

Form **990**

Department of the Treasury  
Internal Revenue Service

**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.**  
**Information about Form 990 and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ASSOCIATED STUDENTS, INC. CALIFORNI<br>STATE POLYTECHNIC UNIV POMONA<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>3801 W. TEMPLE AVE. BLDG 35, #2122<br>City or town, state or province, country, and ZIP or foreign postal code<br>POMONA CA 91768 | <b>D</b> Employer identification number<br>95-2259044<br><b>E</b> Telephone number<br>909-869-2800<br><b>G</b> Gross receipts \$ 11,508,792   |
| <b>F</b> Name and address of principal officer:<br>CORA M. CULLA<br>3801 W. TEMPLE AVE, BLDG 35-2122<br>POMONA CA 91768  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>H(c)</b> Group exemption number <b>u</b>   |
| <b>J</b> Website: <b>u</b> HTTP://ASI.CPP.EDU/   |  | <b>L</b> Year of formation: 1963 <b>M</b> State of legal domicile: CA   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>   |  |   |

**Part I Summary**

|   |   |                           |              |
|---|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>SEE SCHEDULE O  |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 15           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 0            |
|   | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)   | <b>5</b>                  | 457          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 0            |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 23,750       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>   | -27,570                   |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 6,380,585                 | 11,025,448   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 14,871                    | 28,356       |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 412,064                   | 454,988      |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 6,807,520                 | 11,508,792   |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 67,885                    | 68,763       |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                           | 0            |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 4,226,348                 | 5,361,089    |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                           | 0            |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 0   |                           |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 2,665,360                 | 3,909,244    |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,959,593   | 9,339,096                 |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | -152,073  | 2,169,696                 |              |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 8,455,037                 | 11,442,198   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 4,790,184                 | 6,573,694    |
|   |   | 3,664,853                 | 4,868,504    |

**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.

|                               |  |  |                  |  |
|-------------------------------|--|--|------------------|--|
| <b>Sign Here</b>              | Signature of officer<br>CORA M. CULLA                                  | Date<br>EXECUTIVE DIRECTOR               |                  |  |
|                               | Type or print name and title   |  |                  |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>TINA HENTON, CPA                         | Preparer's signature<br>TINA HENTON, CPA | Date<br>05/12/16 | Check <input type="checkbox"/> if self-employed<br>PTIN<br>P00630282 |
|                               | Firm's name }<br>VICENTI, LLOYD & STUTZMAN                             | Firm's EIN } 95-2242818                  |                  |  |
|                               | Firm's address }<br>2210 E ROUTE 66 STE 100<br>GLENDORA, CA 91740-4676 | Phone no. 626-857-7300                   |                  |  |

May the IRS discuss this return with the preparer shown above? (see instructions)  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:

SEE SCHEDULE O

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 \$ 6,141,930 including grants of \$ 68,763 ) (Revenue \$ 11,001,698 ) TO PROVIDE STUDENT SERVICES, PROGRAMS, FACILITIES AND ACTIVITIES FOR CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA STUDENTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 6,141,930

**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   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   |     | 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  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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   |     | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     | 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  |     | 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  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | 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            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | 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   | 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   |     | 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   |     | 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  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 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  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 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   | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | 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 |     | 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   |     | 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   |     | 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)  |     | 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   |     | 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   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 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   |     | X  |
| 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   | 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  | 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                            |     | 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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |     | 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                                       |     | X  |
| 25b |   |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 |     | X  |
| 26  |   |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | X   |    |
| 27  |   | X   |    |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| 28a |   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| 28b |   |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |     | X  |
| 28c |   |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| 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  |     | X  |
| 30  |   |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 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  |     | X  |
| 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  |     | X  |
| 33  |   |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1   | X   |    |
| 34  |   | X   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| 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  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 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   |     | X  |
| 37  |   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |
| 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

Table with columns for question number, question text, and Yes/No checkboxes. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

**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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 in Schedule O. |     |    |
|           |  |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   | X   |    |
| <b>7a</b> | 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?   | X   |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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 in Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</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? |     |    |

**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 (or 1024 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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in 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: CAROL LEE  
3801 WEST TEMPLE AVE BLDG 35  
POMONA CA 91768

**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) LOUIS HARFOUCHE<br>VICE-PRESIDENT           | 5.00<br>0.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) TAYLOR YOUNG<br>SENATOR PRO TEMPORE         | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) JARED TOLBERT<br>SENATOR-AT-LARGE           | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) LONG (JAKE) LY<br>SENATOR-AT-LARGE          | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) DEENA WAHBA<br>SENATOR-AT-LARGE             | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) ROBERT BENJAMIN MURDOCK<br>SENATOR-AT-LARGE | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) KIMBERLY ROTUNNO<br>AG SENATOR              | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) JASMINE MOORE<br>CLASS SENATOR              | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) MELANIE YOUNG<br>BUSINESS SENATOR           | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) COLIN DANAHY<br>SENATOR ENVIRONMENT        | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) KATARINA KUSHIN<br>DESIGN SENATOR          | 5.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former         |  |   |   |
| (12) JAI ONI SLY   | 5.00   |   |                       |         |              |                              |                |  |   |   |
| CEIS SENATOR   | 0.00   | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| (13) TAYLOR YOUNG  | 5.00   |   |                       |         |              |                              |                |  |   |   |
| CCHM SENATOR   | 0.00   | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| (14) CHONLAWAN KHAOTHIEMSANG                                   | 5.00   |   |                       |         |              |                              |                |  |   |   |
| SCIENCE SENATOR  | 0.00   | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| (15) JAMES COX   | 40.00  |   |                       |         |              |                              |                |  |   |   |
| PRESIDENT  | 0.00   | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (16) CORA M. GULLIA  | 40.00  | PLEASE CONTACT ASI ADMINISTRATIVE OFFICE FOR INFORMATION  |                       |         |              |                              |                |  |   |   |
| EXECUTIVE DIRECTOR   | 0.00   | X   |                       | X       |              |                              | 141,416        | 0  | 8,748   |   |
| (17) POWELL R. VELASCO   | 40.00  |   |                       |         |              |                              |                |  |   |   |
| ASSOC. EXECUTIVE DIR   | 0.00   | X   |                       | X       |              |                              | 88,696         | 0  | 5,406   |   |
| (18) KRISTA C. SMITH   | 40.00  |   |                       |         |              |                              |                |  |   |   |
| RECREATION DIRECTOR  | 0.00   | X   |                       | X       |              |                              | 78,890         | 0  | 4,782   |   |
| (19) BARNABE F. PEAKE  | 40.00  |   |                       |         |              |                              |                |  |   |   |
| DIRECTOR OF RPM  | 0.00   | X   |                       | X       |              |                              | 74,097         | 0  | 4,466   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | <b>383,099</b> |  | <b>23,402</b>   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |                |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | <b>383,099</b> |  | <b>23,402</b>   |   |

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 **1**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | 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 | 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                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 **0**



