$\mathsf{Form}\, 990\text{-}T$

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning $\frac{7/01}{}$, 2017, and ending $\frac{6/30}{}$ 2018 OMB No. 1545-0687

_		► G	o to www.irs.gov/Form990T for in	structi	ions and the latest	information.				
	artment of the Treasury rnal Revenue Service	► Do not	enter SSN numbers on this form as it	may be	e made public if your	organization is a	501(c)(3).		Open to Pub 501(c)(3) Or	blic Inspection for rganizations Only
Α	X Check box if		Check box if	name o	changed and see instru	ctions.		D Er		tification number
	address changed Exempt under section	Print	Associated Students	of					structions.)	ust, see
_	X 501(c)(_3)	or	San Diego State University						95-6042	2622
	408(e) 220(e)	Туре	5500 Campanile Driv				•	E U	Inrelated bus odes (See ins	siness activity
	408A 530(a)		San Diego, CA 92182	2-78	00				oues (See in:	structions.)
	529(a)							-	713990	624410
С	Book value of all assets at end of year	F Group	exemption number (See instructi	ions.)•	•					
	29,887,976.	G Check	k organization type ► X	501(c	c) corporation	501(c) trust	40	1(a)	trust	Other trust
Н	Describe the organizati	ion's primar	y unrelated business activity.			-			•	<u>=</u>
>	Student Servic		· · · · · · · · · · · · · · · · · · ·							
I			oration a subsidiary in an affilia			subsidiary conti	rolled grou	qr	. – ∐Y	′es X No
J	The books are in care of		fying number of the parent corp	Joralio	JII •	Telephone	numheri	- 16	510) 50	94-6555
	art I Unrelated T				(A) Income		Expenses			C) Net
	a Gross receipts or sale		asiness income		(i i i ii i ii i	, (2)	<u> </u>	,	(271101
_	b Less returns and allowance		c Balance►	1c						
2			line 7)	2						
3	- ·		n line 1c	3						
4	·		Schedule D)							
		-	7) (attach Form 4797)							
	• , , ,			4c						
5	Income (loss) from page	artnerships	and S corporations							
6	•	•							<u> </u>	
7			(Schedule E)	7					<u> </u>	
8		•	om controlled organizations (Schedule F)	8					<u> </u>	
9			(9), or (17) organization (Schedule G)						<u> </u>	
10			e (Schedule I)	10					<u> </u>	
11				11						
12	? Other income (See in	nstructions;	attach schedule)							
-17	T-1-1 O-malaine lines	2	See Statement 1	12	5,498,					<u>, 498, 407.</u>
			2 en Elsewhere (See instruc	13	5,498,	407. os on doduct	ione) (0. Exce		<u>,498,407.</u>
ГС	contribution	s, deducti	ions must be directly con	necte	ed with the un	related busi	ness inc	come	e.)	
14			ors, and trustees (Schedule K).					14	T	
15	Salaries and wages.							15	2,	,218,236.
16	Repairs and maintena	ance						16		416,322.
17							L	17		
18	Interest (attach sched	dule)						18		
19							L	19		
20			structions for limitation rules)					20		
21						145	5,822.			
22			hedule A and elsewhere on ret					22b	,	145,822.
23							L	23		
24			nsation plans				.	24		
25		-					.	25		626,008.
26		•	dule I)				L	26	<u> </u>	
27			ule J)					27	<u> </u>	C7C 040
28			le)					28 29		,676,849.
29 30			hrough 28					30		,083,237. -584,830.
31	Net operating loss de	eduction (lim	nited to the amount on line 30)		See S	tatement	<u> </u>	31	 	J04,03U.
32	! Unrelated business to	axable incor	ne before specific deduction. S	ubtra	ct line 31 from lin	ne 30		32	 	-584,830.
33			,000, but see line 33 instruction				L	33	†	201,000.
34	Unrelated business taxab	le income. Sul	btract line 33 from line 32. If line 33 is	greater	than line 32, enter the	e smaller of zero or	line 32	34	<u> </u>	-584,830.
_				_						

