTRATIVE EXPENSES AMOUNT 1,090. 1,0			4,101,769.
1,090	FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
1,090	DESCRIPTION		AMOUNT
TOTAL TO FORM 990-T, PAGE 1, LINE 28	LICENSES SUPPLIES UTILITIES INSURANCE TRAVEL SERVICES PROMOTIONS	ES	
			1,750,879.

nal Revenue Service (99)

Depreciation and Amortization 990-T (Including Information on Listed Property)

▶ See separate instructions.

Attach to your tax return. Business or activity to which this form relates OMB No. 1545-0172

Attachment Sequence No. **67** Identifying number

ne(s) shown on return ASSOCIATED STUDENTS OF SAN DIEGO

STATE UNIVERSITY

FORM 990-T PAGE 1

95-6042622

TAT	E UNIVERSIII		22 1 1/ 1 1/ 1/ 1/24	d aranartu	complete Part V	hefore you	complete Part I.
Part I	Election To Expense Certain Propert	y Under Section 179	Note: If you have any liste	a property,	complete rait v	1	250,000.
1 Max	kimum amount. See the instructions	for a higher limit fo	r certain businesses			2	
2 Tota	al cost of section 179 property place	ed in service (see in	structions)			·	800,000.
3 Thre	eshold cost of section 179 property	before reduction in	limitation				000/0001
4 Red	duction in limitation. Subtract line 3 f	rom line 2. If zero o	r less, enter -0-			5	
5 Dolla	ar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -0	If married filing separately, see in	nstructions		· -	
6	(a) Description of pro	perty	(b) Cost (busines	ss use only)	(c) Elected o	ost	
7 List	ted property. Enter the amount from	line 29		7			
8 Tot	al elected cost of section 179 prope	rty. Add amounts i	n column (c), lines 6 and 7	7		8	
0 Tor	stative deduction. Enter the smaller	of line 5 or line 8				9	
10 Car	revover of disallowed deduction from	line 13 of your 200	07 Form 4562			10	
44 Du	siness income limitation. Enter the s	maller of business	income (not less than zero	o) or line 5		11	
10 Sa	ction 179 expense deduction. Add li	nes 9 and 10, but	do not enter more than lin	e 11		12	
12 Col	rryover of disallowed deduction to 2	009. Add lines 9 ar	nd 10, less line 12	▶ 13			
Note:	Do not use Part II or Part III below fo	r listed property. In	stead, use Part V.				<u>.</u>
Part		nce and Other De	preciation (Do not include	de listed pro	perty.)		
	open i						
14 Sn	ecial depreciation for qualified prop	erty (other than list	ed property) placed in ser	vice during	the tax year	14	
4 Op	operty subject to section 168(f)(1) el	ection				15	
3 PIC	her depreciation (including ACRS)					16	
Part		ot include listed pro	perty.) (See instructions.)			
	in to the cape		Section A				
47 M	ACRS deductions for assets placed	in service in tax ye	ars beginning before 2008	3		17	
17 1917		nice during the tax year i	nto one or more general asset acc	ounts, check he	re		
10 If y	Section B - Assets	s Placed in Servic	e During 2008 Tax Year	Using the G	eneral Deprecia	ation Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recove	1	1 1	(g) Depreciation deduction
100	3-year property						
19a	5-year property						
b	The second second						
	7-year property						
d	10-year property						
e_	15-year property	-					
f	20-year property	\dashv		25 yrs		S/L	
_ g	25-year property			27.5 yr		S/L	
h	Residential rental property	/		27.5 yr		S/L	
	***************************************	/		39 yrs		S/L	
i	Nonresidential real property	/		Ja yis	MM	S/L	
		/ Discreti: Comits	During 2008 Tax Year l	Ising the A			stem
	Section C - Assets	Placed in Service	: During 2000 Tax Teal (Jame H		S/L	
20a	Class life	_		10		S/L	
b	12-year			12 yr		S/L	
С	40-year	/		40 yr	2. IVIIVI	- J	
	rt IV Summary (See instructions					04	
21 L	isted property. Enter amount from l	ine 28				21	
22 T	Total. Add amounts from line 12, line	es 14 through 17, li	nes 19 and 20 in column	(g), and line	21.	00	182,678
F	nter here and on the appropriate lin	es of your return. F	Partnerships and S corpo	rations - see	instr	22	102,010
23 F	or assets shown above and placed	in service during the	ne current year, enter the				
F	portion of the basis attributable to se	ection 263A costs.		2	3		Form 4562 (2008
81625 11-08-	1 LHA For Paperwork Reduct	ion Act Notice, se	e separate instructions.				1 01111 4302 (2000

2.

