

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

**2018**

For calendar year 2018 or other tax year beginning 7/01, 2018, and ending 6/30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3)    <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408(e)    <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 408A    <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	<p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>Associated Students of SDSU San Diego State University 5500 Campanile Drive MC 7800 San Diego, CA 92182-7800</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p>95-6042622</p> <p><b>E</b> Unrelated business activity code (See instructions.)</p> <p>713990 624410</p>
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<p><b>C</b> Book value of all assets at end of year</p> <p>26,052,920.</p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type . . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation    <input type="checkbox"/> 501(c) trust    <input type="checkbox"/> 401(a) trust    <input type="checkbox"/> Other trust</p>
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**H** Enter the number of the organization's unrelated trades or businesses. ▶ 3 Describe the only (or first) unrelated trade or business here ▶ Children's Center. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of ▶ Carlos Careaga Telephone number ▶ (619) 594-6555

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales . . .			
<b>b</b> Less returns and allowances . . . <b>c</b> Balance ▶	<b>1 c</b>		
<b>2</b> Cost of goods sold (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 (attach Schedule D) . . . . .	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4 c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b> Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) . . . . . See Statement 1	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>		
	541,205.		541,205.
	541,205.	0.	541,205.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .			<b>14</b>
<b>15</b> Salaries and wages . . . . .			<b>15</b> 393,239.
<b>16</b> Repairs and maintenance . . . . .			<b>16</b> 28,635.
<b>17</b> Bad debts . . . . .			<b>17</b>
<b>18</b> Interest (attach schedule) (see instructions) . . . . .			<b>18</b>
<b>19</b> Taxes and licenses . . . . .			<b>19</b>
<b>20</b> Charitable contributions (See instructions for limitation rules) . . . . .			<b>20</b>
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>	6,444.	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>		<b>22 b</b> 6,444.
<b>23</b> Depletion . . . . .			<b>23</b>
<b>24</b> Contributions to deferred compensation plans . . . . .			<b>24</b>
<b>25</b> Employee benefit programs . . . . .			<b>25</b> 104,271.
<b>26</b> Excess exempt expenses (Schedule I) . . . . .			<b>26</b>
<b>27</b> Excess readership costs (Schedule J) . . . . .			<b>27</b>
<b>28</b> Other deductions (attach schedule) . . . . . See Statement 2			<b>28</b> 116,954.
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>		<b>29</b> 649,543.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>		<b>30</b> -108,338.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	<b>31</b>		<b>31</b>
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30 . . . . .	<b>32</b>		<b>32</b> -108,338.

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	33	0.
34	Amounts paid for disallowed fringes.....	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)..... <i>See Statement 3</i>	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.....	36	0.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions).....	37	
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.....	38	0.

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21).....	39	0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....	40	
41	<b>Proxy tax.</b> See instructions.....	41	
42	Alternative minimum tax (trusts only).....	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions.....	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies.....	44	0.

**Part V Tax and Payments**

45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	45 a	
b	Other credits (see instructions).....	45 b	
c	General business credit. Attach Form 3800 (see instructions).....	45 c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).....	45 d	
e	<b>Total credits.</b> Add lines 45a through 45d.....	45 e	0.
46	Subtract line 45e from line 44.....	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions).....	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.....	49	
50 a	Payments: A 2017 overpayment credited to 2018.....	50 a	
b	2018 estimated tax payments.....	50 b	
c	Tax deposited with Form 8868.....	50 c	
d	Foreign organizations: Tax paid or withheld at source (see instructions).....	50 d	
e	Backup withholding (see instructions).....	50 e	
f	Credit for small employer health insurance premiums (attach Form 8941).....	50 f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total.....	50 g	
51	<b>Total payments.</b> Add lines 50a through 50g.....	51	0.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.....	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.....	54	
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> ▶ <b>Refunded</b> ▶	55	

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here ▶ -----	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

**Sign Here** 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: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **Executive Director**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **Richard H Rechif Jr** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00169119**

Firm's name ▶ **Richard H Rechif Jr CPA** Firm's EIN ▶ **38-3944511**

Firm's address ▶ **1240 India Street Unit 308 San Diego, CA 92101** Phone no. **(619) 997-5134**