		Tax Computation						
35	Orgar	nizations Taxable as Corporations. See instructions for tax computation.						
		olled group members (sections 1561 and 1563) check here ► See instru						
	a Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bracket	ets (in that order)	:				
	(1) \$	(2) \$						
	b Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$					
	(2) Ad	ditional 3% tax (not more than \$100,000)	\$					
	c Incom	ne tax on the amount on line 34			35 c			0.
36	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax	on the amount					
	on lin	e 34 from: Tax rate schedule or Schedule D (Form 1041)		▶	36			
37	Proxy	tax. See instructions			37			
38	Altern	ative minimum tax			38			
39	Tax o	n Non-Compliant Facility Income. See instructions			39			
40	Total.	Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40			0.
Pa		Tax and Payments						
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)	41 a					
	_	credits (see instructions)	41 b					
		ral business credit. Attach Form 3800 (see instructions)						
		for prior year minimum tax (attach Form 8801 or 8827)						
		credits. Add lines 41a through 41d.	-		41 e			0
		act line 41e from line 40			42			0.
42	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	8866		42			0.
43		ther (attach schedule)			43			
11		tax. Add lines 42 and 43.						
		ents: A 2016 overpayment credited to 2017.			44			0.
	-	estimated tax payments.	45 b					
		eposited with Form 8868.	45 c					
		gn organizations: Tax paid or withheld at source (see instructions)	45 d					
		ip withholding (see instructions)	45 u					
		for small employer health insurance premiums (Attach Form 8941)	45 f					
			451					
		credits and payments: Form 2439						
		orm 4136 Other Total ▶	45 g					
46		payments. Add lines 45a through 45g			46			0.
47		ated tax penalty (see instructions). Check if Form 2220 is attached			47			
48	Tax d	ue. If line 46 is less than the total of lines 44 and 47, enter amount owed			48			
49	Overp	payment. If line 46 is larger than the total of lines 44 and 47, enter amount	overpaid		49			
50	Enter	the amount of line 49 you want: Credited to 2018 estimated tax ▶	l	Refunded ►	50			
Pa	rt V	Statements Regarding Certain Activities and Other Informa	ition (see instru	ctions)	•			
51	At any	time during the 2017 calendar year, did the organization have an interest in or a	signature or othe	r authority ov	er a		Yes	No
		cial account (bank, securities, or other) in a foreign country? If YES, the organiza				114.		
		t of Foreign Bank and Financial Accounts. If YES, enter the name of the fo	,			•		Х
E 2		g the tax year, did the organization receive a distribution from, or was it the						
32		-	grantor or, or tr	ansieror to, a	a iorei	gir trustr.		X
		S, see instructions for other forms the organization may have to file.						
53	Enter	the amount of tax-exempt interest received or accrued during the tax year	\$	0.	£ l			
c:~	ın	Under penalties of perjury, I declare that I have examined this return, including accompanying schedbelief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	information of which p					
Sig He	111	▶ E	xecutive D	irector	May the	e IRS discuss th	nis retur	n with
пе	E	Signature of officer Date Tit	le		instructi	parer shown be ions)?	es [No
		Dist(Tone and	-1-		1		-3	
Pai	d	' '	ate	Check X if		ΓIN		
Pre		Richard H Rechif Jr		self-employed		0016911	9	
par	er	Firm's name Richard H Rechif Jr CPA		Firm's EIN ►	38-3	3944511		
Üs	е	Firm's address 1240 India Street Unit 308				-		
On	ly	San Diego, CA 92101		Phone no.	(6	19) 997	-513	34
				1	, , ,			

Schedule A - Cost of Goo	ds Sold. Enter method of inve	entory valuation 			
1 Inventory at beginning of ye	ear 1	6 Invento	ry at end of year	6	
2 Purchases	2	7 Cost of	goods sold. Subtract		
3 Cost of labor	3		rom line 5. Enter here	7	
4 a Additional section 263A costs (attac	, i		Part I, line 2	Yes No	
b Other costs	4a 4b		rules of section 263A (w		
(attach sch)			y produced or acquired for ganization?		
			9		
Schedule C — Rent Income 1 Description of property	e (From Real Property and	Personal Property	Leased With Real F	'roperty) (see instructions)	
(1)					
(2)					
(3)					
(4)					
	2 Rent received or accrued				
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	perty (b) From re r personal (if the percond but not property ex	eal and personal property entage of rent for persona ceeds 50% or if the rent i on profit or income)	the income i	ns directly connected with in columns 2(a) and 2(b) ttach schedule)	
(1)					
(2)					
(3)					
(4)					
Total	Total		45.7.1.1.1		
(c) Total income. Add totals of cohere and on page 1, Part I, line 6			(b) Total deductions. here and on page 1, Pa I, line 6, column (B) .	art	
Schedule E — Unrelated De	ebt-Financed Income (see	instructions)	•		
1 Description of deb		2 Gross income from or allocable to debt-	3 Deductions directly condebt-final	onnected with or allocable to anced property	
1 Description of des	t infanced property	financed property	(a) Straight line depreciation (attach scl	(b) Other deductions (attach schedule)	
(1)					
(2)					
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		٥/٥			
(2)		%			
(3)		%			
(4)		0/0			
			Enter here and on page	e 1, Enter here and on page 1, A). Part I, line 7, column (B).	
Tatala			, , , (y , mio /, colainii (b).	
Totals.	in a included in a street 0	······		>	
Total dividends-received deducti BAA				Form 990-T (2017)	
DAM	I E	EA0203L 10/04/17		1 01111 330-1 (2017)	