**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>       | <b>1a</b> Federated campaigns  | <b>1a</b>  |                      |  |   |  |  |
|   | <b>b</b> Membership dues   | <b>1b</b>  |                      |  |   |  |  |
|   | <b>c</b> Fundraising events  | <b>1c</b>  |                      |  |   |  |  |
|   | <b>d</b> Related organizations   | <b>1d</b>  |                      |  |   |  |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>  |                      |  |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                      | <b>1f</b>  |                      |  |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  |                      |  |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f  | <b>u</b>   |                      |  |   |  |  |
| <b>Program Service Revenue</b>                                      |  | <b>Busn. Code</b>                                |                      |  |   |  |  |
|   | <b>2a</b> STUDENT UNION FEES   |  | 7,901,000            | 7,901,000  |   |  |  |
|   | <b>b</b> STUDENT ACTIVITY FEES   |  | 2,529,623            | 2,529,623  |   |  |  |
|   | <b>c</b> STUDENT SERVICES  |  | 238,217              | 238,217  |   |  |  |
|   | <b>d</b> BRIC INCOME   |  | 192,936              | 192,936  |   |  |  |
|   | <b>e</b> CULTURAL AFFAIRS  |  | 81,889               | 81,889   |   |  |  |
|   | <b>f</b> All other program service revenue   |  | 81,783               | 58,033   | 23,750                                  |  |  |
|   | <b>g Total.</b> Add lines 2a-2f  | <b>u</b>   | 11,025,448           |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  | <b>u</b>   | 28,356               |  |   | 28,356   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  | <b>u</b>   |                      |  |   |  |  |
|   | <b>5</b> Royalties   | <b>u</b>   |                      |  |   |  |  |
|   | <b>6a</b> Gross rents  | (i) Real   | 314,988              |  |   |  |  |
|   |  | (ii) Personal                                    |                      |  |   |  |  |
|   |  | <b>b</b> Less: rental exps.                      |                      |  |   |  |  |
|   | <b>c</b> Rental inc. or (loss)   | 314,988  |                      |  |   |  |  |
|   | <b>d</b> Net rental income or (loss)   | <b>u</b>   | 314,988              |  |   | 314,988  |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities                                   |                      |  |   |  |  |
|   |  | (ii) Other                                       |                      |  |   |  |  |
|   |  | <b>b</b> Less: cost or other basis & sales exps. |                      |  |   |  |  |
|   |  | <b>c</b> Gain or (loss)                          |                      |  |   |  |  |
|   | <b>d</b> Net gain or (loss)  | <b>u</b>   |                      |  |   |  |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>   |                      |  |   |  |  |
|   |  | <b>b</b> Less: direct expenses                   | <b>b</b>             |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events               |  | <b>u</b>   |                      |  |   |  |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>   |  |                      |  |   |  |  |
|   | <b>b</b> Less: direct expenses   | <b>b</b>   |                      |  |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities   | <b>u</b>   |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>   |  |                      |  |   |  |  |
|   | <b>b</b> Less: cost of goods sold  | <b>b</b>   |                      |  |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory  | <b>u</b>   |                      |  |   |  |  |
| Miscellaneous Revenue   |  | <b>Busn. Code</b>                                |                      |  |   |  |  |
| <b>11a</b> ADMINISTRATIVE FEES                                      |  |  | 140,000              |  |   | 140,000  |  |
| <b>b</b>  |  |  |                      |  |   |  |  |
| <b>c</b>  |  |  |                      |  |   |  |  |
| <b>d</b> All other revenue  |  |  |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d                                   | <b>u</b>   |  | 140,000              |  |   |  |  |
| <b>12 Total revenue.</b> See instructions.                          | <b>u</b>   |  | 11,508,792           | 11,001,698   | 23,750                                  | 483,344  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 68,763                | 68,763                          |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 406,501               | 243,900                         | 162,601                                |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 3,660,369             | 2,196,221                       | 1,464,148                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   | 1,294,219             | 776,531                         | 517,688                                |                             |
| <b>10</b> Payroll taxes  |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 430,864               | 258,518                         | 172,346                                |                             |
| <b>c</b> Accounting  | 21,600                | 12,960                          | 8,640                                  |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion  | 172,302               | 103,381                         | 68,921                                 |                             |
| <b>13</b> Office expenses  | 290,351               | 174,211                         | 116,140                                |                             |
| <b>14</b> Information technology   | 37,349                | 22,409                          | 14,940                                 |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 728,835               | 437,301                         | 291,534                                |                             |
| <b>17</b> Travel   |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 14,231                | 8,539                           | 5,692                                  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 69,024                | 41,414                          | 27,610                                 |                             |
| <b>23</b> Insurance  | 112,439               | 67,463                          | 44,976                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| <b>a</b> STUDENT PROGRAMS  | 782,981               | 782,981                         |  |                             |
| <b>b</b> STUDENT SERVICES  | 494,443               | 494,443                         |  |                             |
| <b>c</b> MISCELLAENEOUS  | 334,695               | 200,817                         | 133,878                                |                             |
| <b>d</b> REPAIRS AND MAINTENANCE   | 281,595               | 168,957                         | 112,638                                |                             |
| <b>e</b> All other expenses  | 138,535               | 83,121                          | 55,414                                 |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 9,339,096             | 6,141,930                       | 3,197,166                              | 0                           |
| <b>26</b> 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 <input type="checkbox"/> 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)<br>Beginning of year  |               | (B)<br>End of year |            |
|------------------------------------|--|---|---------------|--------------------|------------|
| <b>Assets</b>                      | 1  | Cash—non-interest bearing   | 378,245       | 1                  | 705,890    |
|                                    | 2  | Savings and temporary cash investments  | 7,402,910     | 2                  | 10,085,913 |
|                                    | 3  | Pledges and grants receivable, net  |               | 3                  |            |
|                                    | 4  | Accounts receivable, net  | 466,951       | 4                  | 333,466    |
|                                    | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |               | 5                  |            |
|                                    | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |               | 6                  |            |
|                                    | 7  | Notes and loans receivable, net   |               | 7                  |            |
|                                    | 8  | Inventories for sale or use   |               | 8                  |            |
|                                    | 9  | Prepaid expenses and deferred charges   | 104,653       | 9                  | 117,346    |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 1,313,003 |                    |            |
|                                    | b  | Less: accumulated depreciation  | 10b 1,113,420 | 10c 102,278        | 199,583    |
|                                    | 11   | Investments—publicly traded securities  |               | 11                 |            |
|                                    | 12   | Investments—other securities. See Part IV, line 11  |               | 12                 |            |
|                                    | 13   | Investments—program-related. See Part IV, line 11   |               | 13                 |            |
|                                    | 14   | Intangible assets   |               | 14                 |            |
|                                    | 15   | Other assets. See Part IV, line 11  |               | 15                 |            |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 8,455,037   | 16            | 11,442,198         |            |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 763,051       | 17                 | 1,242,092  |
|                                    | 18   | Grants payable  |               | 18                 |            |
|                                    | 19   | Deferred revenue  | 25,258        | 19                 |            |
|                                    | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |               | 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   | 4,001,875     | 25                 | 5,331,602  |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 4,790,184     | 26                 | 6,573,694  |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |               |                    |            |
|                                    | 27   | Unrestricted net assets   | 3,664,853     | 27                 | 4,868,504  |
|                                    | 28   | Temporarily restricted net assets   |               | 28                 |            |
|                                    | 29   | Permanently restricted net assets   |               | 29                 |            |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |               |                    |            |
|                                    | 30   | Capital stock or trust principal, or current funds  |               | 30                 |            |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |               | 31                 |            |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  |               | 32                 |            |
| 33                                 | <b>Total net assets or fund balances</b>   | 3,664,853   | 33            | 4,868,504          |            |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 8,455,037   | 34            | 11,442,198         |            |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 11,508,792 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 9,339,096  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 2,169,696  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 3,664,853  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -966,045   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 4,868,504  |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| <b>3a</b> | 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?  |     | X  |
| <b>3b</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 in Schedule O and describe any steps taken to undergo such audits.   |     |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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.  
**u Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |   |
|--|---|
| Name of the organization<br><b>ASSOCIATED STUDENTS, INC. CALIFORNI<br/>STATE POLYTECHNIC UNIV POMONA</b> | Employer identification number<br><b>95-2259044</b> |
|--|---|

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 ..... 1
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization                         | (ii) EIN   | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--|------------|---|---|----|---|---|
|  |            |   | Yes   | No |   |   |
| <b>(A)</b> CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA | 95-4255659 | 6   | X   |    |   | 0   |
| <b>(B)</b>   |            |   |   |    |   |   |
| <b>(C)</b>   |            |   |   |    |   |   |
| <b>(D)</b>   |            |   |   |    |   |   |
| <b>(E)</b>   |            |   |   |    |   |   |
| <b>Total</b>   |            |   |   |    | 0   | 0   |

**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) <b>u</b>   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6</b> Public support. Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |

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

**13 First five 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**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | % |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14   | <b>15</b> | % |
| <b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>   |           |   |
| <b>b 33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>  |           |   |
| <b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>    |           |   |
| <b>b 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;"><input type="checkbox"/></span>   |           |   |

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

(Complete only if you checked the box on line 9 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) <b>u</b>  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five 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**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests—2014.** 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

**b 33 1/3% support tests—2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | X   |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  |     | X  |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     | X  |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.  |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   |     | X  |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   |     |    |
| <b>c</b> 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 <b>Part VI</b> 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.  |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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). |     | X  |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     | X  |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  |     | X  |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).  |     | X  |
| <b>9a</b> 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 <b>Part VI</b> .  |     | X  |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     | X  |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .   |     | X  |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.   |     | X  |
| <b>b</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.)   |     |    |



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | X   |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     | X  |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.   |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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. |  |  |
| <b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> 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? Provide details in <b>Part VI</b> .   |  |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |  |  |

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <input type="checkbox"/> 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  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2014 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  |                             |  |   |
| 3 Excess distributions carryover, if any, to 2014:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d   |                             |  |   |
| e From 2013 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2014 distributable amount  |                             |  |   |
| i Carryover from 2009 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2014 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2014 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d Excess from 2013 . . .  |                             |  |   |
| e Excess from 2014 . . .  |                             |  |   |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS, INC. CALIFORNI STATE POLYTECHNIC UNIV POMONA

Employer identification number

95-2259044

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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 are a 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 programs
- 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" to 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:

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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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 in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to 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 Temporarily restricted endowment  %
- The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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" to 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  |                                      |                                 |                              |                |
| c Leasehold improvements   | 622,430                              |                                 | 603,496                      | 18,934         |
| d Equipment  | 690,573                              |                                 | 509,924                      | 180,649        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>199,583</b> |

**Part VII Investments—Other Securities.**

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

| (a) Description of security or category<br>(including name of security)            | (b) Book value | (c) Method of valuation:<br>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)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b> |                |  |

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b> |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) POSTRETIREMENT BENEFIT PAYABLE   | 4,443,620      |
| (3) FUNDS HELD FOR STUDENT ORGANIZATIONS   | 887,982        |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b> | 5,331,602      |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

|   |   |    |    |            |
|---|---|----|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  | 11,508,792 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |            |
|   | a Net unrealized gains (losses) on investments                                  | 2a |    |            |
|   | 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 |            |
| 3 | Subtract line 2e from line 1  |    | 3  | 11,508,792 |
| 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 |    |            |
|   | b Other (Describe in Part XIII.)  | 4b |    |            |
|   | c Add lines 4a and 4b   |    | 4c |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  | 11,508,792 |

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

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

|   |  |    |         |            |
|---|--|----|---------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1       | 10,305,141 |
| 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 | 966,045 |            |
|   | e Add lines 2a through 2d  |    | 2e      | 966,045    |
| 3 | Subtract line 2e from line 1   |    | 3       | 9,339,096  |
| 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 |         |            |
|   | b Other (Describe in Part XIII.)   | 4b |         |            |
|   | c Add lines 4a and 4b  |    | 4c      |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5       | 9,339,096  |

**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 X - FIN 48 FOOTNOTE**

ASI IS EXEMPT FROM FEDERAL INCOME AND STATE FRANCHISE TAXES UNDER SECTION 50L(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING CALIFORNIA STATUTES. ACCORDINGLY, NO INCOME TAX PROVISION HAS BEEN RECORDED.

ASI HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX POSITIONS EVALUATED ARE RELATED TO ASI'S CONTINUED QUALIFICATION AS A TAXEXEMPT ORGANIZATION AND WHETHER THERE IS UNRELATED BUSINESS INCOME ACTIVITY CONDUCTED THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT (>50%) OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED.

ASI FILES INFORMATIONAL RETURNS IN THE U.S. FEDERAL JURISDICTION, AND THE STATE OF CALIFORNIA. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA



**Part XIII Supplemental Information** (continued)

STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

POSTRETIREMENT BENEFIT CHANGES \$ 966,045

**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" to Form 990, Part IV, line 21 or 22.

**u** Attach to Form 990.

**u** Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization **ASSOCIATED STUDENTS, INC. CALIFORNI  
STATE POLYTECHNIC UNIV POMONA**

Employer identification number  
**95-2259044**

**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" to 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) |  |         |                               |                          |                                   |   |  |                                    |
| (2) |  |         |                               |                          |                                   |   |  |                                    |
| (3) |  |         |                               |                          |                                   |   |  |                                    |
| (4) |  |         |                               |                          |                                   |   |  |                                    |
| (5) |  |         |                               |                          |                                   |   |  |                                    |
| (6) |  |         |                               |                          |                                   |   |  |                                    |
| (7) |  |         |                               |                          |                                   |   |  |                                    |
| (8) |  |         |                               |                          |                                   |   |  |                                    |
| (9) |  |         |                               |                          |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**



**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

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

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

u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

ASSOCIATED STUDENTS, INC. CALIFORNI  
STATE POLYTECHNIC UNIV POMONA

Employer identification number

95-2259044

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., 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 .....