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year.....	<b>1</b>		<b>6</b> Inventory at end of year.....	<b>6</b>	
<b>2</b> Purchases.....	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.....		
<b>3</b> Cost of labor.....	<b>3</b>			<b>7</b>	
<b>4 a</b> Additional section 263A costs (attach schedule)	<b>4 a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	<b>Yes</b>	<b>No</b>
<b>b</b> Other costs (attach sch)	<b>4 b</b>				
<b>5 Total.</b> Add lines 1 through 4b.....	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

<b>1</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)..... ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property	<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
		<b>(a)</b> Straight line depreciation (attach sch)	<b>(b)</b> Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Totals</b> ..... ▶		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8..... ▶			

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	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)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	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)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 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)						
(4)						
<b>Totals from Part I</b> .....						
<b>Totals, Part II (lines 1– 5)</b> .....	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.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0%	
		0%	
		0%	
		0%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. ....			

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

For calendar year 2018 or other tax year beginning 7/01, 2018, and ending 6/30, 20 19.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization Associated Students of SDSU Employer identification number 95-6042622

Unrelated business activity code (see instructions) ▶ 713990

Describe the unrelated trade or business ▶ Aztec Rec Ctr Viejas Arena Student Union

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>4,908,312.</u>			
<b>b</b>	Less returns and allowances			
<b>c</b>	Balance ▶			
		<b>1c</b> 4,908,312.		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b> 4,908,312.		4,908,312.
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 4,908,312.		4,908,312.

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

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b>	Salaries and wages	<b>15</b>	1,939,790.	
<b>16</b>	Repairs and maintenance	<b>16</b>	374,762.	
<b>17</b>	Bad debts	<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b>	Taxes and licenses	<b>19</b>		
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	135,671.	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		
<b>23</b>	Depletion	<b>22b</b>	135,671.	
<b>24</b>	Contributions to deferred compensation plans	<b>23</b>		
<b>25</b>	Employee benefit programs	<b>24</b>		
<b>26</b>	Excess exempt expenses (Schedule I)	<b>25</b>	557,770.	
<b>27</b>	Excess readership costs (Schedule J)	<b>26</b>		
<b>28</b>	Other deductions (attach schedule) See Statement 4	<b>27</b>		
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>28</b>	2,525,663.	
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>29</b>	5,533,656.	
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	-625,344.	
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30	<b>31</b>		
		<b>32</b>	-625,344.	

**BAA** For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year.....	<b>1</b>		<b>6</b> Inventory at end of year.....	<b>6</b>	
<b>2</b> Purchases.....	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.....		
<b>3</b> Cost of labor.....	<b>3</b>			<b>7</b>	
<b>4 a</b> Additional section 263A costs (attach schedule)	<b>4 a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	<b>Yes</b>	<b>No</b>
<b>b</b> Other costs (attach sch)	<b>4 b</b>				
<b>5 Total.</b> Add lines 1 through 4b.....	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

<b>1</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)..... ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property	<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property See <u>St 6</u>	
		<b>(a)</b> Straight line depreciation (attach sch)	<b>(b)</b> Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Totals</b> ..... ▶		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8..... ▶			

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	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)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	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)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 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)						
(4)						
<b>Totals from Part I</b> .....						
<b>Totals, Part II (lines 1– 5)</b> .....	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.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0%	
		0%	
		0%	
		0%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. ....			

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

Program Service Revenue.....	\$ 541,205.
Total	<u>\$ 541,205.</u>

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

Corporate Administration.....	\$ 54,294.
Insurance.....	2,697.
Miscellaneous.....	1,012.
Office.....	4,218.
Promotions.....	72.
Services.....	3,224.
Small Equipment.....	1,972.
Supplies.....	40,617.
Travel.....	1,075.
Utilities.....	7,773.
Total	<u>\$ 116,954.</u>

**Statement 3**  
**Form 990-T, Part III, Line 35**  
**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.
6/30/18	584,830.	0.	584,830.
Net Operating Loss Available.....			<u>\$ 4,207,307.</u>
Taxable Income.....			\$ 0.
Net Operating Loss Deduction (Limited to Taxable Income).....			<u>\$ 0.</u>

