## 2019

## **990**

## PUBLIC

# DISCLOSURE

			** PUBLIC DISCLOSURE COPY	* *	_				
	Ο	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047				
For		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	except private foundation					
•		of the Treasury	Do not enter social security numbers on this form as it may	ay be made public.	Open to Public				
Inter	nal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection				
				JUN 30, 2020					
В	Check if applicat			D Employer identific	ation number				
	Addr		CIATED STUDENTS, INC. OF CALIFORNIA E UNIVERSITY SAN MARCOS						
	chan Nam			33-055691	15				
	chan Initia	<u>~</u>	and street (or P.O. box if mail is not delivered to street address) Room/su						
	returi Final	222	S. TWIN OAKS VALLEY RD USU3700						
	returi termi ated	ñ-	pwn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,776,944.				
	Amer returi	nded SAN	MARCOS, CA 92096-0001	H(a) Is this a group re					
	Appli tion	F Name a	nd address of principal officer: ANNIE MACIAS, PH.D	for subordinates					
	pend		AS C ABOVE	H(b) Are all subordinates in					
		empt status:		527 If "No," attach a l	ist. (see instructions)				
			CSUSM.EDU/ASI	H(c) Group exemption					
		of organization:	X Corporation Trust Association Other 🕨 🛛 L Y	ear of formation: 1994 M	State of legal domicile: CA				
P	art I								
e	1	Briefly describ	e the organization's mission or most significant activities: ASSOCIAT	ED STUDENTS, 1	LNC. OF				
Jan			ERVES, ENGAGES, AND EMPOWERS STUDENTS						
Governance	2	Check this bo			sets. 18				
ĝ	3	3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5							
യ് ഗ									
Activities &	6		of volunteers (estimate if necessary)		038				
ctiv	7 a		d business revenue from Part VIII, column (C), line 12		0.				
∢			business taxable income from Form 990-T, line 39		0.				
				Prior Year	Current Year				
Ð	8	Contributions	and grants (Part VIII, line 1h)	0.	330,000.				
Revenue	9		ce revenue (Part VIII, line 2g)	2,282,699.	2,413,001.				
Seve	10		come (Part VIII, column (A), lines 3, 4, and 7d)	17,804.	33,943.				
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,300,503.	2,776,944.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
	I		to or for members (Part IX, column (A), line 4)	1,024,541.	848,714.				
Expenses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,024,541.	040,714.				
ben	loa		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 0 •	• •	0.				
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	968,975.	745,722.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,993,516.	1,594,436.				
	19		expenses. Subtract line 18 from line 12	306,987.	1,182,508.				
OL				Beginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	1,221,411.	2,375,344.				
t As	21		(Part X, line 26)	445,836.	417,261.				
			fund balances. Subtract line 21 from line 20	775,575.	1,958,083.				
	art II	•							
			I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is				
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.					

Sign		Signature of	officer			Date						
Here	ANNIE MACIAS, PH.D, EXECUTIVE DIRECTOR											
		Type or prin	t name and title									
	Prin	t/Type prepare	er's name		Preparer's signature		Date	Check		FIN		
Paid							02/18/	21 self-employed				
Preparer					AND ADVISORS, I		F	irm's EIN 🕨				
Use Only	Firm	ı's address 🕨	7676 HAZ	LARD CI	ENTER DRIVE, ST	re 1300		-				
			SAN DIEG	SO, CA	92108		F	Phone no. ( 61	9) 8	310-4	940	
May the IF	RS di	scuss this re	eturn with the pre	eparer show	n above? (s. e instructions)				X	Yes	No	
									,			

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Part III       Statement of Program Service Accomplishments         There is Standau Contains a response on note to any line in the Part III.         1       Briefly deaching the organization's mission:         10       PROME Standau Contains a response on note to any line in the Part III.         10       PROME Standau Contains a response on note to any line in the Part III.         11       Dift the organization is mission:         12       Of the organization undertake any significant program services during the year which were not listed on the proform 580 or 580+272.         12       Dift the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses.         14       "Next" describe these new services on Schedule 0.         14       (ref. 'is describe the exploring and service accomplishments for each of fis three largest program services, as measured by expenses.         14       (ref. 'is describe the exploring and service accomplishments for each of fis three largest program services accomplishments for each of asset program services.       2,413,4         14       (ref. 'is describe the exploring and service accomplishments for each of asset program services.       2,413,4         15       15 of 1640 organization are program services.       2,413,4         16       (ref. 'is describe the services.'' accompliant three program services.'' accompliant three program services.'' accompliant thre prof.'' accompliant thre program services.'	
1       Breitly describe the organization's mission: TO PROVIDE AN OPFICIAL VOICE TO EXPRESS STUDENT OFINIONS, TO POSTER AWARENESS OF STUDENT ISSUES AND TO PROFECT THE RIGHTS & INTERESTS O THE STUDENTS OF CALIFORNIA STATE UNIVERSITY SAN MARCOS.         2       Did the organization ounderlake any significant program services during the year which were not listed on the profer form 900 0900-27.       Yes         10       The organization case conducting, or make significant changes in how it conducts, any program services, as measured by exponses Section 5016(3) and 5016(4) organizations are equired to report the amount of grants and allocations to others, the total expenses, revenue, if any for each program service accomplishments for each of its three largest program services, as measured by exponses Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any for each program service accomplishments for each of its three largest program services, as measured by exponses Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any for each program service accomplishments for a chart any for any for the program services of STUDENTS.         40       Cote:       1 (Starters & 1 , 163, 420.         51       IST HE OPFICIAL VOICE TO EXPRESS STUDENT OPINIONS, POSTER AWARE OF STUDENT ISSUES, AND PROTECT THE RIGHTS & ND INTERESTS OF STUDENTS A VARIETY OF TO SERVE THEIR COMMUNITIES, ENGAGE IN THE DIVERSE LIFE OF THE UNIVERSITY, AND EMPOWER THEMSLIVES AS STUDENT LEADERS BY ENGAGING II THE FOLLOWING RERAS:         40       (coste) (reseases 1) (resease 1) (resease 1	
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4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 1,163,420.         Form 99 SEE SCHEDULE O FOR CONTINUATION(S)	
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Form 99 32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	
32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	_
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ASSOCI	ATED	STUDEN	NTS,	INC.	OF	CALIFORNIA
STATE	UNIVE	ERSITY	SAN	MARCO	DS	

### 33-0556915 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		~
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Δ
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			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Па		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	0000	X
93200	01-20-20	Form	<b>990</b> (	2019)
	4			

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Form 990 (2019)

Part IV Checklist of Required Schedules

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Form	1990 (2019) STATE UNIVERSITY SAN MARCOS 33-0556	<u>;915</u>	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			
		23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<u> </u>
240				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07	x	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
02		32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		00		x
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (	)		
a		4		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Х Form **990** (2019)

1c

5 2019.05050 ASSOCIATED STUDENTS, INC. O 20557\_01

932004 01-20-20

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Form	990 (2019) STATE UNIVERSITY SAN MARCOS 33-0556	915	Р	age <b>5</b>
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

#### ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

Form 990 (2019)

33-0556915 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	tion A. Governing Body and Management					
					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18	<u>1</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under t					Γ
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Γ
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		T
6	Did the organization have members or stockholders?			6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or a					t
74	more members of the governing body?			7a		
h				10		┢
b				76		
	persons other than the governing body?			7b	<u> </u>	┝
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
	The governing body?			8a	X	╞
	Each committee with authority to act on behalf of the governing body?			8b	X	╞
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal P	Revenue	e Code.)			_
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	X	Γ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	-			Γ
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					t
Ũ	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13	X	┢
14	Did the organization have a written document retention and destruction policy?			14	X	┢
				14		┢
15	Did the process for determining compensation of the following persons include a review and appro-		ldependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				v	
	The organization's CEO, Executive Director, or top management official			15a	X	╞
	Other officers or key employees of the organization			15b	1	
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150		
b				150		
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ement v	vith a	15b 16a		
b 16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
b  6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	ement v ate its p	vith a			
b 16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.	ement v ate its p anizatio	vith a participation n's			
b 16a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue	ement v ate its p anizatio	vith a participation n's	16a		
b 16a b Sect	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure	ement v ate its p anizatio	vith a participation n's	16a		
b 16a b Sect	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶CA	ement v ate its p anizatio	vith a participation n's	16a 16b	v) avai	
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b 16a b <b>Sec</b> t 17	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalue exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain X Other (explain)	ate its p anizatio and 990	vith a participation n's D-T (Section 501(c)( thedule O)	<b>16a</b> <b>16b</b> 3)s onl		la
b 16a b <b>Sec</b> t 17	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or Discourd to the state of the organization of the solution of the organization made its governing documents, or Describe on Schedule O whether (and if so, how) the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the organization made its governing documents, or Discourd of the organization of the org	ate its p anizatio and 990	vith a participation n's D-T (Section 501(c)( thedule O)	<b>16a</b> <b>16b</b> 3)s onl		la
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b 16a b <b>Sec</b> t 17 18	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other ( <i>explai</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	and 990 and for Scoord	vith a participation n's D-T (Section 501(c)( thedule O) of interest policy, a	<b>16a</b> <b>16b</b> 3)s onl		la
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b 16a b <b>Sec</b> t 17 18	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other ( <i>explai</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	ant and 990 and 990 and 990 and 990 conflict	vith a participation n's D-T (Section 501(c)( thedule O) of interest policy, a nd records ▶	16a 16b 3)s only	ncial	
b 16a b <b>Sec</b> 1 17 18 19	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other ( <i>explai</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b DIANA CUMMING, UNIVERSITY CONTROLLER - 760-750-44	ant and 990 and 990 and 990 and 990 conflict	vith a participation n's D-T (Section 501(c)( thedule O) of interest policy, a nd records ▶	16a 16b 3)s only		

