Associated Students, Inc. California State University, Long Beach

Tax Exempt Organization Returns

For Year Ended 06/30/2022

Need Miles Signature

Aldrich

Aldrich.

October 28, 2022

Associated Students, Inc.
California State University, Long Beach
1212 Bellflower Boulevard 313W
Long Beach, CA 90815
Attention: Miles Nevin, Ed.D.

Dear Miles:

Enclosed are the organization's 2021 Exempt Organization returns. The state Exempt Organization returns and Annual Report are also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

FORM 990-T RETURN:

No amount is due on Form 990-T.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM 109 RETURN:

The California Form 109 should be mailed on or before November 15, 2022 to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0500

No payment is required.

The return should be signed and dated by the authorized individual(s).

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before November 15, 2022 to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for $400.00, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Sincerely,

Debi Smith

Debra D. Smith, CPA

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

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

▶ **Go to www.irs.gov/Form8879TE for the latest information.**

OMB No. 1545-0047

2021

Name of filer ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH

EIN or SSN 95-1810426

Name and title of officer or person subject to tax MILES NEVIN, ED.D
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b**, 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.

1a	**Form 990** check here ▶	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	17,619,316.
2a	**Form 990-EZ** check here ▶		b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶		b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶		b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ▶		b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ▶		b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ▶		b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ▶		b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ▶		b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ▶		b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) __________, (EIN) ________ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize ALDRICH CPAS AND ADVISORS, LLP to enter my PIN 16841

ERO firm name — Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶ 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. 93175612345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ 10/28/22

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

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization
ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1212 BELLFLOWER BOULEVARD — Room/suite: 313W

City or town, state or province, country, and ZIP or foreign postal code: LONG BEACH, CA 90815

F Name and address of principal officer: MILES NEVIN, ED.D.
SAME AS C ABOVE

D Employer identification number: 95-1810426

E Telephone number: 562-985-4994

G Gross receipts $ 19,081,311.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.ASICSULB.ORG

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [X] Other ▶

L Year of formation: 1956 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: IMPROVE THE QUALITY OF CAMPUS LIFE FOR STUDENTS WHILE ENHANCING THEIR EDUCATIONAL EXPERIENCE.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	506
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	265,432.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,000.	0.
	9	Program service revenue (Part VIII, line 2g)	15,927,712.	16,873,428.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	407,564.	215,138.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,895.	530,750.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,527,171.	17,619,316.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	638,168.	677,442.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,550,910.	9,571,183.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,042.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,587,205.	4,892,121.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,776,283.	15,140,746.
	19	Revenue less expenses. Subtract line 18 from line 12	5,750,888.	2,478,570.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	25,087,982.	29,242,032.
	21	Total liabilities (Part X, line 26)	17,504,637.	19,687,891.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,583,345.	9,554,141.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 11/2/22

▶ MILES NEVIN, ED.D., EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DEBRA D. SMITH, CPA	DEBRA D. SMITH, CPA	10/28/22		P00646873

Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP — Firm's EIN ▶ 93-0623286

Firm's address ▶ 7676 HAZARD CENTER DRIVE, STE 1300
SAN DIEGO, CA 92108 — Phone no. (619) 810-4940

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
COMMITTED TO THE PRINCIPLE OF STUDENT SELF-DETERMINATION IN THE SHARED GOVERNANCE OF THE UNIVERSITY, THE ASSOCIATED STUDENTS OF CSULB SEEKS TO FACILITATE THE ACHIEVEMENT OF STUDENTS' EDUCATIONAL OBJECTIVES AND LIFE GOALS THROUGH PROGRAMS, SERVICES, AND FACILITIES THAT ADVOCATE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 8,382,869. including grants of $) (Revenue $ 15,361,204.)
THE UNIVERSITY STUDENT UNION (USU) AT CALIFORNIA STATE UNIVERSITY, LONG BEACH IS OWNED AND OPERATED BY THE ASSOCIATED STUDENTS, INC. IT IS OFTEN REFERRED TO AS THE HEART OF THE CAMPUS. IT IS A PLACE WHERE THE STUDENTS, STAFF, FACULTY, ALUMNI AND COMMUNITY CAN RELAX, GRAB A BITE TO EAT, BOWL, MEET, WATCH A MOVIE, ETC. THE USU PROVIDES DIVERSE PROGRAMS, CREATES LEARNING EXPERIENCES AND FOSTERS PERSONAL AND PROFESSIONAL GROWTH FOR THE STUDENTS THROUGH ON SITE LEARNING. INTERNSHIPS AND VOLUNTEER OPPORTUNITIES ARE PROVIDED IN THE AREAS OF PROGRAMMING, MARKETING AND GRAPHICS. THE USU OFFERS MEMBERS OF THE CAMPUS COMMUNITY PRODUCTS AND SERVICES FOR THEIR CONVENIENCE AND BENEFIT. THESE SERVICES INCLUDE CONFERENCE ASSISTANCE, FOOD SERVICE, SNACKS, AND RECREATION ACTIVITIES.

4b (Code:) (Expenses $ 1,741,744. including grants of $) (Revenue $ 981,958.)
THE ISABEL PATTERSON CHILD DEVELOPMENT CENTER (CDC) PROVIDES A VALUABLE SERVICE TO STUDENTS WHO ARE ALSO PARENTS. IT OFFERS AFFORDABLE CHILD CARE ON THE CAMPUS OF CALIFORNIA STATE UNIVERSITY, LONG BEACH. THE CDC, A DIVISION OF ASI, OFFERS FINANCIAL ASSISTANCE FOR QUALIFYING STUDENTS AND WE BOAST A LOW TEACHER/CHILD RATIO. OUR STAFF IS MADE UP OF HIGHLY TRAINED AND QUALIFIED TEACHERS WHO DELIVER QUALITY EARLY CARE AND EDUCATIONAL PROGRAMS FOR 167 CHILDREN EACH SEMESTER. CHILD CARE IS FOR CHILDREN FROM 6 MONTHS THROUGH 2ND GRADE. SINCE 1975, THE CDC HAS SERVED AS A RESOURCE FOR THE UNIVERSITY'S ACADEMIC PROGRAMS, FOR THE COMMUNITY, AND FOR OTHER INSTITUTIONS OF POSTSECONDARY EDUCATION. WE ARE LICENSED BY THE DEPARTMENT OF SOCIAL SERVICES AND NATIONALLY ACCREDITED.