**Statement 4**  
**Schedule M, Part II, Line 28**  
**Other Deductions**

Corporate Administration .....	\$	459,213.
Facility Administration.....		29,103.
Insurance.....		54,012.
Miscellaneous.....		31,365.
Promotions.....		57,077.
Resale Merchandise.....		1,375.
Services.....		1,522,671.
Small Equipment.....		51,574.
Supplies.....		77,139.
Travel.....		13,392.
Utilities.....		228,742.
	Total	<u>\$ 2,525,663.</u>

**Election to Waive Net Operating Loss Carryback**

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 6/30/19.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 202019

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2018

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Associated Students of SDSU  
San Diego State University

Employer identification number

95-6042622

Name and title of officer

Christina Brown

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 . . . . .	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1 b	<u>29,640,681.</u>
2 a	Form 990-EZ check here . . . . .	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2 b	_____
3 a	Form 1120-POL check here . . . . .	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3 b	_____
4 a	Form 990-PF check here . . . . .	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4 b	_____
5 a	Form 8868 check here . . . . .	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c) . . . . .	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 2018 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.

### Officer's PIN: check one box only

I authorize Richard H Rechif Jr CPA to enter my PIN 19909 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 2018 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 will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 7/14/2020

## 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  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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** (2018)

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018, and ending (mm/dd/yyyy) 6/30/2019. Corporation/Organization name ASSOCIATED STUDENTS OF SDSU SAN DIEGO STATE UNIVERSITY. California corporation number 0148475. FEIN 95-6042622. Street address (suite or room) 5500 CAMPANILE DRIVE MC 7800. City SAN DIEGO. State CA. Zip code 92182-7800.

A First Return Yes No X. B Amended Return Yes No X. C IRC Section 4947(a)(1) trust Yes No X. D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized. E Check accounting method: 1 Cash 2 X Accrual 3 Other. F Federal return filed? 1 X 990T 2 990-PF 3 Sch H (990) 4 Other 990 series. G Is this a group filing? Yes No X. H Is this organization in a group exemption? Yes No X. I Did the organization have any changes to its guidelines not reported to the FTB? Yes No X. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? Yes No X. K Is the organization exempt under R&TC Section 23701g? Yes No X. L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. M Is the organization a Limited Liability Company? Yes No X. N Did the organization file Form 100 or Form 109 to report taxable income? Yes No X. O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No X. P Is federal Form 1023/1024 pending? Yes No X.

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), Filing Fee (11-17), and Sign Here (18).

Sign Here: Signature of officer RICHARD H RECHIF JR, Title EXECUTIVE DIRECTOR, Telephone (619) 594-6555. Paid Preparer's Use Only: Preparer's signature RICHARD H RECHIF JR, Firm's name RICHARD H RECHIF JR CPA, 1240 INDIA STREET UNIT 308, SAN DIEGO, CA 92101, Telephone (619) 997-5134.

May the FTB discuss this return with the preparer shown above? See instructions. Yes No X

**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	
	3	Dividends	●	3	494,683.
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	28,821,823.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	29,316,506.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	5,810,000.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	560,208.
	12	Other salaries and wages	●	12	11,221,314.
	13	Interest	●	13	
	14	Taxes	●	14	674,274.
	15	Rents	●	15	946,890.
	16	Depreciation and depletion (See instructions)	●	16	1,221,758.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	14,020,057.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	34,454,501.

<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		23,683,285.		20,212,528.
2	Net accounts receivable		871,289.		887,709.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule		498,000.		
10 a	Depreciable assets	14,029,420.		15,246,828.	
b	Less accumulated depreciation	9,664,937.	4,364,483.	10,779,695.	4,467,133.
11	Land				
12	Other assets. Attach schedule. STM 4		470,919.		485,550.
13	<b>Total assets</b>		29,887,976.		26,052,920.
<b>Liabilities and net worth</b>					
14	Accounts payable		2,653,674.		2,911,349.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 5		3,500,101.		4,221,190.
19	Capital stock or principal fund		23,734,201.		18,920,381.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		29,887,976.		26,052,920.