#### Form 990 (2019) STATE UNIVERSITY SAN MARCOS 33-05 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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		) than	one	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer an		recio	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		/ee	mpen		(00-2/1033-10130)		and related
	below	d ual t	utiona	L_	mploy	st col	5			organizations
	line)	Indivi	In stitu	Officer	Key employee	Highest compensated employee	Former			0
(1) KENNETH TRAN	20.00	_	_							
PRESIDENT		Х		X				856.	14,774.	921.
(2) SAVANA DOUDAR	20.00									
FORMER PRESIDENT		X		X				338.	0.	0.
(3) MARIANA ROSALES	20.00									
EXECUTIVE VICE PRESIDENT		Х		X				518.	Ο.	0.
(4) MICHELLE TRAN	20.00									
VP OF STUDENT & UNIVERSITY AFFAIRS		Х		X				856.	12,764.	541.
(5) LUCAS DIAS	20.00									
FORMER VP OF STUDENT & UNIVERSITY AF		Х		Х				338.	0.	0.
(6) JAE FREEMAN	20.00									
CHAIR AND CHIEF OF STAFF		Х		Х				518.	0.	0.
(7) NICHOLAS BROWN	5.00									
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(8) NASELI FOTOOHI	5.00									
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(9) MANE TELPIAN	5.00									
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(10) JUAN ACEVES	5.00								_	_
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(11) PAULETTE CRUZ	5.00								_	_
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(12) AILED TORRES	5.00								_	_
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(13) FAITH MARIE GARICA	5.00								_	_
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(14) MUTULA OLIVIER KWANGABA	5.00									
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(15) HANNAH SHOHARA	5.00									
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(16) CELESTE ESPINDOLA	5.00									
STUDENT REPRESENTATIVE		Х						338.	0.	0.
(17) ALEXA DIAZ	5.00									
STUDENT REPRESENTATIVE		Х						338.	0.	0.
932007 01-20-20										Form <b>990</b> (2019)

932007 01-20-20

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Form 990 (2019)

STATE UNIVERSITY SAN MARCOS

33-0556915 Page 8

Form 990 (2019) STATE UN	IVERSITY	Y S	SAI	1 1	<b>IAI</b>	RCC	ວຣ		33-055	591	5 р	'age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos	ition	1		Reportable	Reportable		Estimat	ed
	hours per	box	, unle	ss pe	rson	than is bot	h an		compensation	6	amount	of
	week	offi	cer an	nd a d	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	со	mpensa	ation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC)		from th	
	related organizations	ustee	truste		a	bensi		(W-2/1099-MISC)			rganiza	
	below	ual tru	onal		ploye	t com					ind relation	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				ganizat	10115
(18) ESTEFANIA FRATICELLI	5.00				$\leq$	1 0				1		
STUDENT REPRESENTATIVE		x						338.	0	•		0.
(19) MICHAEL JONES	5.00											
STUDENT REPRESENTATIVE		X						338.	0	•		0.
(20) EMILY BORGESON	5.00											
STUDENT REPRESENTATIVE		Х						338.	0	•		0.
(21) INIQUE WILSON	5.00											
STUDENT REPRESENTATIVE		Х						338.	0	•		0.
(22) RYLEE SPENCER	5.00							220	0			•
STUDENT REPRESENTATIVE		X						338.	0	•		0.
(23) SHOVAN VATANDOUST	5.00	x						338.	0			0.
STUDENT REPRESENTATIVE (24) DEVON KIMBROUGH	5.00							530.	0	•		0.
STUDENT REPRESENTATIVE	5.00	x						338.	0			0.
(25) ARIANNA CAMINO	5.00	111							0	•		<u> </u>
STUDENT REPRESENTATIVE		x						254.	0			0.
(26) NICK LAVELY	5.00											
STUDENT REPRESENTATIVE		x						254.	0			0.
1b Subtotal								10,016.	27,538			62.
c Total from continuation sheets to Part V								2,282.	123,548		49,4	
d Total (add lines 1b and 1c)								12,298.	151,086	•	50,8	81.
2 Total number of individuals (including but n								received more than \$100	,000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any <b>former</b> officer,												
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su									the organization			
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or a	-				-			-				v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .				5		X
· · · · · · · · · · · · · · · · · · ·	mpoppoted in	done	ando	nt o	onti	rootr		that reactived more than	\$100,000 of compor	ontion	a from	
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	-	-								1541101	THOM	
(A)	the objected y	our	oniai	ng v	vicii	01 10		(B)			(C)	
Name and business	address	N	ONE	Ξ				Description of s	ervices		pensatio	n
							_					
							_					
								<u> </u>				
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stee	d above) who received m	ore than			
\$100,000 of compensation from the organi					(	0						
SEE PART VII, SECTIO	A CON	<b>TI</b>	NUZ	AT ]	101	N S	SH	EETS		Forr	m <b>990</b> (	2019)

932008 01-20-20

9

#### ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

#### 33-0556915

Part VII Section A. Officers, Directors, Tructees, Key Employees, and Highest Compensation Employees (continued)           (A)         Name and title         (b)         (c)         (c) <th(c)<< th=""><th>Form 990 STATE UN</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>33-055</th><th>6915</th></th(c)<<>	Form 990 STATE UN									33-055	6915
(A) Name and tile         (B) (P) (sheek all that apply) (sheek all that apply) (s		ustees, Key Er	nplo	byee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
Name and Itie     Average hor per werk (ist any, below below below below structure REPRESENTATIVE     Position (the compensation organization below below below structure REPRESENTATIVE     Reportable compensation for the organization (W2/1099.MISC)     Estimated amount of the organization organizations       (27) KETH LIN STUDENT REPRESENTATIVE STUDENT REPRES											(F)
per (lit ary related below below strucestr APTRESENTATIVE     per (lit ary related below below ineq)     to image if generation generation (W2/1099-MISC)     to image if generation (W2/1099-MISC)     other compensition (W2/1099-MISC)       (27) KETW LIN     5.00     X     338.     0.     0.       (27) KETW LIN     5.00     X     338.     0.     0.       (23) GABESEIG OPERADA     5.00     X     338.     0.     0.       (23) GABESEIG OPERADA     5.00     X     338.     0.     0.       STUDENT REPRESENTATIVE     X     254.     0.     0.       STUDENT REPRESENTATIVE     X     0.     123,548.     49,419.       STUDENT REPRESENTATIVE     I     I     I     I     I       STUDENT REPRESENTATIVE							I		Reportable	Reportable	
weak inentiation bolow inentiation inentiation         inentiation inentiation bolow inentiation         inentiation inentiation inentiation         inentiation inentiation         inentiation inentiation         inentiation inentiation         inentiation inentiation         inentiation inentiation         inentiation inentiation         inentiation inentiation         inentiation inentiation         inentiation         inentiation <thinentiation< th="">         inentiation&lt;</thinentiation<>		hours	(cł	neck	k all t	that	арр	ly)	compensation	compensation	amount of
Idia any related organizations below inen         information informations below inen         information informations informatinfore informations informations informations informationi		per									other
(27) KEITH LIN       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       5.00       x       338.       0.       0.         (30) SELESE HOLT       5.00       x       338.       0.       0.         (31) SALESE HOLT       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         (34) ANNIE MACIAS       40.00       x       0.       123,548.       49,419.		week	_				oyee				
(27) KEITH LIN       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       5.00       x       338.       0.       0.         (30) SELESE HOLT       5.00       x       338.       0.       0.         (31) SALESE HOLT       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         (34) ANNIE MACIAS       40.00       x       0.       123,548.       49,419.		(list any	irecto				empl			(W-2/1099-MISC)	
(27) KEITH LIN       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       5.00       x       338.       0.       0.         (30) SELESE HOLT       5.00       x       338.       0.       0.         (31) SALESE HOLT       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         (34) ANNIE MACIAS       40.00       x       0.       123,548.       49,419.		rolated	e or d	tee			sated		(00-2/1099-00150)		, i i i i i i i i i i i i i i i i i i i
(27) KEITH LIN       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       5.00       x       338.       0.       0.         (30) SELESE HOLT       5.00       x       338.       0.       0.         (31) SALESE HOLT       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         (34) ANNIE MACIAS       40.00       x       0.       123,548.       49,419.		organizations	ruste	l trus		vee	mpen				
(27) KEITH LIN       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       5.00       x       338.       0.       0.         (30) SELESE HOLT       5.00       x       338.       0.       0.         (31) SALESE HOLT       5.00       x       338.       0.       0.         STUDENT REPRESENTATIVE       x       338.       0.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         STUDENT REPRESENTATIVE       x       254.       0.       0.         (34) ANNIE MACIAS       40.00       x       0.       123,548.       49,419.		below	dual t	utiona		mploy	st coi	5			organizationo
(27) ELTH LIN     5.00     X     338.     0.     0.       (28) GENESSIS QUEZADA     5.00     X     338.     0.     0.       (28) GENESSIS QUEZADA     5.00     X     338.     0.     0.       STUDENT REPRESENTATIVE     X     338.     0.     0.       STUDENT REPRESENTATIVE     X     338.     0.     0.       STUDENT REPRESENTATIVE     X     338.     0.     0.       (30) ELTEE HOIT     5.000     X     338.     0.     0.       (31) RICHARD BAGU     5.000     X     338.     0.     0.       (31) RICHARD BAGU     5.000     X     338.     0.     0.       (31) RICHARD BAGU     5.000     X     338.     0.     0.       (32) STIM PELAYO     5.000     X     338.     0.     0.       STUDENT REPRESENTATIVE     X     254.     0.     0.       STUDENT REPRESENTATIVE     X     0.     123,548.     49,419.       STUDENT REPRESENTATIVE		line)	Indivi	Institu	Office	Key ei	Highe	Forme			
C281 GENESSIS GENERAL         5.00         X         338.         0.         0.           STUDENT REPRESENTATIVE         5.00         X         338.         0.         0.         0.           STUDENT REPRESENTATIVE         X         338.         0.         0.         0.         0.           STUDENT REPRESENTATIVE         X         254.         0.         0.         0.           STUDENT REPRESENTATIVE         X         0.         123,548.         49,419.           STUDENT REPRESENTATIVE         X         0.         123,548.	(27) KEITH LIN	5.00									
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(29) GABBI GARCIA       5.00       X       338.       0.       0.         STUDEWY REPRESENTATIVE       X       254.       0.       0.         STUDEWY REPRESENTATIVE       X       0.       123,548.       49,419.         STUDEWY STREE       X       0.       123,548.       49,419.         STUDEWY       X       X       X       0.       123,548.         STUDEWY </td <td>(28) GENESSIS QUEZADA</td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(28) GENESSIS QUEZADA	5.00									
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(31) RICHARD BAGU     5.00     x     338.     0.     0.       STUDENT REPRESENTATIVE     5.00     x     338.     0.     0.       STUDENT REPRESENTATIVE     x     254.     0.     0.       STUDENT REPRESENTATIVE     x     0.     123,548.     49,419.	(30) ELIESE HOLT	5.00									
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(32) TIM PELAYO     5.00     X     338.     0.     0.       (33) SHAB SHKOKANI     5.00     X     254.     0.     0.       (34) ANNE MACLAS     40.00     X     0.     123,548.     49,419.       EXECUTIVE DIRECTOR/ADVISOR TO BOARD     X     0.     123,548.     49,419.		5.00									
STUDENT REPRESENTATIVE     X     338.     0.     0.       (3) SHAHD SHROKANI     5.00     X     254.     0.     0.       STUDENT REPRESENTATIVE     X     0.     123,548.     49,419.       EXECUTIVE DIRECTOR/ADVISOR TO BOARD     X     0.     123,548.     49,419.			х						338.	0.	0.
(33) SHAHD SHKOKANI     5.00     X     254.     0.     0.       STUDENT REPRESENTATIVE     40.00     X     0.     123,548.     49,419.		5.00	v						220	0	0
STUDENT REPRESENTATIVE     X     254.     0.     0.       (34) ANNIE MACIAS     40.00     X     0.     123,548.     49,419.       EXECUTIVE DIRECTOR/ADVISOR TO BOARD     X     0.     123,548.     49,419.		<b>F</b> 00	^						530.	0.	0.
(34) ANNIE MACIAS     40.00     x     0.     123,548.     49,419.       EXECUTIVE DIRECTOR/ADVISOR TO BOARD		5.00	v						254	0	0
EXECUTIVE DIRECTOR/ADVISOR TO BOARD       X       0.       123,548.       49,419.		10 00	^						204.	0.	0.
		40.00			v				0	123 5/8	19 119
Image: Construction of the section	EXECUTIVE DIRECTOR/ADVISOR TO BOARD								0.	123,340.	49,419.
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c       2, 282.       123, 548.       49, 419.											
Total to Part VII, Section A, line 1c											
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Image: Constraint of the section A, line 1c       2,282.       123,548.       49,419.											
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Total to Part VII, Section A, line 1c       2, 282.       123, 548.       49, 419.											
Total to Part VII, Section A, line 1c       2,282.       123,548.       49,419.											
Total to Part VII, Section A, line 1c       2,282.       123,548.       49,419.											
Total to Part VII, Section A, line 1c       2,282.       123,548.       49,419.											
Total to Part VII, Section A, line 1c     2,282.     123,548.     49,419.		1									
Total to Part VII, Section A, line 1c     2,282.     123,548.     49,419.											
Total to Part VII, Section A, line 1c       2,282.       123,548.       49,419.											
Total to Part VII, Section A, line 1c         2,282.         123,548.         49,419.											
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Total to Part VII, Section A, line 1c         2,282.         123,548.         49,419.											
Total to Part VII, Section A, line 1c         2,282.         123,548.         49,419.											
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A, line 1c		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	2,282.	123,548.	49,419.