**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 in line 1a? .....

**3** Indicate which, if any, of the following the filing organization uses 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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                             | <b>4a</b> | X |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... | <b>4b</b> | X |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....    | <b>4c</b> | 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? .....         | <b>5a</b> | X |
| <b>b</b> Any related organization? ..... | <b>5b</b> | X |

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? .....         | <b>6a</b> | X |
| <b>b</b> Any related organization? ..... | <b>6b</b> | X |

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in 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 .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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 in 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 are not 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 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 in prior Form 990 |
|---------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                       | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 CORA M. CULLA<br>EXECUTIVE DIRECTOR | 0  | 141,416                             | 0                                   | 8,748  | 0                       | 150,164                         | 0   |
| 2                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 3                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 4                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 5                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 6                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 7                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 8                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 9                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 10                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 11                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 12                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 13                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 14                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 15                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 16                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |

PLEASE CONTACT ASI ADMINISTRATIVE OFFICE FOR INFORMATION



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**u** 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.

**2014**

Department of the Treasury  
Internal Revenue Service

**u** Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

**u** Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |  |
|--|--|
| Name of the organization<br>ASSOCIATED STUDENTS, INC. CALIFORNI<br>STATE POLYTECHNIC UNIV POMONA | Employer identification number<br>95-2259044 |
|--|--|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 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 |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... **u** \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **u** \$ \_\_\_\_\_

**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 org.? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|-------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                            | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     | (1)                           |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |

**Total** ..... **u** \$ \_\_\_\_\_

**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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) JAMES COX                 | PRESIDENT   | 11,567                   | SCHOLARSHIP            |                           |
| (2) LOUIS HARFOUCHE           | VICE PRESIDENT  | 8,675                    | SCHOLARSHIP            |                           |
| (3) FAYZ ASHKER               | TREASURER   | 6,627                    | SCHOLARSHIP            |                           |
| (4) ANDREA CENDEJAS           | ATTORNEY GENERAL  | 4,998                    | SCHOLARSHIP            |                           |
| (5) TAYLOR YOUNG              | SENATOR PRO TEMPORE   | 3,976                    | SCHOLARSHIP            |                           |
| (6) JARED TOLBERT             | SENATOR-AT-LARGE  | 1,240                    | SCHOLARSHIP            |                           |
| (7) LONG (JAKE) LY            | SENATOR-AT-LARGE  | 1,240                    | SCHOLARSHIP            |                           |
| (8) DEENA WAHBA               | SENATOR-AT-LARGE  | 1,240                    | SCHOLARSHIP            |                           |
| (9) ROBERT BENJAMIN MURDOCK   | SENATOR-AT-LARGE  | 1,240                    | SCHOLARSHIP            |                           |
| (10) KIMBERLY ROTUNNO         | AG SENATOR  | 1,240                    | SCHOLARSHIP            |                           |

**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 org. revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
|                               |   |                           |                                | Yes                           | No |
| (1)                           |   |                           |                                |                               |    |
| (2)                           |   |                           |                                |                               |    |
| (3)                           |   |                           |                                |                               |    |
| (4)                           |   |                           |                                |                               |    |
| (5)                           |   |                           |                                |                               |    |
| (6)                           |   |                           |                                |                               |    |
| (7)                           |   |                           |                                |                               |    |
| (8)                           |   |                           |                                |                               |    |
| (9)                           |   |                           |                                |                               |    |
| (10)                          |   |                           |                                |                               |    |

**Part V Supplemental Information**

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

SCHEDULE L, PART III - GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS

| NAME AND TYPE/PURPOSE OF ASSISTANCE | RELATIONSHIP         | AMOUNT   |
|-------------------------------------|----------------------|----------|
| JASMINE MOORE                       | CLASS SENATOR        | \$ 1,240 |
| SCHOLARSHIP                         |                      |          |
| MELANIE YOUNG                       | BUSINESS SENATOR     | \$ 1,240 |
| SCHOLARSHIP                         |                      |          |
| COLIN DANAHY                        | ENGINEERING SENATOR  | \$ 1,240 |
| SCHOLARSHIP                         |                      |          |
| KATARINA KUSHIN                     | ENVIRONMENT DESIGN S | \$ 930   |
| SCHOLARSHIP                         |                      |          |
| JAI ONI SLY                         | CEIS SENATOR         | \$ 1,240 |
| SCHOLARSHIP                         |                      |          |
| TAYLOR YOUNG                        | CCHM SENATOR         | \$ 1,240 |
| SCHOLARSHIP                         |                      |          |
| CHONLAWAN KHAOTHIEMSANG             | SCIENCE SENATOR      | \$ 1,240 |
| SCHOLARSHIP                         |                      |          |
| ANDREW CAMPA                        | SEC OF EDUCATION     | \$ 1,524 |
| SCHOLARSHIP                         |                      |          |
| KALEAB HABTEMARIAM                  | SEC OF EXT AFFAIRS   | \$ 1,524 |
| SCHOLARSHIP                         |                      |          |



**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 org. revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
|                               |   |                           |                                | Yes                           | No |
| (1)                           |   |                           |                                |                               |    |
| (2)                           |   |                           |                                |                               |    |
| (3)                           |   |                           |                                |                               |    |
| (4)                           |   |                           |                                |                               |    |
| (5)                           |   |                           |                                |                               |    |
| (6)                           |   |                           |                                |                               |    |
| (7)                           |   |                           |                                |                               |    |
| (8)                           |   |                           |                                |                               |    |
| (9)                           |   |                           |                                |                               |    |
| (10)                          |   |                           |                                |                               |    |

**Part V Supplemental Information**

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

|                 |                      |    |       |  |  |
|-----------------|----------------------|----|-------|--|--|
| JASIMNE ANDINO  | SEC OF INT AFFAIRS   | \$ | 1,524 |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| MARISOL AGUAYO  | SEC OF PROG & SERV   | \$ | 1,524 |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| CHRISTINE ZHENG | SEC OF SUSTAINABILIT | \$ | 1,524 |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| TOMMY WARD      | ELECTIONS CHAIR      | \$ | 1,326 |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| JEFFREY CUEVAS  | ASST SEC PROG & SERV | \$ | 868   |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| HANA KIM        | BEAT MUSIC CHAIR     | \$ | 868   |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| ANDREW DENSMORE | BEAT MUSIC CHAIR     | \$ | 796   |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| AIVAN N. CHUNG  | BEAT OUTREACH CHAIR  | \$ | 796   |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| XYRINE DAPAL    | BEAT PROGRAMMING CHA | \$ | 796   |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |
| SYDNEY MARTINEZ | BEAT PROGRAMMING CHA | \$ | 796   |  |  |
| SCHOLARSHIP     |                      |    |       |  |  |

**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 org. revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
|                               |   |                           |                                | Yes                           | No |
| (1)                           |   |                           |                                |                               |    |
| (2)                           |   |                           |                                |                               |    |
| (3)                           |   |                           |                                |                               |    |
| (4)                           |   |                           |                                |                               |    |
| (5)                           |   |                           |                                |                               |    |
| (6)                           |   |                           |                                |                               |    |
| (7)                           |   |                           |                                |                               |    |
| (8)                           |   |                           |                                |                               |    |
| (9)                           |   |                           |                                |                               |    |
| (10)                          |   |                           |                                |                               |    |

**Part V Supplemental Information**

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

|                         |                      |    |     |  |  |
|-------------------------|----------------------|----|-----|--|--|
| ISOLDE ALFARO           | BEAT PROGRAMMING CHA | \$ | 796 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| IRAM KHAJAWALL          | BEAT PROGRAMMING CHA | \$ | 796 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| ROBERT BENJAMIN MURDOCK | F & O BOARD MEMBER   | \$ | 465 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| MELANIE YOUNG           | F & O COMMITTEE-SEN  | \$ | 155 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| COLIN DANAHY            | F & O BOARD MEMBER   | \$ | 310 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| KIMBERLY ROTUNNO        | F & O BOARD MEMBER   | \$ | 465 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| DEVON GRAVES            | F & O BOARD MEMBER   | \$ | 413 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| NAILAH ZOI GIVENS       | F & O BOARD MEMBER   | \$ | 413 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| MICHAEL ADAMS           | F & O BOARD MEMBER   | \$ | 413 |  |  |
| SCHOLARSHIP             |                      |    |     |  |  |
| MARY ASHLEY CHERNEY     | F & O BOARD MEMBER   | \$ | 258 |  |  |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****Open to Public  
Inspection**

Name of the organization

ASSOCIATED STUDENTS, INC. CALIFORNI  
STATE POLYTECHNIC UNIV POMONA

Employer identification number

95-2259044

## FORM 990 - ORGANIZATION'S MISSION

ASSOCIATED STUDENTS INCORPORATED, CAL POLY POMONA IS A CALIFORNIA  
STATE UNIVERSITY RECOGNIZED AUXILIARY ORGANIZATION AND A NONPROFIT  
CORPORATION THAT SEEKS TO:

FOSTER STUDENT ADVOCACY, REPRESENTATION, ENGAGEMENT AND ACADEMIC SUCCESS;  
ESTABLISH OPPORTUNITIES FOR LEARNING, LEADERSHIP AND DEVELOPMENT FOR  
STUDENTS AND ITS STAFF; CREATE AN ENVIRONMENT THAT PROMOTES COLLABORATIVE  
PARTNERSHIPS, CULTURAL DIVERSITY AND CAMPUS PRIDE; AND PROVIDE HIGH QUALITY  
FACILITIES, PROGRAMS AND SERVICES TO STUDENTS, ADMINISTRATORS, FACULTY,  
STAFF, ALUMNI AND THE OFF-CAMPUS COMMUNITY.

## FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE MEMBERS OF THE ORGANIZATION ARE THE STUDENTS OF CALIFORNIA  
STATE POLYTECHNIC UNIVERSITY, POMONA.

## FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

MEMBERS ARE ELECTED AS PART OF ANNUAL UNIVERSITY-WIDE ELECTIONS OPEN FOR  
VOTING TO ENROLLED CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA  
STUDENTS.

## FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 TAX RETURN IS PRESENTED TO THE ASI SENATE FOR REVIEW. EACH MEMBER  
OF THE ASI SENATE WILL BE PROVIDED WITH "GUIDANCE FOR BOARD REVIEW OF FORM  
990." WHEN THE TAX RETURN IS SIGNED AND SENT TO THE IRS, A COPY WILL THEN  
BE POSTED ON THE ASI WEBSITE.

Name of the organization

Employer identification number

ASSOCIATED STUDENTS, INC. CALIFORNI

95-2259044

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUALLY, MANAGEMENT LEVEL EMPLOYEES, ASI SENATE AND THE EXECUTIVE BOARD ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN THEIR ACKNOWLEDGEMENT. IF THERE IS A POTENTIAL CONFLICT, THE POLICY GUIDELINES ARE FOLLOWED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

PERIODICALLY, A CONSULTANT IS CONTRACTED TO EVALUATE COMPENSATION LEVELS. CONSULTANT RECOMMENDATIONS ARE PRESENTED TO THE PERSONNEL REVIEW COMMITTEE COMPOSED OF STUDENT EXECUTIVES AND CAMPUS REPRESENTATIVES FOR REVIEW, APPROVAL, AND APPROPRIATE ACTION. THE ASI BY-LAWS DESCRIBE THE SETTING OF COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

PERIODICALLY, A CONSULTANT IS CONTRACTED TO EVALUATE COMPENSATION LEVELS. CONSULTANT RECOMMENDATIONS ARE PRESENTED TO THE PERSONNEL REVIEW COMMITTEE COMPOSED OF STUDENT EXECUTIVES AND CAMPUS REPRESENTATIVES FOR REVIEW, APPROVAL, AND APPROPRIATE ACTION. THE ASI BY-LAWS DESCRIBE THE SETTING OF COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE DOCUMENTS ARE READILY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

POSTRETIREMENT BENEFIT CHANGES \$ -966,045

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

**u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
u Attach to Form 990.**

**u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

ASSOCIATED STUDENTS, INC. CALIFORNI  
STATE POLYTECHNIC UNIV POMONA

Employer identification number

95-2259044

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)   |                         |  |                     |                           |                                  |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) CALIFORNIA STATE POLYTECHNIC UNIVER<br>3801 W. TEMPLE AVE 95-4255659<br>POMONA CA 91768 | COLLEGE PR              | CA   | 115                        | 2   | N/A                              |  | X  |
| (2)   |                         |  |                            |   |                                  |  |    |
| (3)   |                         |  |                            |   |                                  |  |    |
| (4)   |                         |  |                            |   |                                  |  |    |
| (5)   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Dispro-<br>portionate<br>alloc.? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1)<br>.....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (2)<br>.....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (3)<br>.....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (4)<br>.....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|---|----|
|   |                         |  |                                     |  |                                 |                                       |                                | Yes   | No |
| (1)<br>.....  |                         |  |                                     |  |                                 |                                       |                                |   |    |
| (2)<br>.....  |                         |  |                                     |  |                                 |                                       |                                |   |    |
| (3)<br>.....  |                         |  |                                     |  |                                 |                                       |                                |   |    |
| (4)<br>.....  |                         |  |                                     |  |                                 |                                       |                                |   |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      | X   |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) CALIFORNIA STATE POLYTECHNIC UNIVER | L                             | 10,606,677             |  |
| (2) CALIFORNIA STATE POLYTECHNIC UNIVER | P                             | 824,012                |  |
| (3) CALIFORNIA STATE POLYTECHNIC UNIVER | J                             | 122,659                |  |
| (4)                                     |                               |                        |  |
| (5)                                     |                               |                        |  |
| (6)                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |





Form **990-T**

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

OMB No. 1545-0687

**2014**

For calendar year 2014 or other tax year beginning 07/01/14, and ending 06/30/15

**u** Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

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

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

Department of the Treasury  
Internal Revenue Service

|  |  |                                 |                                 |                                 |                               |  |                                 |  |   |  |
|--|--|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--|---------------------------------|--|---|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501( C ) ( 3 )</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 529(a)</td> <td></td> </tr> </table> <p><b>C</b> Book value of all assets at end of year<br/><u>11,442,198</u></p> | <input checked="" type="checkbox"/> 501( C ) ( 3 ) | <input type="checkbox"/> 220(e) | <input type="checkbox"/> 408(e) | <input type="checkbox"/> 530(a) | <input type="checkbox"/> 408A |  | <input type="checkbox"/> 529(a) |  | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/><b>ASSOCIATED STUDENTS, INC. CALIFORNI STATE POLYTECHNIC UNIV POMONA</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/><b>3801 W. TEMPLE AVE. BLDG 35, #2122</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/><b>POMONA CA 91768</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/><b>95-2259044</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)<br/><b>713940</b></p> |
| <input checked="" type="checkbox"/> 501( C ) ( 3 )   | <input type="checkbox"/> 220(e)                    |                                 |                                 |                                 |                               |  |                                 |  |   |  |
| <input type="checkbox"/> 408(e)  | <input type="checkbox"/> 530(a)                    |                                 |                                 |                                 |                               |  |                                 |  |   |  |
| <input type="checkbox"/> 408A  |  |                                 |                                 |                                 |                               |  |                                 |  |   |  |
| <input type="checkbox"/> 529(a)  |  |                                 |                                 |                                 |                               |  |                                 |  |   |  |
| <p><b>F</b> Group exemption number (See instructions.) <b>u</b></p> <p><b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>   |  |                                 |                                 |                                 |                               |  |                                 |  |   |  |

**H** Describe the organization's primary unrelated business activity.

**u** SEE STATEMENT 1

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

**J** The books are in care of **u** CAROL LEE Telephone number **u** 909-869-2844

| <b>Part I Unrelated Trade or Business Income</b>  |          | (A) Income       | (B) Expenses | (C) Net |
|---|----------|------------------|--------------|---------|
| <b>1a</b> Gross receipts or sales   |          |                  |              |         |
| <b>b</b> Less returns and allowances  |          |                  |              |         |
| <b>c</b> Balance  | <b>u</b> | <b>1c</b>        |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  |          | <b>2</b>         |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   |          | <b>3</b>         |              |         |
| <b>4a</b> Capital gain net income (attach Schedule D)   |          | <b>4a</b>        |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     |          | <b>4b</b>        |              |         |
| <b>c</b> Capital loss deduction for trusts  |          | <b>4c</b>        |              |         |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)                |          | <b>5</b>         |              |         |
| <b>6</b> Rent income (Schedule C)   |          | <b>6</b>         |              |         |
| <b>7</b> Unrelated debt-financed income (Schedule E)  |          | <b>7</b>         |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) |          | <b>8</b>         |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     |          | <b>9</b>         |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I)                                       |          | <b>10</b>        |              |         |
| <b>11</b> Advertising income (Schedule J)   |          | <b>11</b>        |              |         |
| <b>12</b> Other income (See instructions; attach schedule) <u>SEE STMT 2</u>                  |          | <b>12</b> 23,750 |              | 23,750  |
| <b>13 Total.</b> Combine lines 3 through 12   |          | <b>13</b> 23,750 |              | 23,750  |

| <b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) |     |            |         |
|---|-----|------------|---------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)  |     | <b>14</b>  |         |
| <b>15</b> Salaries and wages  |     | <b>15</b>  | 15,961  |
| <b>16</b> Repairs and maintenance   |     | <b>16</b>  |         |
| <b>17</b> Bad debts   |     | <b>17</b>  |         |
| <b>18</b> Interest (attach schedule)  |     | <b>18</b>  |         |
| <b>19</b> Taxes and licenses  |     | <b>19</b>  | 12      |
| <b>20</b> Charitable contributions (See instructions for limitation rules)  |     | <b>20</b>  |         |
| <b>21</b> Depreciation (attach Form 4562)   | 284 | <b>21</b>  |         |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return   |     | <b>22a</b> | 284     |
| <b>23</b> Depletion   |     | <b>23</b>  |         |
| <b>24</b> Contributions to deferred compensation plans  |     | <b>24</b>  |         |
| <b>25</b> Employee benefit programs   |     | <b>25</b>  | 2,119   |
| <b>26</b> Excess exempt expenses (Schedule I)   |     | <b>26</b>  |         |
| <b>27</b> Excess readership costs (Schedule J)  |     | <b>27</b>  |         |
| <b>28</b> Other deductions (attach schedule) <u>SEE STATEMENT 3</u>   |     | <b>28</b>  | 32,944  |
| <b>29 Total deductions.</b> Add lines 14 through 28   |     | <b>29</b>  | 51,320  |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  |     | <b>30</b>  | -27,570 |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)   |     | <b>31</b>  |         |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  |     | <b>32</b>  | -27,570 |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)   |     | <b>33</b>  | 1,000   |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  |     | <b>34</b>  | -27,570 |

**Part III Tax Computation**

|  |            |
|--|------------|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:                    |            |
| <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____  |            |
| <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____<br>(2) Additional 3% tax (not more than \$100,000) ..... \$ _____  |            |
| <b>c</b> Income tax on the amount on line 34 .....   | <b>35c</b> |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | <b>36</b>  |
| <b>37 Proxy tax.</b> See instructions .....  | <b>37</b>  |
| <b>38 Alternative minimum tax</b> .....  | <b>38</b>  |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies .....  | <b>39</b>  |