Schedule F — Interest, A	iiiiaidi	cs, Royalti			trolled Or			oi gai	IIIZation3	(300 111	Structions	·)
1 Name of controlled organization	ide	Employer ntification number	3 Net unrelated income (loss) (see instructions)		4	4 Total of specified payments made		fied de 5 Part of control that is included that is included the control organization gross included the control organization organization.		in c	eductions directly onnected with ome in column 5	
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
Nonexempt Controlled Organiz	ations										I .	
7 Taxable Income	ind	et unrelated come (loss) instructions)			f specifients made	d	10 Part of included in organizatio	n the d	controlling		connecte	ctions directly d with income olumn 10
(1)												
(2)												
(3)												
(4)												
Totals							Add columns here and on p		, Part I, line		e and on p	s 6 and 11. Enter page 1, Part I, line lumn (B).
Schedule G – Investmen). (or (17) Orga	nizat	ion (see ins	truction	ns)	
1 Description of income		2 Amount			3 dire	De ctly	ductions connected schedule)		4 Set-asides 5 Tot (attach schedule) set-		5 Total deductions and set-asides (column 3 plus column 4)	
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
TotalsSchedule I — Exploited E		Enter here are Part I, line 9	, colui	mn (A).	ner Tha	n A	Advertising	Incor	ne (see inst	truction	Part I, I	ere and on page 1 ine 9, column (B).
1 Description of exploited a		2 Gros unrelate busines income fr trade o busines	s ed ss om or	3 Experion connection of u	ises directly ected with duction nrelated ess income	4 I fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	5 Gros activ	s income from ity that is not ated business income	6 Expattribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals		Enter here on page Part I, lin column	e 1, e 10,	on p Part I	here and page 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 26.
Schedule J – Advertisin		ma (Saa isaa	truct:	nc)								
		•				4	d Dania					
Part I Income From Pe	rioaic								1			T
1 Name of periodical		2 Gros advertisi income	ng	adve	Direct ertising osts	(1	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation ncome		adership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)												
(2)									-			
(3)												
(4)												
Totals (carry to Part II, line (5)))	•										

Part II	Income From Periodical	s Reported or	າ a Separate B	Basis (For each p	eriodical listed in	n Part II, fill in colu	umns 2 through
	7 on a line-by-line basis.)						

7 on a line-by-line basis.)						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1) (2) (3)						
(2)						
(3)						
(4)						
Totals from Part I	•					
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1− 5)	` '	,				
Schedule K - Compensation o	f Officers, Dire	ctors, and Tru	istees (see instru	uctions)		
1 Name			2 Title	3 Percent of time devoted to business		ation attributable ated business
				9	5	
				9	5	
				9		
				9		
Total. Enter here and on page 1, Part	I. line 14				>	
BAA	,	TEEA0204 L				form 990-T (2017)

2017	Federal Statements	
	Associated Students of San Diego State University	
4/25/19		

09:08AM

Page 1

95-6042622

Statement 1 Form 990-T, Part I, Line 12 Other Income

Statement 2 Form 990-T, Part II, Line 28 Other Deductions

Corporate Administration Facility Administration	\$ 594,307. 38,426.
Insurance Miscellaneous	55,576. 28.797.
Office	4,092.
Promotions Resale Merchandise	22,195. 3.133.
Services	1,524,371.
Small Equipment Supplies	33,383. 105,142.
Travel. Utilities	13,972. 253.455.
Total	\$ 2,676,849.

Statement 3 Form 990-T, Part II, Line 31 Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
6/30/04 \$	167,273.	\$ 0.	\$ 167,273.
6/30/06	142,319.	0.	142,319.
6/30/08	390,712.	0.	390,712.
6/30/09	48,351.	0.	48,351.
6/30/10	89,125.	0.	89,125.
6/30/11	37,135.	0.	37,135.
6/30/12	95,055.	0.	95,055.
6/30/13	145,348.	0.	145,348.
6/30/14	363,331.	0.	363,331.
6/30/15	745,507.	0.	745,507.
6/30/16	739,600.	0.	739,600.
6/30/17	658,721.	0.	658,721.
Net Operating Loss Avai			\$ 3,622,477.
Taxable Income			\$ -584,830.
Net Operating Loss Dedu	ction (Limited to Ta	axable Income)	\$

2017

General Elections

Page 1

Associated Students of San Diego State University

95-6042622

4/25/19

09:08AM

Election to Waive Net C	perating Los	ss Carryback
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Pursuant to IRC Section 172(b)(3), the Organization hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended 6/30/18.

Form 8879-F0

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 7/01 , 2017, and ending 6/30 , 20 2018

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Associated Students of San Diego State University Employer identification number

95-6042622

Name and title of officer

CIIIISCIIIa	DIOWII				Executive	DITECTOL
Christina	Drottn				Executive	Director

Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	30,177,937.
2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a Form 1120-POL check here ▶	3 b	
4a Form 990-PF check here	4 b	
5 a Form 8868 check here ▶	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017

Officer's PIN: cl	heck one box only	1		
X I authorize	Richard H	Rechif Jr CPA	to enter my PIN	1

ERO firm name

as my signature Enter five numbers, but

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the program, I will enter my PIN on the return's disclosure consent screen.	have RS Fed/State
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Officer's signature Date ▶

Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.....

33690181955

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date ▶

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)