<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	●	-4,813,820.
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.	●	-4,813,820.
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.	●	-4,813,820.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

California Copy  
**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

<b>Name of the organization</b> Associated Students of SDSU San Diego State University	<b>Employer identification number</b> 95-6042622
--	---

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

**Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

Name of organization Associated Students of SDSU	Employer identification number 95-6042622
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	California Department of Education 1430 N St., Ste 5319 Sacramento, CA 95814	\$ 238,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Department of Parks and Recreation One Capitol Mall, Suite 410 Sacramento, CA 95814	\$ 47,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Torrey Pines Kiwanis 4130 La Jolla Village Dr La Jolla, CA 92037	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	United States Sailing Assoc P O Box 1260 Portsmouth, RI 02871	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Associated Students of SDSU	Employer identification number 95-6042622
---	--

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization: Associated Students of SDSU  
 Employer identification number: 95-6042622

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

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

Administrative Income.....	\$	117,754.
Program Service Revenue.....		28,704,069.
	Total	<u>\$ 28,821,823.</u>

**Statement 2**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

Donee's Name:	San Diego State University	
Donee's Street Address:	5500 Campanile Drive	
Donee's City, State, ZIP:	San Diego, CA 92182	
Amount Given:		5,810,000.
	Total	<u>\$ 5,810,000.</u>

**Statement 3**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees.....	\$	141,854.
Advertising and Promotion.....		212,449.
Conferences, Conventions, and Meetings.....		23,326.
Facility expenses.....		874,021.
Information Technology.....		220,797.
Insurance.....		673,044.
Legal Fees.....		22,542.
Lobbying fees.....		8,987.
Management fees.....		69,633.
Misc management & general.....		294,817.
Office Expenses.....		679,927.
Other Employee Benefit.....		2,151,543.
Payments to Affiliates.....		2,658,544.
Pension Plan Contributions.....		256,576.
Program expenditures.....		5,515,092.
Travel.....		216,905.
	Total	<u>\$14,020,057.</u>

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

Prepaid Expenses and Deferred Charges.....		485,550.
	Total	<u>\$ 485,550.</u>

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

Accrued Employee Benefits.....	3,203,229.
Deferred Revenue.....	1,017,961.
Total	<u>\$ 4,221,190.</u>

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018, and ending (mm/dd/yyyy) 6/30/2019

Corporation/Organization name ASSOCIATED STUDENTS OF SDSU SAN DIEGO STATE UNIVERSITY California corporation number 0148475

Additional information. See instructions. FEIN 95-6042622

Street address (suite/room no.) 5500 CAMPANILE DRIVE MC 7800 PMB no.

City (If the corporation has a foreign address, see instructions.) SAN DIEGO State CA ZIP code 92182-7800

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

- A First Return Filed? B Is this an education IRA within the meaning of R&TC Section 23712? C Is the organization under audit by the IRS or has the IRS audited in a prior year? D Final Return? E Amended Return F Accounting Method Used G Nature of trade or business STUDENT SERVICES H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? I Is this organization claiming any former... J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? K Unrelated Business Activity (UBA) Code. 713990 L Is this a Hospital?

Table with 11 columns: Line number, Description, and Amount. Rows include Taxable Corporation (lines 1-3), Taxable Trust (line 4), Tax Computation (lines 5-11), Total Tax (lines 12-14), Payments (lines 15-19), and Use Tax/Tax Due/Overpayment (lines 20-25).

<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>	5,449,517.
<b>13</b> Total unrelated trade or business income. Add line 3 through line 12. . . . . ● <b>13</b>	5,449,517.

**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>	2,333,029.
<b>16</b> Repairs . . . . . ● <b>16</b>	403,397.
<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>	142,115.
<b>b</b> Less: depreciation claimed on Schedule A. See instructions . . . . . ● <b>21 b</b>	142,115.
<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>	662,041.
<b>24</b> Other deductions. Attach schedule . . . . . <b>SEE STATEMENT 2</b> ● <b>24</b>	2,642,617.
<b>25</b> Total deductions. Add line 14 through line 24. . . . . ● <b>25</b>	6,183,199.
<b>26</b> Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. . . . . ● <b>26</b>	-733,682.
<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>	-733,682.
<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>	-733,682.