**Part IV Tax and Payments**

|  |            |   |
|--|------------|---|
| <b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....   | <b>40a</b> |   |
| <b>b</b> Other credits (see instructions) .....  | <b>40b</b> |   |
| <b>c</b> General business credit. Attach Form 3800 (see instructions) .....  | <b>40c</b> |   |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....  | <b>40d</b> |   |
| <b>e Total credits.</b> Add lines 40a through 40d .....  | <b>40e</b> |   |
| <b>41</b> Subtract line 40e from line 39 .....   | <b>41</b>  |   |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (alt. sch.) ..... | <b>42</b>  |   |
| <b>43 Total tax.</b> Add lines 41 and 42 .....   | <b>43</b>  | 0 |
| <b>44a</b> Payments: A 2013 overpayment credited to 2014 .....   | <b>44a</b> |   |
| <b>b</b> 2014 estimated tax payments .....   | <b>44b</b> |   |
| <b>c</b> Tax deposited with Form 8868 .....  | <b>44c</b> |   |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....  | <b>44d</b> |   |
| <b>e</b> Backup withholding (see instructions) .....   | <b>44e</b> |   |
| <b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) .....  | <b>44f</b> |   |
| <b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____<br><input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total <b>u</b> .....  | <b>44g</b> |   |
| <b>45 Total payments.</b> Add lines 44a through 44g .....  | <b>45</b>  |   |
| <b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached ..... <b>u</b> <input type="checkbox"/>   | <b>46</b>  |   |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed ..... <b>u</b>  | <b>47</b>  |   |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... <b>u</b>  | <b>48</b>  |   |
| <b>49</b> Enter the amount of line 48 you want: Credited to 2015 estimated tax <b>u</b> ..... <b>Refunded u</b>  | <b>49</b>  |   |

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

|  |            |           |
|--|------------|-----------|
| <b>1</b> At any time during the 2014 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 <b>u</b> ..... | <b>Yes</b> | <b>No</b> |
| <b>2</b> 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         |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$ .....   |            |           |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **u**

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

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.

|   |                      |      |       |
|---|----------------------|------|-------|
| <b>Sign Here</b> <b>u</b> _____ <b>u</b> EXECUTIVE DIRECTOR | Signature of officer | Date | Title |
|---|----------------------|------|-------|

|   |   |                             |
|---|---|-----------------------------|
| May the IRS discuss this return with the preparer shown below (see instructions)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

|                               |   |  |                        |   |                   |
|-------------------------------|---|--|------------------------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>TINA HENTON, CPA                      | Preparer's signature<br>TINA HENTON, CPA | Date<br>05/12/16       | Check <input type="checkbox"/> if self-employed | PTIN<br>P00630282 |
|                               | Firm's name } VICENTI, LLOYD & STUTZMAN                             | Firm's EIN } 95-2242818                  |                        |   |                   |
|                               | Firm's address } 2210 E ROUTE 66 STE 100<br>GLENDORA, CA 91740-4676 |  | Phone no. 626-857-7300 |   |                   |

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

(see instructions)

1. Description of property

|         |
|---------|
| (1) N/A |
| (2)     |
| (3)     |
| (4)     |

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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| <b>Total</b>  | <b>Total</b>  | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>           |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

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

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

Total dividends-received deductions included in column 8 **u**

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

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross inc. | 6. Deductions directly connected with income in column 5 |
| (1) N/A                            |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                  |
|-------------------|---|-------------------------------------|--|---|
| (1)               |   |                                     |  |   |
| (2)               |   |                                     |  |   |
| (3)               |   |                                     |  |   |
| (4)               |   |                                     |  |   |
| <b>Totals</b>     |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>u</b> | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

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

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

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

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

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

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                            | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) N/A  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> ..... | u                           |                             |  |                       |                     |   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                    | 2. Gross advertising income | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|--|--|-----------------------|---------------------|---|
| (1) N/A                                  |                             |  |  |                       |                     |   |
| (2)                                      |                             |  |  |                       |                     |   |
| (3)                                      |                             |  |  |                       |                     |   |
| (4)                                      |                             |  |  |                       |                     |   |
| <b>Totals from Part I</b> .....          | u                           |  |  |                       |                     |   |
| <b>Totals, Part II (lines 1-5)</b> ..... | u                           | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B).                                       |                       |                     | Enter here and on page 1, Part II, line 27.                                       |

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

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|--|--|
| (1) N/A |          | %                                      |  |
| (2)     |          | %                                      |  |
| (3)     |          | %                                      |  |
| (4)     |          | %                                      |  |

**Total.** Enter here and on page 1, Part II, line 14 .....

**Federal Statements****Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

RECREATION CENTER MEMBERSHIP REVENUES AND ASSOCIATED  
EXPENSES FOR NON-STUDENT AND NON-FACULTY/STAFF.

**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**

| <u>Description</u>      | <u>Amount</u>    |
|-------------------------|------------------|
| BRIC INCOME - UNRELATED | \$ 23,750        |
| TOTAL                   | \$ <u>23,750</u> |

**Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions**

| <u>Description</u>            | <u>Amount</u>    |
|-------------------------------|------------------|
| OFFICE SUPPLIES AND EXPENSES  | \$ 968           |
| CONTRACTED SERVICES           | 663              |
| MERCHANDISE AND MARKETING     | 877              |
| INSURANCE AND BANK CHARGES    | 485              |
| ADMINISTRATION AND FACILITIES | 29,951           |
| TOTAL                         | \$ <u>32,944</u> |

## Net Operating Loss Carryover Worksheet

Form **990-T**

**2014**

For calendar year 2014, or tax year beginning 07/01/14, ending 06/30/15

Name

ASSOCIATED STUDENTS, INC. CALIFORNI  
STATE POLYTECHNIC UNIV POMONA

Employer Identification Number  
95-2259044

| Preceding<br>Taxable Year               | Prior Year                           |                                 |                               | Current Year  | Next Year |
|---|--------------------------------------|---------------------------------|-------------------------------|---|-----------|
|   | Adj. To NOL<br>Inc/(Loss) After Adj. | NOL Utilized<br>(Income Offset) | Carryovers to<br>Current Year | Income Offset By<br>NOL Carryback /<br>Carryover Utilized | Carryover |
| 17th 06/30/98                           |                                      |                                 |                               |   |           |
| 16th 06/30/99                           |                                      |                                 |                               |   |           |
| 15th 06/30/00                           |                                      |                                 |                               |   |           |
| 14th 06/30/01                           |                                      |                                 |                               |   |           |
| 13th 06/30/02                           |                                      |                                 |                               |   |           |
| 12th 06/30/03                           |                                      |                                 |                               |   |           |
| 11th 06/30/04                           |                                      |                                 |                               |   |           |
| 10th 06/30/05                           |                                      |                                 |                               |   |           |
| 9th 06/30/06                            |                                      |                                 |                               |   |           |
| 8th 06/30/07                            |                                      |                                 |                               |   |           |
| 7th 06/30/08                            |                                      |                                 |                               |   |           |
| 6th 06/30/09                            |                                      |                                 |                               |   |           |
| 5th 06/30/10                            |                                      |                                 |                               |   |           |
| 4th 06/30/11                            |                                      |                                 |                               |   |           |
| 3rd 06/30/12                            |                                      |                                 |                               |   |           |
| 2nd 06/30/13                            |                                      |                                 |                               |   |           |
| 1st 06/30/14                            |                                      |                                 |                               |   |           |
| NOL carryover available to current year |                                      |                                 | 0                             |   |           |
| Current year                            | -27,570                              |                                 |                               |   | 27,570    |
| NOL carryover available to next year    |                                      |                                 |                               |   | 27,570    |

## Form 199 Return Summary

For calendar year 2014, or tax year beginning 07/01/2014 , and ending 06/30/2015

ASSOCIATED STUDENTS, INC. CALIFORNI 95-2259044  
STATE POLYTECHNIC UNIV POMONA

|                           |                             |                                    |
|---------------------------|-----------------------------|------------------------------------|
| Gross sales / receipts    | <u>11,508,792</u>           |                                    |
| Dues from members         | <u>                    </u> |                                    |
| Contributions / grants    | <u>                    </u> |                                    |
| Total costs               | <u>                    </u> |                                    |
| Expenses                  | <u>9,339,096</u>            |                                    |
| <b>Excess / (deficit)</b> |                             | <u><u>2,169,696</u></u>            |
| <br>                      |                             |                                    |
| Filing fee                | <u>10</u>                   |                                    |
| Total payments            | <u>                    </u> |                                    |
| Penalties and interest    | <u>                    </u> |                                    |
| Use tax                   | <u>                    </u> |                                    |
| <br>                      |                             |                                    |
| <b>Balance due</b>        |                             | <u>10</u>                          |
| <b>Refund</b>             |                             | <u><u>                    </u></u> |

| Balance Sheet |                         |                         |                         |
|---------------|-------------------------|-------------------------|-------------------------|
|               | Beginning               | Ending                  | Differences             |
| Assets        | <u>8,455,037</u>        | <u>11,442,198</u>       |                         |
| Liabilities   | <u>4,790,184</u>        | <u>6,573,694</u>        |                         |
| Net assets    | <u><u>3,664,853</u></u> | <u><u>4,868,504</u></u> | <u><u>1,203,651</u></u> |

### Miscellaneous Information

Amended return

Return / extended due date 06/15/16



### Form 109 Return Summary

For calendar year 2014, or tax year beginning 07/01/2014 , and ending 06/30/2015

ASSOCIATED STUDENTS, INC. CALIFORNI 95-2259044  
STATE POLYTECHNIC UNIV POMONA

**Income**

|                     |        |        |
|---------------------|--------|--------|
| Gross profit        |        |        |
| Capital gain / loss |        |        |
| All other income    | 23,750 |        |
| <b>Total income</b> |        | 23,750 |

|                         |        |        |
|-------------------------|--------|--------|
| Officer compensation    |        |        |
| Salaries                | 15,961 |        |
| All other deductions    | 35,075 |        |
| Excess ad costs         |        |        |
| Specific deduction      | 1,000  |        |
| <b>Total deductions</b> |        | 52,036 |

|  |  |         |
|--|--|---------|
| <b>Unrelated business taxable income</b>         |  | 0       |
| Apportionment percentage                         |  | 0.0000% |
| Apportioned UBTI                                 |  |         |
| Enterprise zone and net operating loss deduction |  |         |
| <b>Net UBTI</b>                                  |  | 0       |