4c (Code:) (Expenses $ 2,020,525. including grants of $) (Revenue $ 287,920.)
THE STUDENT RECREATION AND WELLNESS CENTER (SRWC) IS A 126,500 SQUARE FOOT, TWO STORY, STATE OF THE ART RECREATION FACILITY. THE FACILITY IS THE HUB FOR RECREATIONAL ACTIVITIES, PROGRAMS, AND OPPORTUNITIES FOR INTRAMURAL SPORTS, FITNESS, AND WELLNESS SERVICES. THE SRWC IS MANAGED BY THE ASSOCIATED STUDENTS. RECREATION IS OPEN TO ALL CSULB STUDENTS, ASSOCIATES, AND AFFILIATES. THE FACILITY CONTAINS A THREE-COUNT GYM, A MULTI ACTIVITY COURT GYM, INDOOR JOGGING TRACK, WEIGHT AND CARDIO EQUIPMENT, RACQUETBALL COURTS, GROUP EXERCISE ROOMS, ROCK CLIMBING WALL, SWIMMING POOL AND SPA. THE SRWC IS LEED CERTIFIED.

4d Other program services (Describe on Schedule O.)
(Expenses $ 677,442. including grants of $ 677,442.) (Revenue $)

4e Total program service expenses ▶ 12,822,580.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

132003 12-09-21

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	35			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 506		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*			9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

IDRIS AYDIN - 562-985-2459

1212 BELLFLOWER BOULEVARD, STE 229, LONG BEACH, CA 90815

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MILES NEVIN EXECUTIVE DIRECTOR	40.00			X				205,429.	0.	1,067.
(2) SYLVANA CICERO ASSOCIATE EXECUTIVE DIRECT	40.00			X				125,488.	0.	33,606.
(3) IDRIS AYDIN DIRECTOR OF FINANCE	40.00			X				89,174.	0.	0.
(4) JESUS GONZALEZ PRESIDENT	20.00	X		X				0.	0.	0.
(5) LINDSAY APAZA EXECUTIVE VICE PRESIDENT (FALL 2021)	20.00	X		X				0.	0.	0.
(6) JEANA YOUNG EXECUTIVE VICE PRESIDENT SPRING 2022	20.00	X		X				0.	0.	0.
(7) JOHN BARCELONA VICE PRESIDENT OF FINANCE	20.00	X		X				0.	0.	0.
(8) CYNTHIA RAY CHIEF DIVERSITY OFFICER	12.00	X		X				0.	0.	0.
(9) SIERRA DARWIN CHIEF GOVERNMENT RELATIONS OFFICER	12.00	X		X				0.	0.	0.
(10) CHRIS PADRON SENATOR	7.00	X						0.	0.	0.
(11) JOSE RAYA PEREZ SENATOR	7.00	X						0.	0.	0.
(12) TERESA FALCON SENATOR (SPRING 2022)	7.00	X						0.	0.	0.
(13) FIDEL VASQUEZ SENATOR (SPRING 2022)	7.00	X						0.	0.	0.
(14) SHELBI FELTER SENATOR	7.00	X						0.	0.	0.
(15) GISELLE GARCIA SENATOR	7.00	X						0.	0.	0.
(16) KATHERINE GONZALEZ SENATOR	7.00	X						0.	0.	0.
(17) ANTHONY REGINA SENATOR	7.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MILLARAY RAMIREZ SENATOR	7.00	X						0.	0.	0.
(19) SALVADOR PEREGRINA SENATOR	7.00	X						0.	0.	0.
(20) SHIVAM SRIVASTAVA SENATOR	7.00	X						0.	0.	0.
(21) MARIA LOPEZ SENATOR	7.00	X						0.	0.	0.
(22) KAREN GALINDO SENATOR	7.00	X						0.	0.	0.
(23) ISAAC JULIAN SENATOR	7.00	X						0.	0.	0.
(24) XITCLALLI RAMIREZ SENATOR	7.00	X						0.	0.	0.
(25) ANA GONZALEZ SENATOR	7.00	X						0.	0.	0.
(26) AQUILA JACQUETTE SENATOR (FALL 2021)	7.00	X						0.	0.	0.
1b Subtotal ▶								420,091.	0.	34,673.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								420,091.	0.	34,673.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CONTRACT SERVICES GROUP INC PO BOX 8815 CA 92822, BREA , CA 92653	JANITORIAL	724,585.
QUBICAAMF 1201 W BEVERLY BLVD, MONTEBELLO, CA 90640	BOWLING MAINT.	167,244.
PROCAPE COMMERCIAL LANDSCAPING 1446 E HILL ST, SIGNAK HILL, CA 90755	COMMERCIAL LANDSCAPING	110,280.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) MICHAEL AYALA SENATOR	7.00	X						0.	0.	0.
(28) JEFF JARVIS FACULTY REPRESENTATIVE	3.00	X						0.	0.	0.
(29) PIYA BOSE CSULB PRESIDENT'S DESIGNEE	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII .... ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f					
g Noncash contributions included in lines 1a-1f	1g	$				
h **Total.** Add lines 1a-1f ▶						
Program Service Revenue		Business Code				
2 a STUDENT FEES		813410	15,452,192.	15452192.		
b AUXILIARY ENTERPRISES		813410	1,421,236.	1,178,890.	242,346.	
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f ▶			16,873,428.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			98,273.			98,273.
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
		(i) Real / (ii) Personal				
6 a Gross rents	6a	406,225. / 23,086.				
b Less: rental expenses	6b	0. / 0.				
c Rental income or (loss)	6c	406,225. / 23,086.				
d Net rental income or (loss) ▶			429,311.		23,086.	406,225.
		(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	7a	1,546,939. /				
b Less: cost or other basis and sales expenses	7b	1,430,074. /				
c Gain or (loss)	7c	116,865. /				
d Net gain or (loss) ▶			116,865.			116,865.
8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	10a	133,360.				
b Less: cost of goods sold	10b	31,921.				
c Net income or (loss) from sales of inventory ▶			101,439.			101,439.
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d ▶						
12 **Total revenue.** See instructions ▶			17,619,316.	16631082.	265,432.	722,802.