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Form 990 (2019)

ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

Pa	rt V							
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
is ts	1	2	Federated campaigns 1a					
ran			Membership dues 1b		1			
₹ MuG			Fundraising events		1			
ar /			Related organizations 1d		1			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
r Si			All other contributions, gifts, grants, and		1			
the				330,000.				
d Otri		g	Noncash contributions included in lines 1a-1f		1			
aŭ		h	Total. Add lines 1a-1f	►	330,000.			
				Business Code				
e	2	а	STUDENT FEES		2,199,712.	2,199,712.		
Program Service Revenue		b	STUDENT ACTIVITIES	900099	213,289.	213,289.		
n Se		с						
ran Rev		d						
rog		е						
₽			All other program service revenue		0 412 001			
		g	Total. Add lines 2a-2f		2,413,001.			
	3		Investment income (including dividends, intere		22 042			22 042
			other similar amounts)		33,943.			33,943.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	~	_		(II) Personal	-			
	0		Gross rents 6a		-			
			Less: rental expenses 6b Rental income or (loss) 6c		-			
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory <b>7a</b>		-			
		h	Less: cost or other basis		1			
e		~	and sales expenses					
Revenue		с	Gain or (loss) 7c		1			
Re			Net gain or (loss)					
Jer	8		Gross income from fundraising events (not	1				
G			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
				🕨				ļ
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a		-			
			Less: direct expenses 9b					
				🕨				
	10	а	Gross sales of inventory, less returns					
		<b>I</b> 4	and allowances 10a	1	-			
			Less: cost of goods sold 10b	1				
		C	Net income or (loss) from sales of inventory	Business Code				
snc	11	2		Busiliess Code				
nue		a b						
ella svei		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		2,776,944.	2,413,001.	0.	33,943.
93200	9 01	1-20						Form <b>990</b> (2019)

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2019.05050 ASSOCIATED STUDENTS, INC. O 20557\_01

	990 (2019) STATE UNIVE	RSITY SAN MA	RCOS		556915 Page <b>10</b>
	t IX Statement of Functional Expens on 501(c)(3) and 501(c)(4) organizations must com		or organizations must -	amploto colume (A)	
Secu					X
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	12,298.	12,298.		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	783,796.	632,103.	151,693.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	50 600	12 100	0 1 0 0	
10	Payroll taxes	52,620.	43,498.	9,122.	
11	Fees for services (nonemployees):				
	Management	1 520	2 6/1	1 0 0 7	
	Legal	4,538. 147,946.	2,641.	1,897. 147,946.	
	Accounting	14/,940.		147,940.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
y	column (A) amount, list line 11g expenses on Sch 0.)	66,050.		66,050.	
12	Advertising and promotion				
13	Office expenses	14,388.	24.	14,364.	
14	Information technology	,		,	
15	Royalties				
16	Occupancy				
17	Travel	26,099.	21,513.	4,586.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	666.		666.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,386.		8,386.	
23	Insurance	7,319.		7,319.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STUDENT ACTIVITIES	424,999.	421,655.	3,344.	0.
b	OTHER EXPENSES	22,448.	16,571.	5,877.	0.
с	OTHER RENTAL AND LEASE	13,117.	13,117.	0.	0.
d	PROFESSIONAL DEVELOPMEN	9,766.	0.	9,766.	0.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,594,436.	1,163,420.	431,016.	0.
26	$\ensuremath{\textbf{Joint costs}}$ . Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Check here

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if following SOP 98-2 (ASC 958-720)

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Form **990** (2019)

2019.05050 ASSOCIATED STUDENTS, INC. O 20557\_01

Form 990 (2019)
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STATE UNIVERSITY SAN MARCOS

33-0556915 Page 11

	n 990 (2 rt X			N MARCOD		55	0556915 Page 1
		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
		· ·	y		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,300.	1	1,300
	2	Savings and temporary cash investments			484,468.	2	338,027
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		722,088.	4	2,003,273	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
ខ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
¥	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	78,354.			
	b	Less: accumulated depreciation		45,610.	10,555.	10c	32,744
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,000.	15	0	
	16	Total assets. Add lines 1 through 15 (must equ			1,221,411.	16	2,375,344
	17	Accounts payable and accrued expenses		8,222.	17	9,607	
	18	Grants payable			18		
	19	Deferred revenue		58,017.	19	42,549	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
Ŗ	22	Loans and other payables to any current or forr	ner officer,	director,			
		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
LIADIIILIES		controlled entity or family member of any of the	se persons			22	
1	23	Secured mortgages and notes payable to unrela	ated third p	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to i	elated third			
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X			
		of Schedule D			379,597.	25	365,105
	26	Total liabilities. Add lines 17 through 25			445,836.	26	417,261
S		Organizations that follow FASB ASC 958, che	eck here 🕽	X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			775,575.	27	1,958,083
ñ	28	Net assets with donor restrictions				28	
n		Organizations that do not follow FASB ASC 9	958, check	here 🕨			
5		and complete lines 29 through 33.					
ŝ	29	Capital stock or trust principal, or current funds				29	
220	30	Paid-in or capital surplus, or land, building, or eq	quipment f	und		30	
ΪA	31	Retained earnings, endowment, accumulated in				31	
Se	32	Total net assets or fund balances			775,575.	32	1,958,083 2,375,344
_		Total liabilities and net assets/fund balances			1,221,411.	33	

932011 01-20-20

ASSOCI	LATED	STUDE	ıτs,	INC.	OF	CALIFORNIA
STATE	UNIVE	ERSITY	SAN	MARCO	DS	

#### Part XI Reconciliation of Net Assets ..... ntair

Form 990 (2019)