**Taxes / Credits / Payments / Penalties**

|                         |  |  |
|-------------------------|--|--|
| Tax on net UBTI         |  |  |
| Credits                 |  |  |
| Alternative minimum tax |  |  |
| Other tax               |  |  |
| <b>Total tax</b>        |  |  |

|                        |  |  |
|------------------------|--|--|
| Prior year overpayment |  |  |
| Tax payments           |  |  |
| Paid with extension    |  |  |
| <b>Total payments</b>  |  |  |
| <b>Net tax</b>         |  |  |

**Adjustments**

|                            |  |  |
|----------------------------|--|--|
| Applied to next year's tax |  |  |
| Use tax                    |  |  |
| Estimated tax penalty      |  |  |
| Interest on late payments  |  |  |
| Failure to pay penalty     |  |  |
| <b>Total adjustments</b>   |  |  |

|                    |  |  |
|--------------------|--|--|
| <b>Balance due</b> |  |  |
| <b>Refund</b>      |  |  |

**Next Year's Estimates**

|              |  |  |
|--------------|--|--|
| 1st quarter  |  |  |
| 2nd quarter  |  |  |
| 3rd quarter  |  |  |
| 4th quarter  |  |  |
| <b>Total</b> |  |  |

**Miscellaneous Information**

|                            |          |
|----------------------------|----------|
| Amended return             |          |
| Return / extended due date | 11/16/15 |

TAXABLE YEAR **2014** **California Exempt Organization Annual Information Return**

FORM **199**

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014, and ending (mm/dd/yyyy) 06/30/2015.

Corporation/Organization Name ASSOCIATED STUDENTS, INC. CALIFORNI STATE POLYTECHNIC UNIV POMONA California corporation number 0462589

Additional Information. See instructions. FEIN 95-2259044

Street address (suite or room) 3801 W. TEMPLE AVE. BLDG 35, #2122 PMB no.

City POMONA State CA Zip code 91768

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)  990-PF (3)  Sch H (990)  
**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. N/A  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources. \$ \_\_\_\_\_  
**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
No filing fee is required  Yes  No  
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**P** Is an IRS Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

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

|                              |  |           |                   |           |
|------------------------------|--|-----------|-------------------|-----------|
| <b>Receipts and Revenues</b> | <b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8  | <b>1</b>  | <u>11,508,792</u> | <u>00</u> |
|                              | <b>2</b> Gross dues and assessments from members and affiliates  | <b>2</b>  |                   | <u>00</u> |
|                              | <b>3</b> Gross contributions, gifts, grants, and similar amounts received.   | <b>3</b>  |                   | <u>00</u> |
|                              | <b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3.<br>This line must be completed. If the result is less than \$50,000, see General Instruction B | <b>4</b>  | <u>11,508,792</u> | <u>00</u> |
|                              | <b>5</b> Cost of goods sold  | <b>5</b>  |                   | <u>00</u> |
|                              | <b>6</b> Cost or other basis, and sales expenses of assets sold  | <b>6</b>  |                   | <u>00</u> |
|                              | <b>7</b> Total costs. Add line 5 and line 6  | <b>7</b>  |                   | <u>00</u> |
|                              | <b>8</b> Total gross income. Subtract line 7 from line 4   | <b>8</b>  | <u>11,508,792</u> | <u>00</u> |
| <b>Expenses</b>              | <b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18   | <b>9</b>  | <u>9,339,096</u>  | <u>00</u> |
|                              | <b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | <b>10</b> | <u>2,169,696</u>  | <u>00</u> |
| <b>Filing Fee</b>            | <b>11</b> Filing fee \$10 or \$25. See General Instruction F   | <b>11</b> |                   | <u>10</u> |
|                              | <b>12</b> Total payments   | <b>12</b> |                   | <u>00</u> |
|                              | <b>13</b> Penalties and Interest. See General Instruction J  | <b>13</b> |                   | <u>00</u> |
|                              | <b>14</b> Use tax. See General Instruction K   | <b>14</b> |                   | <u>00</u> |
|                              | <b>15</b> Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  | <b>15</b> |                   | <u>10</u> |

**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 TINA HENTON, CPA Title EXECUTIVE DIRECTOR Date \_\_\_\_\_ Telephone 909-869-2800

**Paid Preparer's Use Only** Preparer's signature TINA HENTON, CPA Date 05/12/2016 Check if self-employed  PTIN P00630282

Firm's name (or yours, if self-employed) and address VICENTI, LLOYD & STUTZMAN  
2210 E ROUTE 66 STE 100  
GLEN DORA, CA 91740-4676 FEIN 95-2242818  
Telephone 626-857-7300

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

**ASSOCIATED STUDENTS, INC. CALIFORNI**  
95-2259044

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

|                                    |  |           |            |    |
|------------------------------------|--|-----------|------------|----|
| <b>Receipts from Other Sources</b> | <b>1</b> Gross sales or receipts from all business activities. See instructions  | <b>1</b>  | 11,025,448 | 00 |
|                                    | <b>2</b> Interest  | <b>2</b>  | 28,356     | 00 |
|                                    | <b>3</b> Dividends   | <b>3</b>  |            | 00 |
|                                    | <b>4</b> Gross rents   | <b>4</b>  | 314,988    | 00 |
|                                    | <b>5</b> Gross royalties   | <b>5</b>  |            | 00 |
|                                    | <b>6</b> Gross amount received from sale of assets (See Instructions)  | <b>6</b>  |            | 00 |
|                                    | <b>7</b> Other income. Attach schedule <b>SEE STATEMENT 1</b>  | <b>7</b>  | 140,000    | 00 |
|                                    | <b>8</b> Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | <b>8</b>  | 11,508,792 | 00 |
|                                    | <b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>                        | <b>9</b>  | 68,763     | 00 |
|                                    | <b>10</b> Disbursements to or for members  | <b>10</b> |            | 00 |
|                                    | <b>11</b> Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>                            | <b>11</b> | 406,501    | 00 |
|                                    | <b>12</b> Other salaries and wages   | <b>12</b> | 3,660,369  | 00 |
|                                    | <b>13</b> Interest   | <b>13</b> |            | 00 |
|                                    | <b>14</b> Taxes  | <b>14</b> |            | 00 |
|                                    | <b>15</b> Rents  | <b>15</b> | 728,835    | 00 |
|                                    | <b>16</b> Depreciation and depletion (See instructions)  | <b>16</b> | 69,024     | 00 |
|                                    | <b>17</b> Other Expenses and Disbursements. Attach schedule. <b>SEE STATEMENT 4</b>  | <b>17</b> | 4,405,604  | 00 |
|                                    | <b>18</b> Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9               | <b>18</b> | 9,339,096  | 00 |

|   | Schedule L Balance Sheets |           | End of taxable year |            |
|---|---------------------------|-----------|---------------------|------------|
|   | Beginning of taxable year |           |                     |            |
| Assets  | (a)                       | (b)       | (c)                 | (d)        |
| <b>1</b> Cash   |                           | 7,781,155 |                     | 10,791,803 |
| <b>2</b> Net accounts receivable                            |                           | 466,951   |                     | 333,466    |
| <b>3</b> Net notes receivable                               |                           |           |                     |            |
| <b>4</b> Inventories  |                           |           |                     |            |
| <b>5</b> Federal and state government obligations           |                           |           |                     |            |
| <b>6</b> Investments in other bonds                         |                           |           |                     |            |
| <b>7</b> Investments in stock                               |                           |           |                     |            |
| <b>8</b> Mortgage loans                                     |                           |           |                     |            |
| <b>9</b> Other investments. Attach schedule <b>STMT 5</b>   |                           | 102,278   |                     | 199,583    |
| <b>10 a</b> Depreciable assets                              |                           |           |                     |            |
| <b>b</b> Less accumulated depreciation                      | (                         |           | (                   |            |
| <b>11</b> Land  |                           |           |                     |            |
| <b>12</b> Other assets. Attach schedule <b>STMT 6</b>       |                           | 104,653   |                     | 117,346    |
| <b>13 Total assets</b>                                      |                           | 8,455,037 |                     | 11,442,198 |
| <b>Liabilities and net worth</b>                            |                           |           |                     |            |
| <b>14</b> Accounts payable                                  |                           | 763,051   |                     | 1,242,092  |
| <b>15</b> Contributions, gifts, or grants payable           |                           |           |                     |            |
| <b>16</b> Bonds and notes payable                           |                           |           |                     |            |
| <b>17</b> Mortgages payable                                 |                           |           |                     |            |
| <b>18</b> Other liabilities. Attach schedule <b>STMT 7</b>  |                           | 4,027,133 |                     | 5,331,602  |
| <b>19</b> Capital stock or principal fund                   |                           |           |                     |            |
| <b>20</b> Paid-in or capital surplus. Attach reconciliation |                           |           |                     |            |
| <b>21</b> Retained earnings or income fund                  |                           | 3,664,853 |                     | 4,868,504  |
| <b>22 Total liabilities and net worth</b>                   |                           | 8,455,037 |                     | 11,442,198 |

| 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.   |           |   |           |
| <b>1</b> Net income per books  | 1,203,651 | <b>7</b> Income recorded on books this year not included in this return. Attach schedule      |           |
| <b>2</b> Federal income tax  |           | <b>8</b> Deductions in this return not charged against book income this year. Attach schedule |           |
| <b>3</b> Excess of capital losses over capital gains   |           | <b>9</b> Total. Add line 7 and line 8   |           |
| <b>4</b> Income not recorded on books this year. Attach schedule   |           | <b>10</b> Net income per return.  |           |
| <b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule <b>STMT 8</b> | 966,045   | Subtract line 9 from line 6   | 2,169,696 |
| <b>6</b> Total. Add line 1 through line 5  | 2,169,696 |   |           |

# California Statements

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

| <u>Description</u>  | <u>Amount</u> |
|---------------------|---------------|
| ADMINISTRATIVE FEES | \$ 140,000    |
| TOTAL               | \$ 140,000    |