132009 12-09-21

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	300,000.	300,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	377,442.	377,442.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	469,666.		469,666.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,547,635.	5,705,945.	733,031.	108,659.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	863,293.	716,791.	139,644.	6,858.
9 Other employee benefits	1,333,783.	1,107,439.	215,749.	10,595.
10 Payroll taxes	356,806.	296,256.	57,716.	2,834.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,159.	5,099.	8,060.	
c Accounting	65,400.	16,176.	49,224.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,621.		35,621.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	755,760.	611,886.	143,874.	
12 Advertising and promotion	86,041.	84,219.	1,205.	617.
13 Office expenses	118,321.	87,674.	29,545.	1,102.
14 Information technology				
15 Royalties				
16 Occupancy	1,281,490.	1,234,233.	47,257.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	604,473.	604,473.		
23 Insurance	181,201.	79,915.	101,286.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	785,710.	780,597.	5,113.	0.
b STUDENT CLUBS/ORGANIZAT	441,584.	441,584.	0.	0.
c PROGRAM SUPPLIES	207,960.	180,926.	27,034.	0.
d DUES & SUBSCRIPTIONS	91,522.	49,218.	42,304.	0.
e All other expenses	223,879.	142,707.	76,795.	4,377.
25 **Total functional expenses.** Add lines 1 through 24e	15,140,746.	12,822,580.	2,183,124.	135,042.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	286,289.	1	590,247.
	2	Savings and temporary cash investments	12,343,016.	2	15,491,329.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,128,894.	4	120,712.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	8,651.	8	8,214.
	9	Prepaid expenses and deferred charges	71,278.	9	211,504.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 10,547,929.			
	b	Less: accumulated depreciation — 10b 5,420,291.	5,500,311.	10c	5,127,638.
	11	Investments - publicly traded securities	3,138,960.	11	2,715,438.
	12	Investments - other securities. See Part IV, line 11	555,412.	12	591,920.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,055,171.	15	4,385,030.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	25,087,982.	16	29,242,032.
Liabilities	17	Accounts payable and accrued expenses	1,051,047.	17	1,653,683.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	5,700.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,453,590.	25	18,028,508.
	26	**Total liabilities.** Add lines 17 through 25	17,504,637.	26	19,687,891.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ▶ X **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	7,583,345.	27	9,554,141.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,583,345.	32	9,554,141.
	33	Total liabilities and net assets/fund balances	25,087,982.	33	29,242,032.

Form **990** (2021)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,619,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,140,746.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,478,570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,583,345.
5	Net unrealized gains (losses) on investments	5	-507,774.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,554,141.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization: ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

Employer identification number: 95-1810426

Part I **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ____

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) ... 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) ... 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 ... 15 %

16a **33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ▶ ☐

b **33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ▶ ☐

17a **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ... ▶ ☐

b **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ... ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,836.	27,502.	12,108.	8,000.	0.	68,446.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14878718.	15237733.	15819279.	15924496.	16631082.	78491308.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	880,333.	842,913.	606,920.	20,641.	133,360.	2484167.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	15779887.	16108148.	16438307.	15953137.	16764442.	81043921.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						81043921.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	15779887.	16108148.	16438307.	15953137.	16764442.	81043921.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	746,988.	755,224.	596,400.	262,135.	504,498.	2865245.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	746,988.	755,224.	596,400.	262,135.	504,498.	2865245.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	16526875.	16863372.	17034707.	16215272.	17268940.	83909166.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	96.59	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	96.26	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	3.41	%
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	3.74	%

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH	95-1810426

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990) 2021**

LHA

132041 11-03-21

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a) Filing organization's totals	(b) Affiliated group totals
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?	X		40.
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			40.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ASI LOBBYING ACTIVITIES WERE CONDUCTED BY LOBBY CORPS COMPRISED OF ELECTED/APPOINTED STUDENT OFFICERS AND STUDENT VOLUNTEERS. THESE ACTIVITIES INCLUDED PARTICIPATION IN RALLIES AND DEMONSTRATIONS, ATTENDANCE AT TRAINING SEMINARS, BOARD RESOLUTIONS ADOPTED BY THE STUDENT SENATE, AND DIRECT CONTACT WITH LEGISLATORS AND/OR THEIR STAFF.

Part IV Supplemental Information *(continued)*

STAFF INVOLVEMENT WAS LIMITED TO MAKING TRAVEL ARRANGEMENTS. ASI TOOK 19 STUDENTS TO THE ANNUAL CALIFORNIA HIGHER EDUCATION STUDENT SUMMIT (CHESS) HELD IN SACRAMENTO, CA TO ATTEND THE CHESS CONFERENCE HOSTED BY THE CAL STATE STUDENT ASSOCIATION AND MEET WITH STATE LEGISLATORS.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization: ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

Employer identification number: 95-1810426

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ______ %
b Permanent endowment ▶ ______ %
c Term endowment ▶ ______ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		70,757.	53,953.	16,804.
c Leasehold improvements		6,570,876.	3,119,637.	3,451,239.
d Equipment		3,906,296.	2,246,701.	1,659,595.
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ 5,127,638.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED OUTFLOWS OF RESOURCES	3,167,846.
(2) LEASE RECEIVABLES	1,217,184.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	4,385,030.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCUMULATED POST-RETIREMENT	
(3) BENEFITS OBLIGATION	4,636,940.
(4) FUNDS HELD FOR AFFILIATES	1,422,690.
(5) NET PENSION LIABILITY	3,258,694.
(6) DEFERRED INFLOWS OF RESOURCES	8,710,184.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	18,028,508.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	17,075,921.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-507,774.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-507,774.
3	Subtract line **2e** from line **1**			3	17,583,695.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,621.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	35,621.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	17,619,316.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	15,105,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	15,105,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,621.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	35,621.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	15,140,746.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

ASSOCIATED STUDENTS RECEIVES AND HOLDS RESOURCES FOR STUDENT ORGANIZATIONS ON BEHALF OF THE UNIVERSITY OVER WHICH IT DOES NOT HAVE THE UNILATERAL (VARIANCE) POWER TO REDIRECT THE USE OF THE MONEY WITHOUT THE APPROVAL OF THE STUDENT ORGANIZATION. MONEY HELD WITHOUT VARIANCE POWER IS CLASSIFIED AS A LIABILITY IN THE STATEMENT OF NET POSITION.

PART X, LINE 2:

ASSOCIATED STUDENTS FOLLOWS US GAAP RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. ASSOCIATED STUDENTS RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION, WHEN

Part XIII Supplemental Information *(continued)*

APPLICABLE. MANAGEMENT HAS DETERMINED THAT ASSOCIATED STUDENTS HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2022 AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH

Employer identification number: 95-1810426

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, LONG BEACH - 1250 BELLFLOWER BLVD - LONG BEACH, CA 90840	93-1150363	SECTION 115	300,000.	0.			STUDENT SCHOLARSHIPS TO ATTRACT QUALITY ATHLETE'S TO THE UNIVERSITY.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH 95-1810426

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSHIPS AND GRANTS	446	377,442.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS GIVEN TO CALIFORNIA STATE UNIVERSITY, LONG BEACH ARE FOR STUDENT SCHOLARSHIPS AND THE UNIVERSITY MONITORS THE FUNDS GIVEN TO EACH STUDENT.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

Employer identification number 95-1810426

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH 95-1810426

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MILES NEVIN	(i)	173,132.	0.	32,297.	0.	1,067.	206,496.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SYLVANA CICERO	(i)	125,488.	0.	0.	0.	33,606.	159,094.	0.
ASSOCIATE EXECUTIVE DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH 95-1810426

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open To Public Inspection

Name of the organization: ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

Employer identification number: 95-1810426

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total ▶ $												

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
		73,068.	SCHOLARSHIPS,	FINANCIAL AID

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART V FOR CONTINUATIONS

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

Part V **Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(C) AMOUNT OF GRANT $ 73,068.