	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,776,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,594,436.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,182,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	775,575.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,958,083.
Do	rt VII Financial Otatamanta and Danasting		

#### Part XII Financial Statements and Reporting

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

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

Form **990** (2019)

932012 01-20-20

SCHE	DULE A		Dublic Cha		<b>.</b>					OMB No. 1545-0047
(Form 9	90 or 990-EZ)		Public Cha omplete if the organ							2019
				17(a)(1) none				or a section		2013
Department Internal Reve	of the Treasury enue Service		► Go to www.irs.gov	Attach to Fo				nformation		Open to Public Inspection
Name of	the organizati		CIATED STU						Employer	identification number
	J		E UNIVERSI							3-0556915
Part I	Reason		Charity Status (/				is part.) S	ee instruction		
The organ	nization is not a	n private found	lation because it is: (	For lines 1 th	nrough 12, d	check only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churche	es describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Scheo	dule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service orga	anization des	scribed in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4	A medical res	earch organiz	ation operated in co	njunction wit	h a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,
	city, and stat									
5	-	-	or the benefit of a co	llege or unive	ersity owne	d or opera	ted by a g	overnmental	unit descrik	bed in
<u> </u>			Complete Part II.)				70/1-1/41/41	M- A		
6 7			vernment or governm							nublic descuibed in
7			Illy receives a substa omplete Part II.)	ntial part of I	ts support	from a gov	ernmenta	I unit or from t	ine general	public described in
8			ed in section 170(b)		molete Par	+ 11 )				
9	-		ganization described		-	-	ed in conii	inction with a	land-grant	college
Ū			grant college of agric							
	university:		, and concego of agric				,	,		,
10		on that norma	Ily receives: (1) more	than 33 1/3	% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
	activities rela	ted to its exen	npt functions - subje	ct to certain	exceptions,	, and (2) no	o more tha	an 33 1/3% of	its suppor	t from gross investment
	income and ι	inrelated busi	ness taxable income	(less section	n 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
	See section	<b>509(a)(2).</b> (Co	mplete Part III.)							
11	An organizati	on organized	and operated exclus	ively to test f	for public sa	afety. See	section 5	09(a)(4).		
12 X	An organizati	on organized a	and operated exclus	ively for the b	benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	supported or	ganizations describe	ed in <b>section</b>	<b>509(a)(1)</b> o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in
		-	describes the type c		-				-	
а			anization operated, s							
			on(s) the power to re			a majority	of the dire	ctors or trust	ees of the s	supporting
	-		complete Part IV, Se							
b			anization supervised					-		-
		0	of the supporting organities of the support of the			ame perso	ons that c	ontrol or mana	age the sup	portea
c X		. ,	egrated. A supporting			in connec	tion with	and functions	ally integrat	ed with
U 1	51	-	n(s) (see instructions		-				iny integrat	eu with,
d		0	y integrated. A supp		-			-	rted organi	ization(s)
u			egrated. The organiz	0 0	•				Ũ	
		2	ions). You must con	0	2			•		
е		,	anization received a	•	,				e II, Type III	
			r Type III non-functio							
f Ent	er the number	of supported of	organizations							1
			about the supporte							
	(i) Name of supp		(ii) EIN	(iii) Type of o (described or		(IV) Is the orga in your governi	inization listed ing document?	(v) Amount o	•	(vi) Amount of other
	organizatior			above (see in		Yes	No	support (see ii	istructions)	support (see instructions)
		00			F	v			0	624 150
<u>CSU 5</u>	SAN MARC	05	33-0535371		5	X			0.	634,158.
Total									0.	634,158.
LHA For	Paperwork Re	duction Act N	lotice, see the Instr	uctions for I			932021 09	-25-19 Sche	dule A (For	rm 990 or 990-EZ) 2019
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### Schedule A (Form 990 or 990 EZ) 2019 STATE UNIVERSITY SAN MARCOS

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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.)

Sec	ction A. Public Support			-		-	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						1
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and <b>stop</b>	-					
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2019 (I			column (f))		14	%
	Public support percentage from 2018					15	%
	<b>33 1/3% support test - 2019.</b> If the c						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2018.</b> If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
				,,,,		edule A (Form 990	

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#### Schedule A (Form 990 or 990 EZ) 2019 STATE UNIVERSITY SAN MARCOS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						🕨
	ction C. Computation of Publ						
15	Public support percentage for 2019 (	ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2019. If the					33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a						►
b	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-19			, ·, <b>2</b>			0 or 990-EZ) 2019
				17			,
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Schedule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY SAN MARCOS

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

х

No

Х

Х

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		х	
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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			v
	supported organizations played in this regard.	3		X
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а	X The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	Х	
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	х	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	30		
L.		3a		
ά	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ok		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0040
93202	5 09-25-19 Schedule A (Form 9	90 or 95	70-⊑∠)	2019

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	dule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY SAN MA			33-0556915 Page <b>6</b>
Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

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#### ASSOCIATED STUDENTS, INC. OF CALIFORNIA Schedule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY SAN MARCOS

Pa	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	е	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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ASSOCIATED STUDENTS, INC. OF CALIFORNIA Schedule A (Form 990 or 990-EZ) 2019 STATE UNIVERSITY SAN MARCOS

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

SECTION E, LINE 2A:

THE ORGANIZATION HAS ONE SUPPORTED ORGANIZATION, WHICH IS CALIFORNIA

STATE UNIVERSITY SAN MARCOS, "CSUSM". THE ORGANIZATION'S GOVERNING

DOCUMENTS SPECIFICALLY STATE THAT THE PURPOSE OF THE ORGANIZATION IS TO

BENEFIT THE STUDENTS OF CSUSM.

THE ORGANIZATION PROVIDES AN EMAIL TO A PRINCIPAL OFFICER OF THE UNIVERSITY WHICH DESCRIBES THE FINANCIAL SUPPORT THAT WAS PROVIDED TO THE UNIVERSITY BY THE ORGANIZATION, IN ADDITION TO PROVIDING A COPY OF THE TAX RETURN AN EMAIL LINK IS PROVIDED FOR WHICH THE PRINCIPAL CAN ACCESS THE GOVERNING DOCUMENTS.

OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE ELECTED AND/OR APPOINTED TO THE BOARD. CSUSM MAINTAINS A CLOSE WORKING RELATIONSHIP WITH THE ORGANIZATION. DUE TO THIS CLOSE WORKING RELATIONSHIP, THE CAMPUS PRESIDENT HAS FINAL AUTHORITY OVER THE OPERATION OF THE AUXILIARY, INCLUDING IT'S ASSETS.

THE ORGANIZATION ADMINISTERS VARIOUS STUDENT PROGRAMS AND ACTIVITIES. STUDENT ACTIVITY FEES AND OTHER REVENUES ARE COLLECTED FOR THE SUPPORT OF STUDENT-RELATED PROGRAMS, STAFF SALARIES AND FOR THE ACQUISITION OF ASSETS THAT BENEFIT THE STUDENT BODY.

SECTION E, LINE 2B: ALL OF THE ACTIVITIES DIRECTLY FURTHER THE MISSION OF CSUSM AND WOULD BE CARRIED OUT BY CSUSM IF NOT FOR THE INVOLVEMENT OF THE ORGANIZATION.

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#### Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

33-0556915

STATE UNIVERSITY SAN MARCOS

Filers of:	Sect	ion:
Form 990 or 990-EZ	Х	501(c)( 3) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

ASSOCIATED STUDENTS, INC. OF CALIFORNIA

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

Name of organization

ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS Employer identification number

33-0556915

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>330,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

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	cash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	Ì
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		 \$	
(a)		Φ	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—   <u>—</u>		¢	
		\$	990, 990-EZ, or 990-PF)

Name of organization

ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

Employer identification number

33-0556915

Page 3

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	organization			Employer identification number
	IATED STUDENTS, INC. OF	CALIFORNIA		
Part III	UNIVERSITY SAN MARCOS Exclusively religious, charitable, etc., contribution	no to organizations described in	a contian 501(a)(7) (9) or (10	33 - 0556915
Fartin	from any one contributor. Complete columns (a) th	arough (e) and the following line e	entry For organizations	
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 o	<b>r less</b> for the year. (Enter this info. on	nce.)
(a) No. from				evinties of here with in held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	[ .			
	.			
Ì	· ·	(e) Transfer of g	jift	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
( ) ) )				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		., -		
		(e) Transfer of g	ift	
	Transferee's name, address, and	7IP ± 4	Relationship of tr	ansferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	.			
	·			
	I	(e) Transfer of g	I	
		., -		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
		[		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		., -		
		(e) Transfer of g	ift	
	Transferee's name, address, and	<b>ZI</b> P + 4	Relationship of tra	ansferor to transferee
923454 11-0	  6-19		Cabadula	e B (Form 990, 990-EZ, or 990-PF) (2019
520-04 11-00		26	Schedule	5 B (FORT 930, 930-EZ, 0F 930-FF) (2019
300218	B 310575 20557.002 20	19.05050 ASSOC	IATED STUDENT	S, INC. O 20557_01