## California Statements

### Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

| PSA          | Class    | Name                 | Address   | City                | State           | Zip               |                        |      |  |  |
|--------------|----------|----------------------|-----------|---------------------|-----------------|-------------------|------------------------|------|--|--|
| Relationship | Status   | Purpose              | Amount    | Noncash Description | FMV Explanation | Book Value Amount | Book Value Explanation | Date |  |  |
| 1            |          | SCHOLARSHIP PURPOSES |           |                     |                 |                   |                        |      |  |  |
| 1            |          | SCHOLARSHIPS         | 68,763    |                     |                 |                   |                        |      |  |  |
| 1            | SUBTOTAL |                      | \$ 68,763 |                     |                 |                   |                        |      |  |  |
|              | TOTAL    |                      | \$ 68,763 |                     |                 |                   |                        |      |  |  |

### Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

| Name                    | Address |     |  | Title               | Avg Hrs | Compensation Amount |
|-------------------------|---------|-----|--|---------------------|---------|---------------------|
| City                    | State   | Zip |  |                     |         |                     |
| LOUIS HARFOUCHE         |         |     |  | VICE-PRESIDENT      | 5.00    |                     |
| TAYLOR YOUNG            |         |     |  | SENATOR PRO TEMPORE | 5.00    |                     |
| JARED TOLBERT           |         |     |  | SENATOR-AT-LARGE    | 5.00    |                     |
| LONG (JAKE) LY          |         |     |  | SENATOR-AT-LARGE    | 5.00    |                     |
| DEENA WAHBA             |         |     |  | SENATOR-AT-LARGE    | 5.00    |                     |
| ROBERT BENJAMIN MURDOCK |         |     |  | SENATOR-AT-LARGE    | 5.00    |                     |
| KIMBERLY ROTUNNO        |         |     |  | AG SENATOR          | 5.00    |                     |
| JASMINE MOORE           |         |     |  | CLASS SENATOR       | 5.00    |                     |
| MELANIE YOUNG           |         |     |  | BUSINESS SENATOR    | 5.00    |                     |
| COLIN DANAHY            |         |     |  | SENATOR ENVIRONMENT | 5.00    |                     |

## California Statements

### Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

| Name                    | Address  |     |  | Title                | Avg<br>Hrs | Compensation<br>Amount |
|-------------------------|--|-----|--|----------------------|------------|------------------------|
| City                    | State  | Zip |  |                      |            |                        |
| KATARINA KUSHIN         |  |     |  | DESIGN SENATOR       | 5.00       |                        |
| JAI ONI SLY             |  |     |  | CEIS SENATOR         | 5.00       |                        |
| TAYLOR YOUNG            |  |     |  | CCHM SENATOR         | 5.00       |                        |
| CHONLAWAN KHAOTHIEMSANG |  |     |  | SCIENCE SENATOR      | 5.00       |                        |
| JAMES COX               |  |     |  | PRESIDENT            | 40.00      |                        |
| CORA M. CULLA           | PLEASE CONTACT ASI ADMINISTRATIVE OFFICE FOR INFORMATION |     |  | EXECUTIVE DIRECTOR   | 40.00      | 150,164                |
| POWELL R. VELASCO       |  |     |  | ASSOC. EXECUTIVE DIR | 40.00      | 94,102                 |
| KRISTA C. SMITH         |  |     |  | RECREATION DIRECTOR  | 40.00      | 83,672                 |
| BARNABE F. PEAKE        |  |     |  | DIRECTOR OF RPM      | 40.00      | 78,563                 |
| TOTAL                   |  |     |  |                      |            | 406,501                |

**California Statements****Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

| <u>Description</u>          | <u>Amount</u>       |
|-----------------------------|---------------------|
| OTHER EMPLOYEE BENEFITS     | \$ 1,294,219        |
| ACCOUNTING FEES             | 21,600              |
| LEGAL FEES                  | 430,864             |
| CONFERENCE MEETING EXPENSES | 14,231              |
| STUDENT PROGRAMS            | 782,981             |
| STUDENT SERVICES            | 494,443             |
| CAPITAL EXPENDITURES        | 138,535             |
| REPAIRS AND MAINTENANCE     | 281,595             |
| MISCELLAENEOUS              | 334,695             |
| ADVERTISING EXPENSES        | 172,302             |
| OFFICE AMOUNT               | 290,351             |
| INFORMATION TECHNOLOGY EXP  | 37,349              |
| INSURANCE EXPENSES          | 112,439             |
| TOTAL                       | <u>\$ 4,405,604</u> |

**Statement 5 - Form 199, Schedule L, Line 9 - Other Investments**

| <u>Description</u>     | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|------------------------|------------------------------|------------------------|
| LEASEHOLD IMPROVEMENTS | \$ 45,507                    | \$ 18,934              |
| EQUIPMENT              | 56,771                       | 180,649                |
| TOTAL                  | <u>\$ 102,278</u>            | <u>\$ 199,583</u>      |

**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

| <u>Description</u> | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|--------------------|------------------------------|------------------------|
| PREPAID EXPENSES   | \$ 104,653                   | \$ 117,346             |
| TOTAL              | <u>\$ 104,653</u>            | <u>\$ 117,346</u>      |

**Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities**

| <u>Description</u>                   | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|--------------------------------------|------------------------------|------------------------|
| FUNDS HELD FOR STUDENT ORGANIZATIONS | \$ 727,234                   | \$ 887,982             |
| POSTRETIREMENT BENEFIT PAYABLE       | 3,274,641                    | 4,443,620              |
| DEFERRED REVENUE                     | 25,258                       |                        |
| TOTAL                                | <u>\$ 4,027,133</u>          | <u>\$ 5,331,602</u>    |

# California Statements

## Statement 8 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

| Description                    | Amount            |
|--------------------------------|-------------------|
| POSTRETIREMENT BENEFIT CHANGES | \$ 966,045        |
| TOTAL                          | \$ <u>966,045</u> |



TAXABLE YEAR **2014** **California Exempt Organization Business Income Tax Return**

FORM **109**

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014, and ending (mm/dd/yyyy) 06/30/2015

Corporation/Organization name ASSOCIATED STUDENTS, INC. CALIFORNI STATE POLYTECHNIC UNIV POMONA California corporation number 0462589

Additional information. See instructions. FEIN 95-2259044

Street address (suite/room no.) 3801 W. TEMPLE AVE. BLDG 35, #2122 PMB no.

City (If the corporation has a foreign address, see instructions.) POMONA State CA ZIP code 91768

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
- 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), Los Angeles Revitalization Zone (LARZ), 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 713940
- L Is this a Hospital?  Yes  No. If "Yes," attach IRS Schedule H (Form 990)

|   |  |   |     |    |
|---|--|---|-----|----|
| Taxable Corporation                             | 1  | Unrelated business taxable income from Side 2, Part II, line 30   | 1   | 00 |
|   | 2  | Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions  | 2   | 00 |
|   | 3  | Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1. | 3   | 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   | 00 |
|   | 6  | Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction  | 6   | 00 |
|   | 7  | Net Operating Loss deduction. See General Information N   | 7   | 00 |
|   | 8  | Add line 6 and line 7   | 8   | 00 |
|   | 9  | Net unrelated business taxable income. Subtract line 8 from line 5  | 9   | 00 |
|   | 10   | Tax <u>8.84</u> % x line 9. See General Information J   | 10  | 00 |
|   | 11 a   | New employment credit, amount generated. <b>11 b</b> Amount claimed   | 11b | 00 |
|   | c  | Tax credits from Schedule B. See instructions   | 11c | 00 |
|   | d  | Total Credits. Add line 11b and 11c   | 11d | 00 |
|   | 12   | Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-   | 12  | 00 |
| Total Tax                                       | 13   | Alternative minimum tax. See General Information O  | 13  | 00 |
|   | 14   | Total tax. Add line 12 and line 13  | 14  | 00 |
| Payments  | 15   | Overpayment from a prior year allowed as a credit   | 15  | 00 |
|   | 16   | 2014 estimated tax payments. See instructions   | 16  | 00 |
|   | 17   | 2014 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 |
| Refund (Direct Deposit of Refund) or Amount Due | 20   | Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions   | 20  | 00 |
|   | 21   | Overpayment. Subtract line 14 from line 19. See instructions  | 21  | 00 |
|   | 22   | Enter amount of line 21 to be applied to 2014 estimated tax   | 22  | 00 |
|   | 23   | Use tax. See instructions   | 23  | 00 |
|   | 24   | Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21  | 24  | 00 |
|   | a  | Fill in the account information to have the refund directly deposited. Routing number   | 24a |    |
|   | b  | Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number   | 24c |    |
|   | 25   | Penalties and interest. See General Information M   | 25  | 00 |
| 26  | <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806. |   |     |    |
|   | 27   | Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result   | 27  | 00 |

ASSOCIATED STUDENTS, INC. CALIFORNI  
95-2259044

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

|  |                                      |                  |           |        |    |
|--|--------------------------------------|------------------|-----------|--------|----|
| <b>1 a</b> Gross receipts or gross sales   | <b>b</b> Less returns and allowances | <b>c</b> Balance | <b>1c</b> |        | 00 |
| <b>2</b> Cost of goods sold and/or operations (Schedule A, line 7)   |                                      |                  | <b>2</b>  |        | 00 |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  |                                      |                  | <b>3</b>  |        | 00 |
| <b>4 a</b> Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)  |                                      |                  | <b>4a</b> |        | 00 |
| <b>b</b> Net gain (loss) from Part II, Schedule D-1  |                                      |                  | <b>4b</b> |        | 00 |
| <b>c</b> Capital loss deduction for trusts   |                                      |                  | <b>4c</b> |        | 00 |
| <b>5</b> Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule |                                      |                  | <b>5</b>  |        | 00 |
| <b>6</b> Rental income (Schedule C)  |                                      |                  | <b>6</b>  | 0      | 00 |
| <b>7</b> Unrelated debt-financed income (Schedule D)   |                                      |                  | <b>7</b>  |        | 00 |
| <b>8</b> Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)  |                                      |                  | <b>8</b>  |        | 00 |
| <b>9</b> Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)   |                                      |                  | <b>9</b>  |        | 00 |
| <b>10</b> Exploited exempt activity income (Schedule G)  |                                      |                  | <b>10</b> |        | 00 |
| <b>11</b> Advertising income (Schedule H, Part III, Column A)  |                                      |                  | <b>11</b> |        | 00 |
| <b>12</b> Other income. Attach schedule SEE STATEMENT 1  |                                      |                  | <b>12</b> | 23,750 | 00 |
| <b>13</b> Total unrelated trade or business income. Add line 3 through line 12   |                                      |                  | <b>13</b> | 23,750 | 00 |