	7.00	מבאשבט (STUDENTS	OF SAN	DIEGO			
				OI DAIN	DILGO		95-6042	622 Page 2
Form 4562 (2008)	STA	TE UNIVE	11168	- allular talaab	once cortain	computers and	d property used fo	
tion or o	mucoment)						a property asset is aplete only 24a, 24	
through (c) of S	Section A. all	of Section B, an	d Section C if ap	piicabie.				
ection A - Depreciation a					is for passerig	ger automobiles	.,	Yes No
24a Do you have evidence to s		siness/investment	use claimed?	Yes		es," is the evic		(i)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreci (business/investr use only)		(g) Method/ Convention	(h) Depreciation deduction	Elected section 179 cost
25 Special depreciation alloused more than 50% in	owance for q	ualified listed pro	operty placed in	service during	he tax year ar	nd 25	5	
26 Property used more than								
26 Property used more that			3 430.					
	<u> </u>	%						
	1 : :	%						
	<u> </u>	%						
27 Property used 50% or I	ess in a qual	ified business us	se:			To."		
	1 1	%				S/L·		+
	1 1	%				S/L·		
	1 1	%				S/L·		-
28 Add amounts in column	n (h), lines 25	through 27. Ent	er here and on li	ne 21, page 1			28	
29 Add amounts in column	n (i), line 26.	Enter here and o	n line 7, page 1				29	
20 Mod amounts	- 11/	Se	ction B - Inform	ation on Use o	f Vehicles			
Complete this section for v If you provided vehicles to those vehicles.	ehicles used your employ	by a sole propriees, first answer	etor, partner, or o the questions in	other "more tha Section C to s	n 5% owner," ee if you mee	or related pers t an exception	son. to completing this	section for
			(a)	(b)	(c)	(d)	(e)	(f)
30 Total business/investment	t miles driven	during the	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle
year (do not include com								
31 Total commuting miles								
11 Total Community miles								

30	Total business/investment miles driven during the	(a Vehi		(b Vehi		(c Vehi		(d Vehi		(e Vehi	٠ ا	(f) Vehi	
	year (do not include commuting miles)												
33	Total miles driven during the year. Add lines 30 through 32											, I	
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No								
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

OW	lers of related persons.	l v	
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?	\vdash	
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?	-	
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?	-	
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization	/f)	

Part VI Amortization (a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
Amortization of costs that begins during	ng your 2008 tax year:				
			1	1	
Amortization of costs that began befo	re your 2008 tax year			43	

Form 4562 (2008)

2

ASSOCIATED STUDENTS OF SAN DIEGO STATE UNIVERSITY

06/30/2009 FEIN: 95-6042622

FORM 990T, NET OPERATING LOSS SCHEDULE

YEAR GENERATED	ORIGINAL CARRYOVER	PORTION UTILIZED	REMAINING CARRYOVER	YEAR UTLIZED
06/30/1995	85,482 69,632	85,482 66,301	<u>.</u> .	06/30/1999 06/30/1999
06/30/1996	323 · 32	3,331		06/30/2001 06/30/2001
06/30/1997	481,915	294,878 138,883 48,154		06/30/2005 06/30/2007
06/30/1998	264,799	33,723	231,076	06/30/2007
06/30/2000	421,213 274,890		421,213 274,890	
06/30/2002 06/30/2003	50,635		50,635 167,273	
06/30/2004 06/30/2006	167,273 142,319		142,319 390,712	
06/30/2008	390,712			
	2,348,870	670,752	1,678,118	
	CARRY FORWARD TO 06/30/09		1,678,118	