<b>Sign Here</b>	<small>To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to <a href="http://ftb.ca.gov/forms">ftb.ca.gov/forms</a> and search for 1131. To request this notice by mail, call 800.852.5711.</small> 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 <b>EXECUTIVE DIRECT</b>	Date ● Telephone <b>(619) 594-6555</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>RICHARD H RECHIF JR</b>	Date	● PTIN <b>P00169119</b>
	Firm's name (or yours, if self-employed) and address ▶ <b>RICHARD H RECHIF JR CPA</b> <b>1240 INDIA STREET UNIT 308</b> <b>SAN DIEGO, CA 92101</b>		● FEIN <b>38-3944511</b>
			● Telephone <b>(619) 997-5134</b>
May the FTB discuss this return with the preparer shown above? See instructions . . . . . ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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: <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, 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 (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 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 1, 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, Part I, 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 Calculation instructions.

Part II Income from Periodicals Reported on a Separate Basis

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

Part III Column A - Net Advertising Income

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

Part III Column B - Excess Advertising Costs

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

Schedule I Compensation of Officers, Directors, and Trustees

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

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

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

**2018**

**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 OF SDSU SAN DIEGO STATE UNIVERSITY</b>	California corporation number <b>0148475</b>
---	---

During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> <input type="checkbox"/> C corporation <input checked="" type="radio"/> <input type="checkbox"/> S corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt organization <input checked="" type="radio"/> <input type="checkbox"/> Limited liability company (electing to be taxed as a corporation)	FEIN <b>95-6042622</b>
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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	733,682.
2 2018 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	733,682.
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	733,682.
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions. ....	<input checked="" type="radio"/> 6	733,682.

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2016 and/or 2017, complete Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2018 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (e). ....	<input checked="" type="radio"/> 7	
8 2018 NOL carryback used to offset 2017 net income. Enter the amount from Part III, line 3, column (g). ....	<input checked="" type="radio"/> 8	
9 2018 NOL carryover to 2019. Add line 7 and line 8, then subtract the result from line 6. See instructions. ....	<input checked="" type="radio"/> 9	733,682.

**Election to waive carryback**

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2018 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions.

Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

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

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

**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 2017	(f) Amount used in 2018	(g) Available balance	(h) Carryover to 2019 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2008		GEN	48,351.	<input checked="" type="radio"/> 48,351.	0.	0.	<input checked="" type="radio"/> 48,351.
<input checked="" type="radio"/> 2009		GEN	89,125.	<input checked="" type="radio"/> 89,125.	0.	0.	<input checked="" type="radio"/> 89,125.
<input checked="" type="radio"/> 2010		GEN	37,135.	<input checked="" type="radio"/> 37,135.	0.	0.	<input checked="" type="radio"/> 37,135.
<input checked="" type="radio"/> 2011		GEN	95,055.	<input checked="" type="radio"/> 95,055.	0.	0.	<input checked="" type="radio"/> 95,055.

**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 2017	(f) Amount used in 2018	(g) Available balance	(h) Carryover to 2019 col. (d) minus col. (f) See instructions.
3 2018		DIS					
4 2018		GEN	733,682.				733,682.
2018							
2018							
2018							

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

**2018**

**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 OF SDSU  
SAN DIEGO STATE UNIVERSITY** California corporation number **0148475**

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 **95-6042622**

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 2018 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**
  - 4b Enter the amount of the loss incurred by an eligible small business included in line 3. **4b**
  - 4c 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**
- If the corporation is using the current year NOL to carryback to offset net income for taxable years 2016 and/or 2017, complete Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.
- 7 2018 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (e).  **7**
  - 8 2018 NOL carryback used to offset 2017 net income. Enter the amount from Part III, line 3, column (g).  **8**
  - 9 2018 NOL carryover to 2019. Add line 7 and line 8, then subtract the result from line 6. See instructions.  **9**

**Election to waive carryback**

- Check the box if the corporation elects to relinquish the entire carryback period with respect to 2018 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions.
- Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

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

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

**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 2017	(f) Amount used in 2018	(g) Available balance	(h) Carryover to 2019 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2012		GEN	145,348.	<input checked="" type="radio"/> 145,348.	0.	0.	<input checked="" type="radio"/> 145,348.
<input checked="" type="radio"/> 2013		GEN	363,331.	<input checked="" type="radio"/> 363,331.	0.	0.	<input checked="" type="radio"/> 363,331.
<input checked="" type="radio"/> 2014		GEN	745,507.	<input checked="" type="radio"/> 745,507.	0.	0.	<input checked="" type="radio"/> 745,507.
<input checked="" type="radio"/> 2015		GEN	739,600.	<input checked="" type="radio"/> 739,600.	0.	0.	<input checked="" type="radio"/> 739,600.