(D) TYPE OF ASSISTANCE: SCHOLARSHIPS, MERIT-BASED

(E) PURPOSE OF ASSISTANCE: FINANCIAL AID

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH	95-1810426

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STUDENT NEEDS AND INTERESTS, COMPEL STUDENT REPRESENTATION IN CAMPUS DECISION MAKING AND PROVIDE STUDENTS WITH RESOURCES THAT THEY IDENTIFY AS NECESSARY FOR THEIR INTELLECTUAL, SOCIAL AND PHYSICAL DEVELOPMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STUDENT SUPPORT SERVICES INCLUDE THE ASI GENERAL SCHOLARSHIP FUND, STUDENT TRAVEL FUND, THE EOP BOOK GRANTS PROGRAM, STUDY ABROAD SCHOLARSHIPS, AND THE STUDENT RESEARCH FUND. ASI ALSO SUPPORTS THE ATHLETIC PROGRAMS OF THE UNIVERSITY AND PROVIDES SCHOLARSHIPS TO STUDENT ATHLETES.

EXPENSES $ 677,442. INCLUDING GRANTS OF $ 677,442. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

BOTH THE ORGANIZATION'S EXECUTIVE DIRECTOR AND ACCOUNTING MANAGER REVIEW THE 990 FOR ACCURACY AND COMPLETENESS. THE FINAL REVIEW OF THE 990 IS PLACED ON THE BOARD'S MEETING AGENDA BEFORE IT FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ANNUALLY RECEIVE A TRAINING SESSION ON CONFLICTS OF INTEREST AND ARE REQUIRED TO TAKE A QUIZ AFTER THE SESSION. CONFLICT OF INTEREST DISCLOSURE FORMS ARE SIGNED BY ALL DIRECTORS AND OFFICERS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

ASI ATTEMPTS TO BE EXTERNALLY COMPETITIVE BY CONDUCTING PERIODIC SALARY

CARRYOVER DATA TO 2022

Name ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH	Employer Identification Number 95-1810426

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - CHILD DEVELOPMENT CEN	392,002.
FEDERAL POST-2017 NET OPERATING LOSS - PERSONAL PROPERTY REN	1,475.
FEDERAL PRE-2018 NET OPERATING LOSS	467,156.
CA NET OPERATING LOSS	1,402,866.

Name: ASSOCIATED STUDENTS, INC, CALIFORNIA FEIN: 95-1810426

Type and Entity: CHILD DEVELOPMENT CENT POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	137,272.											
B	2019	187,087.											
C	2020	3,386.											
D	2021	64,257.											
E													
F													
G													
H													
I													
J													
K													
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	Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
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V													
W													

Name: ASSOCIATED STUDENTS, INC. CALIFORNIA FEIN: 95-1810426

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2014	99,532.	52,807.	52,807.								
B	2015	83,700.										
C	2016	169,644.										
D	2017	167,087.										
E												
F												
G												
H												
I												
J												
K												
L												
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	Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
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T													
U													
V													
W													

Name: ASSOCIATED STUDENTS, INC. CALIFORNIA | FEIN: 95-1810426

Type and Entity: NOL CA

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2014	99,532.	99,532.	99,532.								
B	2015	83,700.	83,700.	83,700.								
C	2016	169,644.	40,947.	40,947.								
D	2017	420,431.										
E	2018	478,251.										
F	2019	187,087.										
G	2019	185,014.										
H	2020	3,386.										
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
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W													

SURVEYS WITHIN THE APPROPRIATE LABOR MARKET FOR AFFECTED MANAGEMENT POSITIONS.

THE HUMAN RESOURCE MANAGER IS RESPONSIBLE FOR CONDUCTING THE SURVEY AND REPORTING RESULTS TO THE ASI HUMAN RESOURCES COMMITTEE. THE SURVEY WILL BE CONDUCTED ON POSITIONS WITH COMPARABLE DUTIES AT CSU CAMPUSES, OTHER COLLEGES AND UNIVERSITIES, AND ORGANIZATIONS IN THE NONPROFIT SECTOR. SALARY DATA IS COLLECTED ON CERTAIN KEY POSITIONS CALLED "BENCHMARKS". A BENCHMARK IS A POSITION THAT (A) SERVES AS A CREDIBLE REFERENCE POINT FOR SHOWING SALARY TRENDS OF OTHER RELATED POSITIONS; (B) IS GENERALLY FOUND IN OTHER ORGANIZATIONS WHICH ARE BEING SURVEYED; (C) CAN BE READILY IDENTIFIED IN TERMS OF JOB CONTENT BY OTHER ORGANIZATIONS WHICH PARTICIPATE IN THE SURVEY; AND (D) IS SUBJECT TO CLEAR AND CONCISE DESCRIPTION. THE SURVEY DATA WILL CONTRIBUTE TO THE DEVELOPMENT OF SALARY RANGES FOR THE AFFECTED MANAGEMENT POSITIONS. EACH RANGE WILL HAVE A MINIMUM, A MARKET RATE, AND A MAXIMUM RATE. FOR POSITIONS THAT BEAR COMPARABLE CSU JOB CODES, THE MAXIMUM SALARY MUST NOT EXCEED THE UPPER LIMIT SPECIFIED FOR THAT CLASSIFICATION'S ADMINISTRATIVE GRADE LEVEL. IN APPLYING THE SALARY SURVEY DATA, ASI SEEKS TO BE NEITHER THE HIGHEST NOR THE LOWEST PAYING EMPLOYER WITHIN A LABOR MARKET AREA. THE GOAL IS TO PAY RATES THAT WILL FACILITATE THE RECRUITMENT AND RETENTION OF A PRODUCTIVE MANAGEMENT WORKFORCE. THE MEAN SALARIES BEING PAID BY OTHER ORGANIZATIONS FOR COMPARABLE POSITIONS SERVE AS THE BASIS FOR ESTABLISHING THE MARKET RATE FOR ASI POSITIONS. ON THE BASIS OF THIS MARKET RATE, MINIMUM AND MAXIMUM SALARIES CAN BE CALCULATED AS SPECIFIED IN THE "SALARY STRUCTURE" SECTION OF THE ASI MANAGEMENT PERSONNEL PLAN. THE RESULTS OF THE SURVEY WILL ASSIST IN DETERMINING WHAT ADJUSTMENTS, IF ANY ARE TO BE MADE IN THE ASI SALARIES. ANY APPROVED SALARY ADJUSTMENTS THAT ARE SUPPORTED BY THE SURVEY FINDINGS WILL NORMALLY BECOME EFFECTIVE ON JULY

Name of the organization ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

Employer identification number 95-1810426

1 AND ARE SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION POSTS THE FOLLOWING DOCUMENTS ON IT'S WEBSITE: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990. THE DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S ADDRESS. THE DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S ADDRESS LISTED ON PAGE ONE.