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

|  |            |         |    |
|--|------------|---------|----|
| <b>14</b> Compensation of officers, directors, and trustees from Schedule I  | <b>14</b>  |         | 00 |
| <b>15</b> Salaries and wages   | <b>15</b>  | 15,961  | 00 |
| <b>16</b> Repairs  | <b>16</b>  |         | 00 |
| <b>17</b> Bad debts  | <b>17</b>  |         | 00 |
| <b>18</b> Interest. Attach schedule  | <b>18</b>  |         | 00 |
| <b>19</b> Taxes. Attach schedule SEE STATEMENT 2   | <b>19</b>  | 12      | 00 |
| <b>20</b> Contributions. See instructions and attach schedule  | <b>20</b>  |         | 00 |
| <b>21 a</b> Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)                      | <b>21a</b> |         | 00 |
| <b>b</b> Less: depreciation claimed on Schedule A. See instructions  | <b>21b</b> |         | 00 |
| <b>22</b> Depletion. Attach schedule   | <b>22</b>  |         | 00 |
| <b>23 a</b> Contributions to deferred compensation plans   | <b>23a</b> |         | 00 |
| <b>b</b> Employee benefit programs. See instructions   | <b>23b</b> | 2,119   | 00 |
| <b>24</b> Other deductions. Attach schedule SEE STATEMENT 3  | <b>24</b>  | 32,944  | 00 |
| <b>25</b> Total deductions. Add line 14 through line 24  | <b>25</b>  | 51,036  | 00 |
| <b>26</b> Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | <b>26</b>  | -27,286 | 00 |
| <b>27</b> Excess advertising costs (Schedule H, Part III, Column B)  | <b>27</b>  |         | 00 |
| <b>28</b> Unrelated business taxable income before specific deduction. Subtract line 27 from line 26                 | <b>28</b>  | -27,286 | 00 |
| <b>29</b> Specific deduction. See instructions   | <b>29</b>  | 1,000   | 00 |
| <b>30</b> Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.     | <b>30</b>  | -27,286 | 00 |

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.

|                          |   |                             |  |                           |
|--------------------------|---|-----------------------------|--|---------------------------|
| Sign Here                | Signature of officer ,,   | Title<br>EXECUTIVE DIRECTOR | Date   | Telephone<br>909-869-2800 |
|                          | Preparer's signature ,, TINA HENTON, CPA                              | Date<br>05/12/16            | Check if self-employed ,, <input type="checkbox"/> | PTIN<br>P00630282         |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) ,, VICENTI, LLOYD & STUTZMAN |                             |  | FEIN<br>95-2242818        |
|                          | and address ,, 2210 E ROUTE 66 STE 100<br>GLENORA, CA 91740-4676      |                             |  | Telephone<br>626-857-7300 |

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

ASSOCIATED STUDENTS, INC. CALIFORNI  
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**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) \_\_\_\_\_

|   |   |    |  |   |
|---|---|----|--|---|
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.**

|   |  |      |   |  |    |
|---|--|------|---|--|----|
| 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, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c |      | 4 |  | 00 |

**Schedule K Add-On Taxes or Recapture of Tax. See instructions.**

|   |   |    |  |    |
|---|---|----|--|----|
| 1 | Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 | 1  |  | 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. See instructions                                   | 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)<br>Total within and<br>outside California | (b)<br>Total within<br>California | (c)<br>Percent within<br>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)<br>Total within and<br>outside California | (b)<br>Total within<br>California | (c)<br>Percent within<br>California [(b) ÷ (a)] x 100 |
|---|---|-----------------------------------|---|
| 1 Property factor: See instructions   | 0   | 0                                 |   |
| 2 Payroll factor: Wages and other compensation of employees   | 0   | 0                                 |   |
| 3 Sales factor: Gross sales and/or receipts less returns and allowances   | 0   | 0                                 |   |
| 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 |
| N/A                       |                            | %  |
|                           |                            | %  |
|                           |                            | %  |

|   |  |  |  |   |
|---|--|--|--|---|
| 4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income |  | 5 Complete if any item in column 3 is more than 10%, but not more than 50% |  |   |
| (a) Deductions directly connected (attach schedule)   | (b) Income includible, column 2 less column 4(a) | (a) Gross income reportable, column 2 x column 3                           | (b) Deductions directly connected with personal property (attach schedule) | (c) Net income includible, column 5(a) less column 5(b) |
|   |  |  |  |   |
|   |  |  |  |   |

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 0

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**Schedule D Unrelated Debt-Financed Income**

| 1 Description of debt-financed property  |  | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property |   |   |
|--|--|--|---|---|---|
|  |  |  | (a) Straight-line depreciation (attach schedule)                            | (b) Other deductions (attach schedule)                            |   |
| N/A  |  |  |   |   |   |
|  |  |  |   |   |   |
|  |  |  |   |   |   |
| 4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Debt basis percentage, column 4 ÷ column 5               | 7 Gross income reportable, column 2 x column 6                              | 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6 | 9 Net income (or loss) includible, column 7 less column 8 |
|  |  | %  |   |   |   |
|  |  | %  |   |   |   |
|  |  | %  |   |   |   |
| Total. Enter here and on Side 2, Part I, line 7  |  |  |   |   |   |

**Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization**

| 1 Description   | 2 Amount | 3 Deductions directly connected (attach schedule) | 4 Net investment income, column 2 less column 3 | 5 Set-asides (attach schedule) | 6 Balance of investment income, column 4 less column 5 |
|---|----------|---|---|--------------------------------|--|
| N/A   |          |   |   |                                |  |
|   |          |   |   |                                |  |
|   |          |   |   |                                |  |
| 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 org. gross income | 6 Deductions directly connected with income in column (5) |
| 1 N/A   |                                  |                                    |   |  |   |
| 2   |                                  |                                    |   |  |   |
| 3   |                                  |                                    |   |  |   |
| Nonexempt Controlled Organizations                                      |                                  |                                    |   |  |   |
| 7 Taxable Income  | 8 Net unrelated income (loss)    | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10)                |   |
| 1   |                                  |                                    |   |  |   |
| 2   |                                  |                                    |   |  |   |
| 3   |                                  |                                    |   |  |   |
| 4 Add columns 5 and 10  |                                  |                                    |   |  |   |
| 5 Add columns 6 and 11  |                                  |                                    |   |  |   |
| 6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9 |                                  |                                    |   |  |   |

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

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

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**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-. |
|----------------------|----------------------------|----------------------------|---|----------------------|--------------------|---|
| N/A                  |                            |                            |   |                      |                    |   |
|                      |                            |                            |   |                      |                    |   |
|                      |                            |                            |   |                      |                    |   |
| Totals .....         |                            |                            |   |                      |                    |   |

**Part II Income from Periodicals Reported on a Separate Basis**

|     |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|
| N/A |  |  |  |  |  |  |
|     |  |  |  |  |  |  |
|     |  |  |  |  |  |  |

**Part III Column A – Net Advertising Income**

**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 or 7, and amounts listed in Part II, cols. 4 and 7 | (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 |
|--|---|--|---|
| N/A  |   | N/A  |   |
|  |   |  |   |
|  |   |  |   |
| Enter total here and on Side 2, Part I, line 11                                  |   | 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 |
|---|---------------|---------|---------------------------------------|---|------------------------------|
| N/A   |               |         | %                                     |   |                              |
|   |               |         | %                                     |   |                              |
|   |               |         | %                                     |   |                              |
|   |               |         | %                                     |   |                              |
|   |               |         | %                                     |   |                              |
| 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 (dd/mm/yyyy) | 3 Cost or other basis | 4 Depreciation allowed or allowable in prior years | 5 Method of computing depreciation | 6 Life or rate | 7 Depreciation for this year |
|---|------------------------------|-----------------------|--|------------------------------------|----------------|------------------------------|
| 1 Total additional first-year depreciation (do not include in items below) .....          |                              |                       |  |                                    |                | 0                            |
| 2 Other depreciation:   |                              |                       |  |                                    |                |                              |
| Buildings .....   | N/A                          |                       |  |                                    |                | 0                            |
| Furniture and fixtures .....  |                              |                       |  |                                    |                |                              |
| Transportation equipment .....  |                              |                       |  |                                    |                |                              |
| Machinery and other equipment .....   |                              |                       |  |                                    |                |                              |
| Other (specify) .....   |                              |                       |  |                                    |                |                              |
| 3 Other depreciation .....  |                              |                       |  |                                    |                |                              |
| 4 Total .....   |                              |                       |  |                                    |                | 0                            |
| 5 Amount of depreciation claimed elsewhere on return .....                                |                              |                       |  |                                    |                | 0                            |
| 6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a ..... |                              |                       |  |                                    |                |                              |

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

| <u>Description</u>      | <u>Amount</u> |
|-------------------------|---------------|
| BRIC INCOME - UNRELATED | \$ 23,750     |
| TOTAL                   | \$ 23,750     |

**Statement 2 - Form 109, Part II, Line 19 - Taxes Expense**

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| MEMBERSHIP DUES    | \$ 12         |
| TOTAL              | \$ 12         |

**Statement 3 - Form 109, Part II, Line 24 - Other Deductions**

| <u>Description</u>            | <u>Amount</u> |
|-------------------------------|---------------|
| OFFICE SUPPLIES AND EXPENSES  | \$ 968        |
| CONTRACTED SERVICES           | 663           |
| MERCHANDISE AND MARKETING     | 877           |
| INSURANCE AND BANK CHARGES    | 485           |
| ADMINISTRATION AND FACILITIES | 29,951        |
| TOTAL                         | \$ 32,944     |