**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 2017	(f) Amount used in 2018	(g) Available balance	(h) Carryover to 2019 col. (d) minus col. (f) See instructions.
3 2018		DIS					
4 2018							
2018							
2018							
2018							

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

**2018**

**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 <b>ASSOCIATED STUDENTS OF SDSU SAN DIEGO STATE UNIVERSITY</b>	California corporation number <b>0148475</b>
---	---

During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> C corporation <input checked="" type="radio"/> S corporation <input checked="" type="radio"/> Exempt organization <input type="radio"/> Limited liability company (electing to be taxed as a corporation)	FEIN <b>95-6042622</b>
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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 2018 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"/>

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2016 and/or 2017, complete Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2018 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (e). ....	7	<input checked="" type="radio"/>
8 2018 NOL carryback used to offset 2017 net income. Enter the amount from Part III, line 3, column (g). ....	8	<input checked="" type="radio"/>
9 2018 NOL carryover to 2019. Add line 7 and line 8, then subtract the result from line 6. See instructions. ....	9	<input checked="" type="radio"/>

**Election to waive carryback**

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2018 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions.

Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

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

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

**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 2017	(f) Amount used in 2018	(g) Available balance	(h) Carryover to 2019 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2016		GEN	658,721.	<input checked="" type="radio"/> 658,721.	0.	0.	<input checked="" type="radio"/> 658,721.
<input checked="" type="radio"/> 2017		GEN	584,830.	<input checked="" type="radio"/> 584,830.	0.	0.	<input checked="" type="radio"/> 584,830.
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>

**Current Year NOLs**

Year	Code	Type of NOL	Initial loss	Carryover	Amount used	Available balance	Carryover to 2019
3 2018		DIS					col. (d) minus col. (f) See instructions.
4 2018							
2018							
2018							
2018							

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

**Part III NOL carryback**

1 2016 Net income – Enter the amount from 2016 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-). . . . .								
2 2017 Net income – Enter the amount from 2017 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-). . . . .								
(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	2016		2017		(i) Carryover to 2019 col. (d) minus [col. (e) plus col. (g)]
				(e) Carryback used – See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used – See instructions	(h) After carryback col. (f) minus col. (g)	
3 2018								
2018								
2018								
2018								
2018								

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

**Part IV 2018 NOL deduction**

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

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

Program Service Revenue.....	\$ 5,449,517.
Total	<u>\$ 5,449,517.</u>

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

Corporate Administration	\$ 513,507.
Facility Administration	29,104.
Insurance	56,709.
Miscellaneous	32,377.
Office	4,218.
Promotions	57,149.
Resale Merchandise	1,375.
Services	1,525,895.
Small Equipment	53,545.
Supplies	117,756.
Travel	14,467.
Utilities	236,515.
Total	<u>\$ 2,642,617.</u>

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311, and 312



**WEB SITE ADDRESS:**  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

Failure to submit this report annually no later than the 15th day of the 5th month 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 as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>005965</u> <b>ASSOCIATED STUDENTS OF SDSU</b> <b>SAN DIEGO STATE UNIVERSITY</b> <small>Name of Organization</small> <u>5500 CAMPANILE DRIVE MC 7800</u> <small>Address (Number and Street)</small> <u>SAN DIEGO, CA 92182-7800</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0148475</u> Federal Employer I.D. No. <u>95-6042622</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/18 ending 6/30/19) list:  
 Gross annual revenue \$ 29,640,681. Total assets \$ 26,052,920.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** 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, were 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, did non-program expenditures exceed 50% of gross revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (619) 594-6555  
 Organization's e-mail address CCAREAGA@SDSU.EDU

**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.**

	<b>CHRISTINA BROWN</b> <small>Printed Name</small>	<b>EXECUTIVE DIRECTOR</b> <small>Title</small>	
<small>Signature of authorized officer</small>			<small>Date</small>

**Statement 1**  
**Form RRF-1, Part B, Line 6**  
**Government Agency That Provided Funding**

California Department of Education  
1430 N St., Suite 5319  
Sacramento, CA 95814

Department of Parks and Recreation  
Division of Boating and Waterways  
One Capitol Mall, Suite 410  
Sacramento, CA 95814