SC	HEDULE D	Supplement	al Financial Statement	s	ŀ	OMB No. 1545	-0047
	n 990)		anization answered "Yes" on Form 990			201	g
, Derest	, 	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	2b.		Open to P	ublic
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest inform			Inspection	า
Nam	e of the organization		S, INC. OF CALIFORNIA	A		identification	
D		STATE UNIVERSITY S				3-055691	.5
Pa		•	ed Funds or Other Similar Fund	s or Ad	ccounts.	Complete if the	
	organization ar	nswered "Yes" on Form 990, Part IV, lir	ie 6. (a) Donor advised funds	(h	) Funds and	other account	.6
1	Total number at and a	of voor		u)	n unus and		.5
2		of year ontributions to (during year)					
3		ants from (during year)					
4		nd of year					
5			writing that the assets held in donor advi	sed fund	ds		
-	-		exclusive legal control?			Yes	No
6			advisors in writing that grant funds can be				
			or donor advisor, or for any other purpose				
	impermissible private	benefit?				Yes	No
Pa	t II Conservati		ganization answered "Yes" on Form 990,				
1	Purpose(s) of conserv	vation easements held by the organizat	ion (check all that apply).				
	Preservation of	land for public use (for example, recrea	ation or education) Preservation or	f a histor	rically impor	tant land area	
	Protection of na	atural habitat	Preservation o	f a certifi	ied historic s	structure	
	Preservation of	open space					
2	•	ough 2d if the organization held a quali	fied conservation contribution in the form	of a cor			
	day of the tax year.					it the End of the	Tax Year
а					2a		
b					2b		
c			ructure included in (a)	F	2c		
d			after 7/25/06, and not on a historic struct				
~					2d		
3		ion easements modified, transferred, re	leased, extinguished, or terminated by th	e organi	zation durin	g the tax	
4	year	 ere property subject to conservation ea					
5			riodic monitoring, inspection, handling of				
5	e e	ement of the conservation easements	<b>.</b>			Yes	No
6	,		handling of violations, and enforcing cor				
•						e aan ig ine je	
7	Amount of expenses i	- incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation eas	sements dur	ing the year	
	▶\$	<u>, i </u> ,				0	
8	Does each conservati	ion easement reported on line 2(d) abo	ve satisfy the requirements of section 170	D(h)(4)(B)	)(i)		
	and section 170(h)(4)(	(B)(ii)?				Yes	No
9			ion easements in its revenue and expens				
	balance sheet, and in	clude, if applicable, the text of the foot	note to the organization's financial staten	nents tha	at describes	the	
	organization's accoun	nting for conservation easements.					
Pa			f Art, Historical Treasures, or C	Other S	Similar As	sets.	
		e organization answered "Yes" on Forn					
1a	0	, I	58, not to report in its revenue statement				
			blic exhibition, education, or research in f		ice of public		
			ncial statements that describes these ite				
b			58, to report in its revenue statement and				
			c exhibition, education, or research in fur	nerance	of public se	ervice,	
		amounts relating to these items:					
2	(ii) Assets included in		asures or other similar assets for financi				
2			easures, or other similar assets for financi	ai yairi, p	JUVIGE		
а		s required to be reported under FASB A	ASC 958 relating to these items:		▶ \$		
		iction Act Notice, see the Instruction				lule D (Form 9	90) 2019
	1 10-02-19				001100		, _0,0
_ 0200			27				

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Schedule 0.Form 990 2013         STATE UNIVERSITY SAN MARCOS         33-0556915         Page 2           9         Using the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(zontinued)         a           10         Loan or exchange program         collection terms (check all that apply):         a         Public exhibition         d         Loan or exchange program           10         Scholarly research         e         Other         Collection terms (check all that apply):           11         Provide a description of the organization sole colloans and explain how they further the organization's exempt purpose in Part XIII.         During the year, (dit the organization and exchange program term space) Types of the state that assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on form 990, Part XII.         Yes         No           11         Is the organization answered 'Yes' on form 990, Part XII.         Yes         No           12         Is the organization answered 'Yes' on form 990, Part XII.         Yes         No           12         Is the organization answered 'Yes' on form 990, Part XII.         Yes         No           13         Is the organization answered 'Yes' on form 990, Part XII.         Yes         No           14         Is the organization answered 'Yes' on form 990, Part XII.         Yes.         No           14			TED STUDEN				LIFORN				-
Jusing the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tens (check all that apply):											
collection terms (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research c Provide adscription of the organization sciencitons and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization sciencitons and explain how they further the organization sectored and the organization scienciton? Ves No Part W Escrow and Custodial Arrangements. Complete if the organization scienciton? Ves No Part W Escrow and Custodial Arrangements. Complete if the organization scienciton? Ves No b if 'Yes,' explain the arrangement in Part XIII and complete the following table: C Begring balance 4 diaditions during the year 1 diaditions during the year 2 bif the organization and the organization scienciton? Ves No b if 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part W Endowment Funds. Complete if the organization and unity? Ves No b Hortys,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part W Endowment Funds. Complete if the organization and unity? Ves No b Hortys,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part W Endowment Funds. Complete if the organization science in the explanation in the presentable (e) Four years back (d) Three years back (d) Thre	Par									continue	ed)
a Public exhibition b Scholarly research c Preservation for future generations c Previde a description of the organization's acolections and explain how they further the organization's exempt purpose in Part XIII. C During the year, did the organization scale cere's de dantiaton of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization assets of the organization answered "Yes" on Form 90, Part IV, line 9, or reported an amount on Form 900, Part X, line 21.  1 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.  2 Beginning balance C Beginning of year balance C Beginning o	3		sion, and other record	ds, che	ck any of t	he followir	ng that make	significant us	se of its		
b Scholarly research c Preservation for future generations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's oxempt purpose in Part XIII. Diving the year, did the organization sole of receive donations of art, historical ireasures, or other similar assets to be sole to raise tunds rather than to be maintained as part of the organization collection? Ves No Part V Escrow and CutStofial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21, Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21, for escrow or outstodal account line under the distribution of the massets not included on Form 990, Part X, line 21, for escrow or outstodal account line line ' c Beginning balance c Beginning balance c Beginning of year balance c Begi		( 11 ))									
c Preservation for future generations 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'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 Exercise And Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or 1 a Is the organization an agent. Twistee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X / Ine 21.      Beginning balance     deginning balance     deginning the year     defined an amount on Form 990, Part X, line 21, for escrow or custodial account liability Yes No     b Ir 'Yes' replain the arrangement in Part XIII and complete the following table:     defined and the year explained he arbanegement in Part XIII and 21, for escrow or custodial account liability Yes No     b Ir 'Yes' replain the arrangement in Part XIII and 21, for escrow or custodial account liability Yes No     b Ir 'Yes' replain the arrangement in Part XIII Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.     defined organizations     defined organizations     defined organization answered 'Yes' on Form 990, Part IV, line 10.     defined organization     defined organization answered 'Yes' on Form 990, Part IV, line 10.     defined organization     defined organization answered 'Yes' on Form 990, Part IV, line 10.     defined organization	а	Public exhibition	c	1		• •	0				
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection? Yes No Part W Escrew and Custodial Arrangements. Complete if the organization's collection? Yes 'on Form 990, Part X, line 2,     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is a list erganization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is difficult erganization include an amount on Form 990, Part X, line 21.     Distributions during the year     Is     Distributions     If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Fundes. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.     Distributions     If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Fundes. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.     So Contributions     If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Bard designated or quarisation answered 'Yes' on Form 990, Part X, line 10.     So Contributions     If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Bard designated or quarisation answered 'Yes' on Form 990, Part X, line 10.     So Contributions     Is Part Y Is intermediate Y and Part Y, line 10.	b		e	•	Other						
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     Type TV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 930, Part IV, line 9, or     reported an answert on Form 930, Part X, line 21.     The answert answert on Form 930, Part X, line 21.     Star organization answered in custodial or other intermediary for contributions or other assets not included     on Form 930, Part X?     Yes No     If "Yes," explain the arrangement in Part XIII and complete the following table:         Te depinning balance         C Beginning balance         C Diff Use, "explain the arrangement in Part XIII and complete the following table:         Te det         Additions during the year         C Beginning balance         C Beginning balance         C Beginning balance         C Beginning balance         C Contributions         Complete Jif the organization answered "Yes" on Form 990, Part IV, line 10         Contributions         Contrel explanned         Co	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part XI, line 21.         The is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI.         Yes         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Yes         No           c         Beginning balance         1d         Amount         1d         Id	4	Provide a description of the organization's of	collections and explai	in how	they furthe	er the orga	nization's exe	empt purpos	e in Part XI	11.	
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X (line 21.       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Yes       No         c Beginning balance       1d       Amount       1d         d Additions during the year       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 haswered "Yes" on Form 990, Part XI, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation haswered "Yes" on Form 990, Part XI, line 10.       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10.         1a Beginning of year balance       [a] Current year       (b) Prior year       (c) Two years back (d) Three years back in the explanation has been provided on Part XIII.         2 Arother explanations       [a] Current year       (b) Prior year       (c) Two years back in the explanation answered "Yes" on Form 990, Part XI, line 10.         3 Grants or scholarships	5	During the year, did the organization solicit	or receive donations	of art, I	historical t	reasures, o	or other simila	ar assets			
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 980, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:				0							No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X /// Set No       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediate intermedintermediate intermedinte intermediate intermediate intermediate i	Pai			ete if th	ne organiza	ation answ	ered "Yes" o	n Form 990,	Part IV, line	9, or	
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c Beginning balance       Image: Complete the following table:       Image: Com											
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <b>A</b> mount <b>A</b> defining balance <b>A</b> defining balance <b>A</b> defining balance <b>I</b> d <b>A</b> defining balance <b>I</b> d <b>D</b> bit 'Yes,' explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10. <b>I</b> d	<b>1</b> a			-							
c       Beginning balance       Image: Control of the segment of the segment of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         bit fives, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 10.       Image: Control of the segment is and losses       Image: Control of the segment is and losses         1a       Beginning of year balance       Image: Control of the segment is and losses       Image: Control of the segment is and losses       Image: Control of the segment is and losses         1b       Orther expenditures for facilities and programs       Image: Control of the segment is and losses       Image: Control of the segment is and losses       Image: Control of the segment is and losses         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Image: Control of the organization is an estimated percentage on the organization is the organization is the organization is the organization is an endowment is an eld and administered for the organization is the organization is segment in the possession of the organization is aneveree ondowment is an eld and administered for the org		on Form 990, Part X?							Y	es	No
c       Beginning balance       1c         d       Additions during the year       1d         Distributions during the year       1e         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       (e) Four year       (e) Two years back       (d) Three years back (e) Four years back in the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back in the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (b) Prior year       (c) Two years back in the organization answered "Yes" on Form 990, Part IV, line 10.         1b       Other expenditures for facilities       (b) Prior year       (c) Two years back in the organization answered (line 1g, column (a)) held as:         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       2       2         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       3       3         3       Are there endowment        9       6	b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	g table:						
d Additions during the year       Id         e Distributions during the year       Id         f Ending balance       It         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 expanzation answered 'Yes' on Form 990, Part IV, line 10.       It       Yes       No         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Grants or scholarships       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance									Ar	nount	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part N, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part N, line 10.         f       Edginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         g       End of year balance       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         g       End of	с	Beginning balance						1c			
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If *\sets* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	d	Additions during the year						1d			
2a       Did the organization include an amount on Form 990, Part X, line 21, for service or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	е	Distributions during the year						1e			
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (b) Prior year       (c) Two years back       (e) Four years back         and programs       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back         g       End of year balance       (c) Two years       (d) Three years back         g       End of year balance       (c) Two years       (d) Three years         g       End of year balance       (c) Two years       (d) Three years         g       End of year balance       (f) Administrative expenditures for facilities       (f) Administrative expenditures for facilities       (f) Administrative expenditures for facilities         g       End of year balance       (f) Second mean       (f) Administrative expenditures <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back         c       Other expenditures for facilities       (c) Two year balance       (c) Two years back       (c) Two years back         c       Other expenditures for facilities       (c) Two year balance       (c) Two year balance       (c) Two years back         g       End of year balance       (c) Two year balance       (c) Two year balance       (c) Two years back         g       End of year balance       (c) Two year balance       (c) Two year balance       (c) Two years back         g       End of year balance       (c) Two year balance       (c) Two year balance       (c) Two year balance         g       End of year balance       (c) Accumulation       (c) Two year balance       (c) Two year balance         g       End of year balance       (c) Two year balance       (c) Two year balance       (c) Two year ba	2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, fo	r escrow o	r custodia	account liab	ility?	Y	es	No
ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c)       Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c)       Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c)       Two years back       (d) Three years back       (e) Four years back         c       Net investment emings, gains, and losses       (c)       (c)       Two years back       (c)       Two years back       (e) Four years back         c       Other expenditures for facilities       (c)       (c)       Two years back       (c)	<u>b</u>								<u></u>		
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         (i)       Unrelated organizations	Par	t V Endowment Funds. Complete	if the organization ar	nswere	d "Yes" on	Form 990	, Part IV, line	10.			
b       Contributions			(a) Current year	(b)	Prior year	(c) Tw	o years back	(d) Three yea	ars back (e	) Four ye	ars back
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs i   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Term endowment ▶  %   f   d   ii) Intelated organizations   (i) Unrelated organizations   (ii) Related organizations   (iii) Related organizations   3a(ii)   b   if 'Yes' on line 3a(ii), are the related organization's endowment funds.     Part VI   Land,   b   Buildings,   c   Land   b   Buildings   c   c   c   Land   b   Buildings   c   Land   b   Building	1a	Beginning of year balance									
d Grants or scholarships	b	Contributions									
e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Term endowment ▶%   c Term endowment ▶%   mapping and 2s, 2b, and 2s, 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   b If "Yes" on line 3a(i), 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   1a Land   b Buildings   c Leasehold improvements   d Equipment   Facily and addition by and addition by and addition by and addition by asis (investment)   1a Land   b Buildings   c Leasehold improvements   d Equipment   Requirement   78,354.45,610.32,744.	с										
and programs	d	Grants or scholarships									
f       Administrative expenses	е	Other expenditures for facilities									
f       Administrative expenses		and programs									
g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Term endowment ▶  %   c Term endowment ▶  %   d Equipment  %   ii) Related organizations   iii) Related organizations   iii) Related organizations   iii) Related organizations   iii) Related organizations listed as required on Schedule R?   d Describe in Part XIII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   ic Leasehold inprovements   ic Leas	f										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment \$\blacktriments \$\sum_mathbmathbmathbmathbmathbmathbmathbmathb											
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-			ce (line	1g, colum	n (a)) held	as:	•			
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(iii) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(f) Accumulated form 990, Part X, column (B), line 10c.)</li> <li>(f) Accumulated form 990, Part</li></ul>	а	Board designated or quasi-endowment		%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Completion forgenty</li> <li>(iii) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(f) Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</li> <li>(f) 32, 744</li> </ul>	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(i)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings	с	Term endowment	%								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3a(ii) 3b 3b 4 5 5 5 5 5 5 5 5 5 5 5 5 5		The percentages on lines 2a, 2b, and 2c sh	- ould equal 100%.								
(i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       3c	3a	Are there endowment funds not in the poss	ession of the organiz	ation th	hat are hel	d and adm	inistered for	the organiza	tion		
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		by:	-					-		Ye	es No
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		(i) Unrelated organizations								3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c) Cost or other depreciation 1a Land									H		
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       78,354.         d Equipment       78,354.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       32,744.	b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on	Schedule	R?			F		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4										•
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par										
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land		Complete if the organization answere	ed "Yes" on Form 990	0, Part	IV, line 11a	a. See Fori	m 990, Part X	(, line 10.			
basis (investment)       basis (other)       depreciation         1a Land					1				(d	Book v	alue
b Buildings									``		
b Buildings	1a	Land									
c Leasehold improvements       d Equipment       78,354.45,610.32,744.         e Other       78,354.45,610.32,744.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       32,744.					1						
d Equipment       78,354.45,610.32,744.         e Other       78.354.45,610.32,744.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       32,744.											
e Other						78,35	54.	45,61	0.	32.	744.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								,		,	
				X. coli	umn (R) lin	e 10c)	I	I		32.	744.
									chedule D		

#### ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-	of voar market value
	(b) BOOK value	(c) Method of Valuation. Cost of end	oryear market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATION			3,909.
(3) DUE TO RELATED PARTIES			361,196.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	<b>&gt;</b>	365,105.
2 Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements th	pat reports the

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

Schedule D (Form 990) 2019

932053 10-02-19

Schedule D (Form 990) 2019

ASSOCIATED	STUDEN	тs,	INC.	OF	CALIFORNIA
CUPATE LINITAL	<b>TDGL</b>	<b>M</b> <sup>Z</sup> <sup>D</sup>	MARCC	nd l	

	edule D (Form 990) 2019 STATE UNIVERSITY SAN MARCO	-			USSOBIS Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,866,152.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	89,208.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	89,208.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,776,944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,776,944.
_					
_	rt XII Reconciliation of Expenses per Audited Financial Statem				
_		ents With			rn.
_	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per		
Pa	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	n Expenses per		rn.
Pa 1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With	n Expenses per		rn.
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per		rn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With	n Expenses per		rn.
<b>Pa</b> 1 2 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c	n Expenses per		rn.
Pa 1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	89,208.		rn. <u>1,683,644</u> . 89,208.
Pa 1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	89,208.	1	rn.
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	89,208.	1 2e	rn. <u>1,683,644</u> . 89,208.
Pa 1 2 a b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	89,208.	1 2e	rn. <u>1,683,644</u> . 89,208.
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	89,208.	1 2e	rn. <u>1,683,644</u> . 89,208.
Pa 1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2b         2c         2d           2d         2d         4a         4b         4b </th <th>n Expenses per 89,208.</th> <th>1 2e</th> <th>rn. <u>1,683,644</u>. <u>89,208.</u> <u>1,594,436</u>. 0.</th>	n Expenses per 89,208.	1 2e	rn. <u>1,683,644</u> . <u>89,208.</u> <u>1,594,436</u> . 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	n Expenses per 89,208.	1 2e 3	rn. 1,683,644. 89,208. 1,594,436.

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, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX
POSITIONS. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES
ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF
ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE
ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2020 AND 2019 AND
THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

932054 10-02-19

	HEDULE J	<b>Compensation Information</b>	ļ	OMB No.		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	19	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	tment of the Treasury	Attach to Form 990.		Open to Inspe		
	al Revenue Service ne of the organizatio	► Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATED STUDENTS, INC. OF CALIFORNIA	Employer i			
INCI	le el trie el gamzado	STATE UNIVERSITY SAN MARCOS		055691		
Pa	rt I Question	s Regarding Compensation			<u> </u>	
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990.		100	
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or o		onal use			
	Travel for com	с				
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio	a committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of a	ther organizations Approval by the board or compensation of	committee			
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_	organization or a re			4.		X
a		e payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	I Tes to any or in	les 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
•	contingent on the r					
а	•			5a		Х
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?	~		6a		Х
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	) 2019

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Schedule J (Form 990) 2019 STATE	5	STATE UNIVERSITY	SAN MARCOS		33-0556915	915		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	old	yees, and Highest C	Compensated Emp	loyees. Use duplica	te copies if additional :	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	e rep rm 9	oorted on Schedule . 90, Part VII.	J, report compensa	tion from the organiz	ation on row (i) and fro	om related organizatior	s, described in the ins	tructions, on row (ii).
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	d ind	lividual must equal th	re total amount of f	<sup>-</sup> orm 990, Part VII, S	ection A, line 1a, appli	cable column (D) and (I	E) amounts for that inc	lividual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) ANNIE MACIAS	Ξ	•0	.0	•0	• 0	• 0	• 0	• 0
EXECUTIVE DIRECTOR/ADVISOR TO BOARD		123,548.	• 0	•0	9,884.	39,535.	172,967.	0.
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ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