Name: ASSOCIATED STUDENTS, INC. CALIFORNIA FEIN: 95-1810426

Type and Entity: PERSONAL PROPERTY RENT POST-2017 NO

Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2021	1,475.											
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
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	Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A														
B														
C														
D														
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V														
W														

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

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

▶ Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2021

Name of filer: ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

EIN or SSN: 95-1810426

Name and title of officer or person subject to tax: MILES NEVIN, ED.D EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** 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.

1a	**Form 990** check here ▶ ☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here ▶ ☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶ ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶ ☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ▶ ☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ▶ X	b	**Total tax** (Form 990-T, Part III, line 4)	6b	0.
7a	**Form 4720** check here ▶ ☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ▶ ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ▶ ☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ▶ ☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ____________, (EIN) ____________ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize ALDRICH CPAS AND ADVISORS, LLP to enter my PIN 16841

ERO firm name — Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶ ____________ 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. 93175612345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ 10/28/22

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA **For Privacy act and Paperwork Reduction Act Notice, see instructions.** Form **8879-TE** (2021)

102521 01-11-22

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2021 or other tax year beginning JUL 1, 2021 , and ending JUN 30, 2022

▶ Go to 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).

OMB No. 1545-0047

2021

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

A [ ] Check box if address changed.

B Exempt under section
[X] 501(C)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a) [ ] 529A

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH

Number, street, and room or suite no. If a P.O. box, see instructions.
1212 BELLFLOWER BOULEVARD, 313W

City or town, state or province, country, and ZIP or foreign postal code
LONG BEACH, CA 90815

D Employer identification number
95-1810426

E Group exemption number (see instructions)

F [ ] Check box if an amended return.

C Book value of all assets at end of year ▶ 29,242,032.

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Check if filing only to ▶ [ ] Claim credit from Form 8941 [ ] Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ [ ]

J Enter the number of attached Schedules A (Form 990-T) ▶ 3

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ IDRIS AYDIN Telephone number ▶ 562-985-2459

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	52,807.
2	Reserved	2	
3	Add lines 1 and 2	3	52,807.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	52,807.
6	Deduction for net operating loss. See instructions STATEMENT 1	6	52,807.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ▶	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) ▶	2	
3	**Proxy tax.** See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2021)

123701 07-06-22

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ▶			4	0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4			5	0.
6a	Payments: A 2020 overpayment credited to 2021	6a			
b	2021 estimated tax payments. Check if section 643(g) election applies ▶ ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ______ ☐ Form 4136 ______ ☐ Other ______ Total ▶	6g			
7	**Total payments.** Add lines 6a through 6g			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶			10	
11	Enter the amount of line 10 you want: **Credited to 2022 estimated tax** ▶ Refunded ▶			11	

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

		Yes	No
1	At any time during the 2021 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 ▶		X
2	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
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
4	Enter available pre-2018 NOL carryovers here ▶ $ 519,963. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
624410	$ 327,745.
	$

		Yes	No
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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] Signature of officer | 11/2/22 Date | ▶ EXECUTIVE DIRECTOR Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBRA D. SMITH, CPA	DEBRA D. SMITH, CPA	10/28/22		P00646873

Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP — Firm's EIN ▶ 93-0623286

Firm's address ▶ 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108 — Phone no. (619) 810-4940

FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	519,963.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	52,807.

SCHEDULE A PORTION OF PRE-2018 NOL

SCHEDULE A ENTITY	SCHEDULE A SHARE
1	0.
2	0.
4	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	52,807.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	467,156.

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15	99,532.	0.	99,532.	99,532.
06/30/16	83,700.	0.	83,700.	83,700.
06/30/17	169,644.	0.	169,644.	169,644.
06/30/18	167,087.	0.	167,087.	167,087.
NOL CARRYOVER AVAILABLE THIS YEAR			519,963.	519,963.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to 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).

OMB No. 1545-0047

2021

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

A Name of the organization ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

B Employer identification number 95-1810426

C Unrelated business activity code (see instructions) ▶ 713940

D Sequence: 1 of 3

E Describe the unrelated trade or business ▶STUDENT RECREATION AND WELLNESS CENTER

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 85,023.				
b	Less returns and allowances c Balance ▶	1c	85,023.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	85,023.		85,023.
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	85,023.		85,023.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	26,847.
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SEE STATEMENT 3			14	5,369.
15	**Total deductions.** Add lines 1 through 14			15	32,216.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	52,807.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	52,807.

LHA **For Paperwork Reduction Act Notice, see instructions.** **Schedule A (Form 990-T) 2021**

123741 01-28-22

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.

11 **Total dividends-received deductions** included in line 10 ▶ 0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	**2.** Employer identification number	**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)				
Totals ▶			Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0.	Add columns 6 and 11. Enter here and on Part I, line 8, column (B) 0.

Part VII 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 statement)	**4.** Set-asides (attach statement)	**5. Total deductions and set-asides** (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0.			Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B) ▶				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
OTHER EXPENSES	5,369.
TOTAL TO SCHEDULE A, PART II, LINE 14	5,369.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to 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).

OMB No. 1545-0047

2021

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

A Name of the organization ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

B Employer identification number 95-1810426

C Unrelated business activity code (see instructions) ▶ 624410

D Sequence: 2 of 3

E Describe the unrelated trade or business ▶CHILD DEVELOPMENT CENTER

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 157,323.				
b	Less returns and allowances ______ c Balance ▶	1c	157,323.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	157,323.		157,323.
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	157,323.		157,323.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	211,257.
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SEE STATEMENT 4			14	10,323.
15	**Total deductions.** Add lines 1 through 14			15	221,580.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-64,257.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-64,257.

LHA **For Paperwork Reduction Act Notice, see instructions.** **Schedule A (Form 990-T) 2021**

123741 01-28-22

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.

11 **Total dividends-received deductions** included in line 10 ▶ 0.

Part VI 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)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0.	0.

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				0.
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B) ▶				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	AMOUNT
FOOD AND BEVERAGE	6,329.
PROGRAM SUPPLIES	3,087.
OTHER EXPENSES	907.
TOTAL TO SCHEDULE A, PART II, LINE 14	10,323.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	137,272.	0.	137,272.	137,272.
06/30/20	187,087.	0.	187,087.	187,087.
06/30/21	3,386.	0.	3,386.	3,386.
NOL CARRYOVER AVAILABLE THIS YEAR			327,745.	327,745.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to 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).

OMB No. 1545-0047

2021

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

A Name of the organization ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

B Employer identification number 95-1810426

C Unrelated business activity code (see instructions) ▶ 532420

D Sequence: 3 of 3

E Describe the unrelated trade or business ▶PERSONAL PROPERTY RENTS

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6	23,086.	24,561.	-1,475.
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	23,086.	24,561.	-1,475.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	**Total deductions.** Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-1,475.
17	Deduction for net operating loss. See instructions		17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16		18	-1,475.

LHA **For Paperwork Reduction Act Notice, see instructions.** **Schedule A (Form 990-T) 2021**

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ PERSONAL PROPERTY RENTS 1212 BELLFLOWER BOULEVARD, LONG BEACH, CA

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
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)	23,086.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	23,086.			

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 23,086.

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 6	24,561.			

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 24,561.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.

11 **Total dividends-received deductions** included in line 10 ▶ 0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0.	0.

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				0.
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B) ▶				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PERSONNEL SERVICES		24,561.	
- SUBTOTAL -	1		24,561.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			24,561.

TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021 , and ending (mm/dd/yyyy) 06/30/2022

Corporation/Organization name: ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

California corporation number: 0322419

Additional information. See instructions.

FEIN: 95-1810426

Street address (suite or room): 1212 BELLFLOWER BOULEVARD, NO. 313W

PMB no.

City: LONG BEACH

State: CA

ZIP code: 90815

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ☐ Yes ☒ No

B Amended return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) ●

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) ● ☒ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990) (4) ☒ Other 990 series

G Is this a group filing? See instructions ● ☐ Yes ☒ No

H Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ● ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $

L Is the organization a limited liability company? ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ● ☒ Yes ☐ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	19,081,311 00
	2	Gross dues and assessments from members and affiliates ●	2	00
	3	Gross contributions, gifts, grants, and similar amounts received ●	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●	4	19,081,311 00
	5	Cost of goods sold STMT 2 STMT 1 ● 5 31,921 00		
	6	Cost or other basis, and sales expenses of assets sold ● 6 1,430,074 00		
	7	Total costs. Add line 5 and line 6	7	1,461,995 00
	8	Total gross income. Subtract line 7 from line 4 ●	8	17,619,316 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●	9	15,140,746 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10	2,478,570 00
Filing Fee	11	Total payments ●	11	00
	12	Use tax. See General Information K ●	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●	14	00
	15	Penalties and interest. See General Information J	15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ●	16	00

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 ▶ [signature] | Title: EXECUTIVE DIRE | Date: 11/2/22 | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ DEBRA D. SMITH, CPA | Date: 10/28/22 | Check if self-employed ▶ ☐ | ● PTIN: P00646873

Firm's name (or yours, if self-employed) and address ▶ ALDRICH CPAS AND ADVISORS, LLP, 7676 HAZARD CENTER DRIVE, STE 1300, SAN DIEGO, CA 92108

● Firm's FEIN: 93-0623286

● Telephone: (619) 810-4940

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH 95-1810426

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.

128951 01-19-22

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	133,360	00
	2 Interest	2	98,273	00
	3 Dividends	3		00
	4 Gross rents	4	429,311	00
	5 Gross royalties	5		00
	6 Gross amount received from sale of assets (See instructions) STATEMENT 3	6	1,546,939	00
	7 Other income SEE STATEMENT 4	7	16,873,428	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	19,081,311	00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid STATEMENT 5	9	677,442	00
	10 Disbursements to or for members	10		00
	11 Compensation of officers, directors, and trustees SEE STATEMENT 6	11	469,666	00
	12 Other salaries and wages	12	6,547,635	00
	13 Interest	13		00
	14 Taxes	14	356,806	00
	15 Rents	15	1,281,490	00
	16 Depreciation and depletion (See instructions)	16	604,473	00
	17 Other expenses and disbursements SEE STATEMENT 7	17	5,203,234	00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	15,140,746	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash		12,629,305		16,081,576
2 Net accounts receivable		1,128,894		120,712
3 Net notes receivable				
4 Inventories		8,651		8,214
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 8		3,694,372		3,307,358
10 a Depreciable assets	10,316,119		10,547,929	
b Less accumulated depreciation	(4,815,808)	5,500,311	(5,420,291)	5,127,638
11 Land				
12 Other assets STMT 9		2,126,449		4,596,534
13 **Total assets**		25,087,982		29,242,032
Liabilities and net worth				
14 Accounts payable		1,051,047		1,653,683
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 10		16,453,590		18,034,208
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		7,583,345		9,554,141
22 **Total liabilities and net worth**		25,087,982		29,242,032

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	1,970,796	7 Income recorded on books this year not included in this return. Attach schedule *	-507,774
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
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		9 Total. Add line 7 and line 8	-507,774
6 Total. Add line 1 through line 5	1,970,796	10 Net income per return. Subtract line 9 from line 6	2,478,570

* SEE STATEMENT

FORM 199 — COST OF GOODS SOLD INCLUDED ON PART I, LINE 5 — STATEMENT 1

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED		
3. COST OF LABOR		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS	31,921	
6. ADD LINES 1 THROUGH 5		31,921
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7)		31,921

CA 199 COST OF GOODS SOLD - OTHER COSTS STATEMENT 2

DESCRIPTION	AMOUNT
RETAIL SERVICES	18,997.
GRAPHICS CENTER	3,408.
MISCELLANEOUS	9,516.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5	31,921.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF INVESTMENTS			PURCHASED

	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,430,074.	0.	0.	1,546,939.
TOTAL TO FORM 199, PAGE 2, LN 6	1,430,074.	0.	0.	1,546,939.

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
STUDENT FEES	15,452,192.
AUXILIARY ENTERPRISES	1,421,236.
TOTAL TO FORM 199, PART II, LINE 7	16,873,428.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 5

ACTIVITY CLASSIFICATION: ATHLETIC SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA STATE UNIVERSITY OF LONG BEAC	1250 BELLFLOWER BLVD - LONG BEACH, CA 90840	NONE	300,000.
	TOTAL FOR THIS ACTIVITY		300,000.

ACTIVITY CLASSIFICATION: STUDENT SCHOLARSHIPS AND GRANTS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STUDENT INDIVIDUAL RECIPIENTS	1250 BELLFLOWER BLVD - LONG BEACH, CA 90840	NONE	377,442.
	TOTAL FOR THIS ACTIVITY		377,442.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 677,442.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MILES NEVIN 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	EXECUTIVE DIRECTOR 40.00	215,324.
SYLVANA CICERO 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	ASSOCIATE EXECUTIVE DIRECT 40.00	147,031.
IDRIS AYDIN 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	DIRECTOR OF FINANCE 40.00	107,311.
JESUS GONZALEZ 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	PRESIDENT 20.00	0.
LINDSAY APAZA 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	EXECUTIVE VICE PRESIDENT (20.00	0.
JEANA YOUNG 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	EXECUTIVE VICE PRESIDENT S 20.00	0.
JOHN BARCELONA 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	VICE PRESIDENT OF FINANCE 20.00	0.
CYNTHIA RAY 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	CHIEF DIVERSITY OFFICER 12.00	0.
SIERRA DARWIN 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	CHIEF GOVERNMENT RELATIONS 12.00	0.
CHRIS PADRON 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
JOSE RAYA PEREZ 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.