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932112 10-21-19

ASSOCIATED STUDENTS, INC. OF CALIFORNIA Schedule J (Form 990) 2019 STATE UNIVERSITY SAN MARCOS	33-0556915 Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	part for any additional information.
PART I, LINE 3:	
ALL PERSONNEL OF THE ORGANIZATION ARE EMPLOYEES OF AND ARE PAID BY CSUSM	
CORPORATION. THE ORGANIZATION REIMBURSES CSUSM CORPORATION. ALL	
COMPENSATION IS DETERMINED FOLLOWING THE GUIDELINES SET FORWARD BY CSUSM	
CORPORATION AND/OR THE UNIVERSITY. DEPENDING ON THE BASIS FOR THE	
COMPENSATION ADJUSTMENT, DATA IS COLLECTED FROM VARIOUS SOURCES, INCLUDING	
COMPARABILITY OF SIMILAR MANAGEMENT POSITIONS WITHIN THE CSU CAMPUS AND	
SIMILAR POSITIONS WITHIN THE AUXILIARIES OF THE CSU THROUGH THE AUXILIARY	
ORGANIZATIONS ASSOCIATION (AOA) SALARY SURVEY WHICH IS COMPLETED	
BI-ANNUALLY, CHANGES IN THE MINIMUM WAGE LAW, RECOMMENDED COST OF LIVING	
PERCENTAGE RAISES, EQUITY ADJUSTMENT AND/OR A CHANGE IN JOB DUTIES. THE	
INFORMATION WITH RECOMMENDATIONS IS THEN PRESENTED TO THE ASI PERSONNEL	
COMMITTEE AS AN ACTION ITEM AND, THUS, RECORDED IN THE MINUTES; AND THE	
UNIVERSITY VICE PRESIDENT OF STUDENT AFFAIRS FOR REVIEW. ALL OFFICIAL	
CHANGES ARE SIGNED BY CSUSM CORPORATION OR THE UNIVERSITY, ACCORDINGLY.	
	Schedule J (Form 990) 2019

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SCHEDULE L	1	<b>Fransactior</b>	ıs V	Vith	Inte	erested	Ρ	ersons			10	/IB No.	1545-0	047
(Form 990 or 990-EZ)	Complete if t	he organization an							26, 27	, 28a,		20	10	מ
		28b, or 28c, o						40b.			1	20		J
Department of the Treasury Internal Revenue Service	► Gr	► Atta to www.irs.gov/Fo				Form 990-E2		est information				pen T spect		olic
Name of the organization		TED STUDEN								nlove	r ident			umber
Name of the organization		NIVERSITY	-				r O				5569		01111	
Part I Excess Be		actions (section 5					ectio	on 501(c)(29) orga				<u> </u>		
		answered "Yes" on												
1		(b) Relationship bet									00.	(d)	Corre	ected?
(a) Name of disqualifie	ed person	person and o				(c	<b>)</b> D	escription of tran	sactio	on		<u> </u>	es	No
2 Enter the amount of ta	2	0	0			•		-						
		·····												
3 Enter the amount of ta	ax, if any, on lin	e 2, above, reimburs	sed by	the or	ganizat	tion				▶ \$				
Part II   Loans to a	and/or From	Interested Per	sons	-										
		answered "Yes" on			Dort \	/ line 38a or l	Forr	n 990 Part IV lir	0 26.	or if t	he ora	nizati	on	
-	-	990, Part X, line 5, 6			., 1 ait 1		OII	11 3 3 0, 1 21 1 1 , 11	10 20,	01 11 1	ne orga	ii iizati	On	
(a) Name of	(b) Relation		(d) Lo	an to or	(e	) Original	(1	f) Balance due	(a	) In	<b>(h)</b> Ap	proved	(i) V	Vritten
interested person	with organiza			n the zation?		ipal amount	``	J Dalarioo duo		ault?	bý bo comn		agre	ement?
				From					Yes	No	Yes	No	Yes	No
			10								1.00		1.00	
											1			
Total Part III Grants or	Accietonas	Benefiting Inte	reate	d Do		🕨 💲								
		-												
	-	answered "Yes" on						(a) Tana	- (		1-			
(a) Name of intereste	ea person	(b) Relationship interested pers			•	assistance		(d) Type assistan			•	) Purp assist		DT
		the organiza		u										
		DIRECTORS	OF	ORG		7,00	0.	SEE PART	v	-	SEE	PAR	<u>т т</u>	J
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								1		$\neg$				
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LHA For Paperwork Red	uction Act Not	ice, see the Instruc	ctions	for Fo	rm 990	) or 990-EZ.		Sch	edule	L (Fo	rm 990	) or 9	90-EZ	Z) 2019

SEE PART V FOR CONTINUATIONS

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## ASSOCIATED STUDENTS, INC. OF CALIFORNIA 2019 STATE UNIVERSITY SAN MARCOS

Schedule L (Form 990 or 990-EZ) 2019 STATE	UNIVERSITY SAN MARC	OS	33-0556	5915	Page 2
Part IV Business Transactions Invol	ving Interested Persons.				
	d "Yes" on Form 990, Part IV, line 28a, 2	1	1	l (a) Sh	oring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
Part V Supplemental Information.	Donses to questions on Schedule L (see	instructions).			<u> </u>
SCH L, PART III, GRANTS O			ESTED PERSON	1S:	
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZA	FION:		
DIRECTORS OF ORGANIZATION					
(C) AMOUNT OF GRANT \$ 7,	000.				
(D) TYPE OF ASSISTANCE: S	CHOLARSHIPS				
(E) PURPOSE OF ASSISTANCE	: FINANCIAL AID				
		s	chedule L (Form 990	or 990-E	EZ) 2019
932132 10-21-19					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS

OMB No 1545-0047 9 **Open to Public** Inspection Employer identification number 33-0556915

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CAMPUS ACTIVITIES BOARD (CAB) ORGANIZES A DIVERSE VARIETY OF

ACTIVITIES, EVENTS, AND PROGRAMS FOCUSED ON INCREASING THE QUALITY OF

STUDENT LIFE AT CSUSM. CAB IS COMPRISED OF STUDENT MEMBERS AND ASI

PROFESSIONAL STAFF WHO WORK COLLABORATIVELY TOWARD CREATING PROGRAMS

THAT ENGAGE ALL CSUSM STUDENTS, INCLUDING STUDENTS ENROLLED AT THE

TEMECULA SATELLITE CAMPUSES.

THE STUDENT EMERGENCY FUND PROVIDES ASSISTANCE TO STUDENTS WHO

ENCOUNTER UNFORESEEN FINANCIAL EMERGENCIES OR CATASTROPHIC EVENTS THAT

DISRUPT THEIR PROGRESS TOWARDS A DEGREE.

THE ASI LEADERSHIP FUND PROVIDES FUNDING FOR STUDENT ORGANIZATIONS'

ON-CAMPUS EVENTS AND FOR STUDENT ATTENDANCE AT IN-STATE AND

OUT-OF-STATE PROFESSIONAL CONFERENCES.

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

AN ELECTRONIC FORM OF THE 990 IS EMAILED TO EACH BOARD MEMBER FOR REVIEW

PRIOR TO FILING. THE FORM 990 IS ALSO REVIEWED BY THE EXECUTIVE DIRECTOR

AND THE JOINT AUDIT COMMITTEE PRIOR TO FILING.

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

BOARD MEMBERS AND STAFF ARE REQUIRED TO ANNUALLY DISCLOSE AND SIGN A

CONFLICT OF INTEREST POLICY AGREEMENTS. THE CONFLICT OF INTEREST POLICY IS

DISCUSSED DURING THE FIRST MEETING OF THE FISCAL YEAR AT WHICH TIME THE

BOARD MEMBERS AND STAFF SIGN CONFLICT OF INTEREST FORMS.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19 36

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2019.05050 ASSOCIATED STUDENTS, INC. O 20557\_01

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS	Employer identification number 33-0556915
ALL FORMS ARE REVIEWED AND SIGNED BY THE EXECUTIVE DIRECT	OR. ALL RELATED
CONFLICT OF INTEREST ISSUES GO THROUGH A THREE PERSON REV	IEW WHERE
QUESTIONS REGARDING A POSSIBLE BREAK OF POLICY ARE BROUGH	T TO THE PROGRAM
DIRECTOR OR THE EXECUTIVE DIRECTOR.	
ALL DIRECTORS WHO HAVE CONTROL OVER A DEPARTMENT BUDGET A	ND MEMBERS OF THE
BOARD OF DIRECTORS ARE REMINDED THROUGHOUT THE YEAR THAT	THEY MUST BE
DILIGENT IN THE APPLICATION OF THE CONFLICT OF INTEREST P	OLICY AND WITHDRAW
THEMSELVES WHEN APPROPRIATE. THE APPLICATION OF THE CONFL	ICT OF INTEREST
POLICY IS EVIDENCED BY THOSE OCCASIONAL TIMES WHEN VOTING	MEMBERS OF THE
INTERNAL OPERATIONS COMMITTEE OR THE BOARD OF DIRECTORS R	ECUSE THEMSELVES
ON ISSUES IN WHICH THEY MAY BE PERSONALLY INVOLVED.	