TERESA FALCON 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR (SPRING 2022) 7.00	0.
FIDEL VASQUEZ 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR (SPRING 2022) 7.00	0.
SHELBI FELTER 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
GISELLE GARCIA 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
KATHERINE GONZALEZ 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
ANTHONY REGINA 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
MILLARAY RAMIREZ 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
SALVADOR PEREGRINA 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
SHIVAM SRIVASTAVA 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
MARIA LOPEZ 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
KAREN GALINDO 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
ISAAC JULIAN 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
XITCLALLI RAMIREZ 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.

ANA GONZALEZ 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
AQUILA JACQUETTE 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR (FALL 2021) 7.00	0.
MICHAEL AYALA 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	SENATOR 7.00	0.
JEFF JARVIS 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	FACULTY REPRESENTATIVE 3.00	0.
PIYA BOSE 1212 BELLFLOWER BOULEVARD, 313W LONG BEACH, CA 90815	CSULB PRESIDENT'S DESIGNEE 3.00	0.
TOTAL TO FORM 199, PART II, LINE 11		469,666.

CA 199 — OTHER EXPENSES — STATEMENT 7

DESCRIPTION	AMOUNT
REPAIRS & MAINTENANCE	785,710.
STUDENT CLUBS/ORGANIZAT	441,584.
PROGRAM SUPPLIES	207,960.
DUES & SUBSCRIPTIONS	91,522.
PENSION PLAN CONTRIBUTIONS	863,293.
OTHER EMPLOYEE BENEFITS	1,333,783.
LEGAL FEES	13,159.
ACCOUNTING FEES	65,400.
INVESTMENT MANAGEMENT FEES	35,621.
OTHER PROFESSIONAL FEES	755,760.
ADVERTISING AND PROMOTION	86,041.
OFFICE EXPENSES	118,321.
INSURANCE	181,201.
ALL OTHER EXPENSES	223,879.
TOTAL TO FORM 199, PART II, LINE 17	5,203,234.

CA 199 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITIES	2,276,876.	1,821,171.
FIXED INCOME	220,296.	113,859.
MUTUAL FUNDS	641,788.	780,408.
REAL ESTATE INVESTMENT TRUSTS	555,412.	591,920.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,694,372.	3,307,358.

CA 199 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	71,278.	211,504.
DEFERRED OUTFLOWS OF RESOURCES	2,055,171.	3,167,846.
LEASE RECEIVABLES	0.	1,217,184.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,126,449.	4,596,534.

CA 199 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCUMULATED POST-RETIREMENT BENEFITS OBLIGATION	4,950,341.	4,636,940.
FUNDS HELD FOR AFFILIATES	1,399,056.	1,422,690.
NET PENSION LIABILITY	5,884,167.	3,258,694.
DEFERRED INFLOWS OF RESOURCES	4,220,026.	8,710,184.
DEFERRED REVENUE	0.	5,700.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	16,453,590.	18,034,208.

CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 11

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-507,774.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	-507,774.

CA 199 FUND BALANCES STATEMENT 12

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	7,583,345.	9,554,141.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	7,583,345.	9,554,141.

022
Date Accepted ______________

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2021**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH

Identifying number: 95-1810426

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	19,081,311
2	Total gross income (Form 199, line 8)	2	17,619,316
3	Total expenses and disbursements (Form 199, line 9)	3	15,140,746

Part II Settle Your Account Electronically for Taxable Year 2021

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number

6 Account number 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer Date Title: EXECUTIVE DIRECTOR

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature | Date | Check if also paid preparer [X] | Check if self-employed ☐ | ERO's PTIN P00646873

Firm's name (or yours if self-employed) and address: ALDRICH CPAS AND ADVISORS, LLP
7676 HAZARD CENTER DRIVE, STE 1300
SAN DIEGO, CA

Firm's FEIN 93-0623286
ZIP code 92108

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address | Firm's FEIN | ZIP code

TAXABLE YEAR **2021**

California Exempt Organization Business Income Tax Return

FORM **109**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021 , and ending (mm/dd/yyyy) 06/30/2022 .

Corporation/Organization name ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY, LONG BEACH

California corporation number 0322419

Additional information. See instructions.

FEIN 95-1810426

Street address (suite/room no.) 1212 BELLFLOWER BOULEVARD, NO. 313W

PMB no.

City (If the corporation has a foreign address, see instructions.) LONG BEACH | State CA | ZIP code 90815

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

A First return filed? ☐ Yes ☒ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

D Final return? ● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date (mm/dd/yyyy) ●

E Amended return? ● ☐ Yes ☒ No

F Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business SEE STATEMENT 13

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☒ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☒ No

K Unrelated Business Activity (UBA) code ●

L Is this a hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30		● 1	224,179 00
	2	Mult. ln 1 by the avg. apport. pctg ______ % from the Sch. R, Apport. Formula Wksht, Part A, ln 2 or Part B, ln 5. See instr.		● 2	00
	3	Enter the lesser amt from ln 1 or ln 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from ln 1		● 3	224,179 00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30		● 4	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4		● 5	224,179 00
	6	EZ, LAMBRA, or TTA NOL carryover deduction		● 6	00
	7	Net Operating Loss deduction. See General Information N		● 7	224,179 00
	8	Add line 6 and line 7		● 8	224,179 00
	9	Net unrelated business taxable income. Subtract line 8 from line 5		● 9	0 00
	10	Tax 8.84 % x line 9. See General Information J		● 10	00
	11	Tax credits from Schedule B. See instructions		● 11	00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-		● 12	00
	13	Alternative minimum tax. See General Information O		● 13	00
	14	Total tax. Add line 12 and line 13		● 14	0 00
Payments	15	Overpayment from a prior year allowed as a credit	● 15 00		
	16	2021 estimated tax payments. See instructions	● 16 00		
	17	Withholding (Form 592-B and/or 593). See instructions	● 17 00		
	18	Amount paid with extension (form FTB 3539)	● 18 00		
	19	Total payments and credits. Add line 15 through line 18		● 19	00
Use Tax/ Tax Due/ Overpayment	20	**Use tax**. See instructions		● 20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19		● 21	00
	22	**Use tax balance**. If line 20 is more than line 19, subtract line 19 from line 20		● 22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions		● 23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions		● 24	00
	25	Enter amount of line 24 to be applied to 2022 estimated tax		● 25	00

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH

95-1810426
128971 01-06-22

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking ☐ Savings ☐ c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
	28 ☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales 242,346 b Less returns and allowances c Balance	1c	242,346	00
2 Cost of goods sold and/or operations (Schedule A, line 7)	2		00
3 Gross profit. Subtract line 2 from line 1c	3	242,346	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)	4a		00
b Net gain (loss) from Part II, Schedule D-1	4b		00
c Capital loss deduction for trusts	4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5		00
6 Rental income (Schedule C)	6	-1,475	00
7 Unrelated debt-financed income (Schedule D)	7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9		00
10 Exploited exempt activity income (Schedule G)	10		00
11 Advertising income (Schedule H, Part III, Column A)	11		00
12 Other income. Attach schedule	12		00
13 Total unrelated trade or business income. Add line 3 through line 12	13	240,871	00