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

ALL PERSONNEL OF THE ORGANIZATION ARE EMPLOYEES OF AND ARE PAID BY CSUSM CORPORATION. THE ORGANIZATION THEN REIMBURSES CSUSM CORPORATION. ALL COMPENSATION IS DETERMINED FOLLOWING THE GUIDELINES SET FORWARD BY CSUSM CORPORATION. DEPENDING ON THE BASIS FOR THE COMPENSATION ADJUSTMENT, DATA IS COLLECTED FROM VARIOUS SOURCES, INCLUDING COMPARABILITY STUDIES OF SIMILAR DEPARTMENTS AND ORGANIZATIONS, CHANGES IN THE MINIMUM WAGE LAW, RECOMMENDED COST OF LIVING PERCENTAGE ADJUSTMENTS, EQUITY ADJUSTMENT AND/OR A CHANGE IN JOB DUTIES. THE INFORMATION WITH RECOMMENDATIONS IS THEN PRESENTED TO THE ASI PERSONNEL COMMITTEE AS AN ACTION ITEM AND, THUS, RECORDED IN THE MINUTES; AND THE UNIVERSITY VICE PRESIDENT OF STUDENT AFFAIRS FOR REVIEW. ALL OFFICIAL CHANGES ARE SIGNED BY CSUSM CORPORATION ACCORDINGLY.

FORM	990,	PART	VI,	SECTION	С,	LINE	18:
------	------	------	-----	---------	----	------	-----

 THE ORGANIZATION DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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 2019.05050 ASSOCIATED STUDENTS, INC. O 20557\_01

Schedule O (Form 990 or 990-EZ) (2019)         Page 2									
Name of the organization ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS	Employer identification number $33 - 0556915$								
WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY OR	GANIZATIONAL								
DOCUMENT OR FORM 990, THE ORGANIZATION WILL FULFILL SUCH	REQUEST IN A								
TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE	PUBLIC INSPECTION								
REQUEST.									

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

THE DOCUMENTS ARE AVAILABLE (FOR INSPECTION OR COPYING) AT THE MAIN OFFICE DURING NORMAL BUSINESS HOURS. COPIES OF PRIOR YEARS' FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE (FOR INSPECTION OR COPYING) AT THE MAIN OFFICE DURING NORMAL BUSINESS HOURS AND POST IT TO THE WEBSITE. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION WILL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

FROM 990, PART IX, LINE 5-10:

AMOUNTS REPORTED REPRESENT DISBURSEMENTS TO OTHER EXEMPT RELATED ORGANIZATIONS FOR SERVICES RENDERED TO THE FILING ORGANIZATION. THE FILING ORGANIZATION DOES NOT REPORT EMPLOYEES UNDER PART V, LINE 2A AS IT HAS ENTERED INTO CONTRACT AGREEMENTS WITH RELATED ORGANIZATIONS FOR FINANCIAL AND ADMINISTRATIVE SUPPORT SERVICES CONDUCTED UNDER THE DIRECTION OF THE FILING ORGANIZATION.

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Schedule O (Form 990 or 990-EZ) (2019)

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SCHEDULE R (Form 990) Department of the T Internal Revenue Se	reasury rvice	Organization answ ganization answ ww.irs.gov/Form	ONS and Unrelated Pa ered "Yes" on Form 990, Part IV, ► Attach to Form 990. n990 for instructions and the late	r <b>tnerships</b> ine 33, 34, 35b, 3 st information.	6, or 37.	° <b>0</b>	OMB No. 1545-0047 <b>2019</b> Open to Public Inspection	
Name o	Name of the organization ASSOCIATED STUDEN STATE UNIVERSITY	STUDENTS, INC. OF CAL RSITY SAN MARCOS	OF CALIFORNIA S			Employer identification number 33-0556915	ication nur 915	lber
Partl	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	if the organization answered "Yes"	on Form 990, Part IV, line 3:					
	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity	
Part II	Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.	tions. Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	), Part IV, line 34, I	because it had one	or more related tax-ex	empt	
	<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No	(b)(13) ed <b>NO</b>
CALIFORNIA 33-0535371 MARCOS, CA	RRNIA STATE UNIVERSITY SAN MARCOS - 55371, 333 S. TWIN OAKS VALLEY RD., SAN 5, CA 92096	HIGHER EDUCATION	CALIFORNIA	115				×
CALIFORNIA CORPORATION STREET, SAN	CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION - 33-0397688, 435 E. CARMEL STREET, SAN MARCOS, CA 92078	ADMINISTRATION AND BUSINESS SERVICES	CALIFORNIA	501(C)(3)	LINE 5			X
CALIFORNIA FOUNDATION VALLEY RD.	STATE UNIVERSITY SAN MARCOS - 80-0390564, 333 S. TWIN OAKS , SAN MARCOS, CA 92096	FUNDRAISING & GRANTS ADMINISTRATION	CALIFORNIA	501(C)(3)	LINE 5			×
For Pap	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2019	2019

932161 09-10-19 LHA

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Page 2		(j) (k) General or Percentage managing ownership Peather?			re related	(i) Section 512(b)(13) controlled entity? Yes No			990) 2019			
-0556915	more related	(j) General or P managing le partner? (5) Yes No		had one or mc		(h) Percentage ownership			Schedule R (Form 990) 2019			
33-05	it had one or I	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it ha	(g) Share of end-of-year assets			Sched			
	34, because	(h) Disproportionate allocations? Yes No			art IV, line 34,				-			
	), Part IV, lin∈	<b>(g)</b> Share of end-of-year assets			Form 990, P	y p, Share of total income						
	s" on Form 990	(f) Share of total income			ered "Yes" on	<b>(e)</b> Type of entity (C corp, S corp, or trust)						
CALIFORNIA	p. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related				nization answ	(d) Direct controlling entity						
		(related, unrelated, (related, unrelated, excluded from tax under sections 512-514)			ete if the orga	(c) Legal domicile Direct (state or foreign country)			 40			
Ē4	olete if the (				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.	<b>Frust.</b> Comple	<b>Frust.</b> Comple	. <b>ust.</b> Complet	Legal c (stai fore cou			
INC. MARCC	<b>ership.</b> Comp	(d) Direct controlling entity				<b>(b)</b> Primary activity						
STUDENTS, RSITY SAN	<b>as a Partn</b> :ax year.	(c) Legal domicile (state or foreign country)				Prim						
ASSOCIATED STUDE STATE UNIVERSITY	<b>izations Taxable as</b> ership during the tax	<b>(b)</b> Primary activity			anizations Taxable							
ASSOC Schedule R (Form 990) 2019 STATE	Identification of Related Organizations Taxable as a Partnershi organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization				<b>(a)</b> Name, address, and EIN of related organization			-10-19			
Schedul	Part III				Part IV				932162 09-10-19			

OF CALIFORNIA		
ОF	COS	
; INC. C	MARCOS	
NTS ,	Z SAN	
TUDE	STTY	
SOCIATED STUDENTS	JNIVERSITY	
OC LA		
ASS(	STATE	
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**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 find any entrity is listed in Parts II, III, of IV of this scritedule.		lotod orconizational lotad			I GS	
<ul> <li>During the tax year, but the organization engage in any or the following transactions with one or more related organizations insect in ratio invit.</li> <li>Descript of (i) interact (ii) sometime (iii) condition or (iv) controlled antity.</li> </ul>		ומובת טוצמו וובמווטווט ווטובת		ţ	t	×
				2 <del>4</del>	╎	×
Gift orant or capital contribution from related organization(s)				10	╞	×
				2 7	┢	⊳
a Loans or loan guarantees to or for related organization(s)				₽	┥	4
e Loans or loan guarantees by related organization(s)				1e		≈
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		×
Purchase of assets from related organize				<del>ہ</del> ہ		×
				÷	┢	×
i Lase of facilities activity and a secare to related organization(s)				┢	×	
ן בכמסט טו ומטוווניס; פקטיטוונטוו; טו סנווטו מסטטיס גע וטמנוט טו פטוובמוטווט)						
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				<b>9</b>	×	
					>	
				+	<b>د</b> ک	
<b>q</b> Reimbursement paid by related organization(s) for expenses				e F	4	
r Other transfer of cash or property to related organization(s)				ł		×
s Other transfer of cash or property from related organization(s)				1s	Х	
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.	vho must complete th	is line, including covered	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved	olved		
(1) CALIFORNIA STATE UNIVERSITY SAN MARCOS	д	634,158.	COST OF SERVICES			
(2) CALIFORNIA STATE UNIVERSITY SAN MARCOS	Ø	590,211.COST	COST OF SERVICES			
(3) CALIFORNIA STATE UNIVERSITY SAN MARCOS	ß	33,943.	SHARE OF INVESTMENT RETURN	RN		
(4)						
(5)						
(6)						
932163 09-10-19	41		Schedule R (Form 990) 2019	(Form	; (066	2019

L5 Page 4		s revenue)	(k) ing properti															Schedule R (Form 990) 2019
691		r gros	(j) General or managing partner? Yes No							t								e R (Fo
33-055691		oy total assets o	(j) (j) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k															Schedule
		sured h	(h) Dispropor- tionate allocations? Yes No		+			+		+						_		
	37.	it of its activities (mea	(g) Share of end-of-year assets															
	n 990, Part IV, line	re than five percer	(f) Share of total income															
ASSOCIATED STUDENTS, INC. OF CALIFORNIA R (Form 990) 2019 STATE UNIVERSITY SAN MARCOS Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	on Forn	ted mo	Are all Are all 501(c)(3) orgs.?		╞					T								
	"Yes" (	onduct nips.	d, <sup>part</sup> , d, for the part of					 +	 	 ╈	 	 $\left  \right $	 	 	 		 	
	lization answered	the organization concertion concerted to the transformed to the set of the transformed to the set of the set o	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)															
	omplete if the orga ship through which	nip through which sion for certain inv	(c) Legal domicile (state or foreign country)															
	ole as a Partnership. Co	ntity taxed as a partners <sup>t</sup> tructions regarding exclu	<b>(b)</b> Primary activity															
ASSOCIATED Schedule R (Form 990) 2019 STATE UNIVI	Part VI Unrelated Organizations Taxab	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.	<b>(a)</b> Name, address, and EIN of entity															

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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