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

14 Compensation of officers, directors, and trustees from Schedule I	14		00
15 Salaries and wages	15		00
16 Repairs	16		00
17 Bad debts	17		00
18 Interest	18		00
19 Taxes	19		00
20 Contributions	20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) 21a 00			
b Less: depreciation claimed on Schedule A 21b 00	21		00
22 Depletion	22		00
23 a Contributions to deferred compensation plans	23a		00
b Employee benefit programs	23b		00
24 Other deductions SEE STATEMENT 14	24	15,692	00
25 Total deductions. Add line 14 through line 24	25	15,692	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	225,179	00
27 Excess advertising costs (Schedule H, Part III, Column B)	27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	225,179	00
29 Specific deduction	29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	224,179	00

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 ▶ MG Muller | Title EXECUTIVE DIRECTOR | Date 11/2/22 | Telephone

Paid Preparer's Use Only

Preparer's signature ▶ DEBRA D. SMITH, CPA | Date 10/28/22 | Check if self-employed ▶ ☐ | PTIN P00646873

Firm's name (or yours, if self-employed) and address ▶ ALDRICH CPAS AND ADVISORS, LLP
7676 HAZARD CENTER DRIVE, STE 1300
SAN DIEGO, CA 92108

Firm's FEIN 93-0623286
Telephone (619) 810-4940

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) N/A

1 Inventory at beginning of year	1		00
2 Purchases	2		00
3 Cost of labor	• 3		00
4 a Additional IRC Section 263A costs. Attach schedule	4a		00
b Other costs. Attach schedule	• 4b		00
5 Total. Add line 1 through line 4b	5		00
6 Inventory at end of year	6		00
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		00

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		00
2 Enter credit name	code •	• 2		00
3 Enter credit name	code •	• 3		00
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		00

Schedule K Add-On Taxes or Recapture of Tax.

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	• 1		00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	• 2a		00
b Method for non-dealer installment obligations	• 2b		00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	• 3		00
4 Credit recapture. Credit name	• 4		00
5 Total. Combine the amounts on line 1 through line 4	5		00

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:**	•	•	•
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
PERSONAL PROPERTY RENTS	23,086	100.00%
		%
		%

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	(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	(c) Net income includible, column 5(a) less column 5(b)
SEE STATEMENT 15 24,561	-1,475			

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 -1,475

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	(b) Other deductions

4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	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
		%			
		%			
		%			
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	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

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

Schedule G Exploited Exempt Activity Income, other than Advertising Income

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

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A - Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7
Enter total here and on Side 2, Part I, line 11	

Part III Column B - Excess Advertising Costs

(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
Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

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

1 Group and guideline class or description of property	2 Date acquired (mm/dd/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

CA 109	NATURE OF TRADE OR BUSINESS	STATEMENT 13

CHILD DEVELOPMENT CENTER

TO FORM 109, PAGE 1

CA 109	OTHER DEDUCTIONS	STATEMENT 14

DESCRIPTION	AMOUNT
FOOD AND BEVERAGE	6,329.
PROGRAM SUPPLIES	3,087.
OTHER EXPENSES	907.
OTHER EXPENSES	5,369.
TOTAL TO FORM 109, PAGE 2, LINE 24	15,692.

CA 109	DEDUCTIONS DIRECTLY CONNECTED WITH RENTAL PROPERTY	STATEMENT 15

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PERSONNEL SERVICES		24,561.	
- SUBTOTAL -	1		24,561.
TOTAL TO FORM 109, SCHEDULE C, LINE 4A			24,561.

TAXABLE YEAR
2021

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

CALIFORNIA FORM
3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name: CALIFORNIA STATE UNIVERSITY, LONG BEACH ASSOCIATED STUDENTS, INC.

California corporation number: 0322419

FEIN: 95-1810426

During the taxable year the corporation incurred the NOL, the corporation was a(n): [ ] C corporation [ ] S corporation [X] Exempt organization [ ] Limited liability company (electing to be taxed as a corporation)

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	0 00
2	2021 disaster loss included in line 1. Enter as a positive number	2	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	00
4 a	Enter the amount of the loss incurred by a new business included in line 3	4a	00
b	Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
c	Add line 4a and line 4b	4c	00
5	General NOL. Subtract line 4c from line 3	5	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	00

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-). **If the corporation taxable income is $1,000,000 or more, see inst**	224,179

Prior Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2020	(f) Amount used in 2021		(h) Carryover to 2022 col. (e) minus col. (f)
2				SEE STATEMENT 16				

Current Year NOLs

	(a)	(b)	(c)	(d)	(e)	(f)		(h) col. (d) minus col. (f) See instructions.
3	2021		DIS					
4	2021							
	2021							
	2021							
	2021							

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

Part III 2021 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1	224,179 00
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 00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	224,179 00

CA 3805Q PRIOR YEAR NOLS STATEMENT 16

(A) YEAR	(B) CODE (D) LOSS	(C)TYPE OF NOL (E)C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G)AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2014		GEN			
	99,532.	99,532.	99,532.	124,647.	0.
2015		GEN			
	83,700.	83,700.	83,700.	40,947.	0.
2016		GEN			
	169,644.	169,644.	40,947.	0.	128,697.
2017		GEN			
	420,431.	420,431.	0.	0.	420,431.
2018		GEN			
	478,251.	478,251.	0.	0.	478,251.
2019		GEN			
	187,087.	187,087.	0.	0.	187,087.
2019		GEN			
	185,014.	185,014.	0.	0.	185,014.
2020		GEN			
	3,386.	3,386.	0.	0.	3,386.
TOTALS		1,627,045.	224,179.		1,402,866.

STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

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

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE

(For Registry Use Only)

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, LONG BEACH
Name of Organization

List all DBAs and names the organization uses or has used

1212 BELLFLOWER BOULEVARD, NO. 313W
Address (Number and Street)

LONG BEACH, CA 90815
City or Town, State, and ZIP Code

562-985-4994
Telephone Number

E-mail Address

Check if:
☐ Change of address
☐ Amended report

State Charity Registration Number CT 41249

Corporation or Organization No. 0322419

Federal Employer ID No. 95-1810426

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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) $ 17,619,316 Noncash Contributions $ 0 Total Assets $ 29,242,032

Program Expenses $ 12,822,580 Total Expenses $ 15,140,746

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 17	X	
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	MILES NEVIN, ED.D. Printed Name	EXECUTIVE DIRECTOR Title	Date

129291
01-17-22

CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 17
PART B, LINE 1

SCHOLARSHIPS, MERIT-BASED TO STUDENT BOARD MEMBERS TOTALED $73,068 DURING THE FISCAL YEAR.