TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

828941 12-12-18 FORM

199

Ca	lendar Year	2018 or fiscal year beginning (mm/dd/yyyy)	07/01/2	018	, and endir	ng (mm/dd/yy)	/y)	06	/30/2019		_	
	•	ganization name				Cali	fornia corp	oration n	umber			
		ATED STUDENTS INCORPOR										
CALIFORNIA STATE UNIVERSITY, STANISLAUS 1800894								894			_	
Α	dditional infor	mation. See instructions.				FE		214	270			
_		(soite and soil					77-0	314	3 / 0		_	
		(suite or room)					PIVIB 110.					
_	ity	IVERSITY CIRCLE				State	ZIP code				_	
	 URLOC	ĸ					9538	2				
_	oreign country		Foreign province/state	/county		011	Foreign p		de		-	
\overline{A}	First Retu	rn	Yes X No	J If exem	ot under R&T	C Section 237	01d. has 1	the ora	anization		_	
В	Amended						See instructions. • Yes X No					
C	IRC Secti					the organization exempt under R&TC Section 23701g? • Yes X No						
D	Final Info	rmation Return?	If "Yes," enter the gross receipts from nonmember sources \$									
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public charity exempt under R&					ler R&T	C				
		(mm/dd/yyyy) ●				meets the filing	-					
						is required						
F		return filed? (1) ● □ 990τ(2) ● □ 990PF (3) ● □ Sch H (990) M Is the organization a Limited L							• Yes X	_l No		
^		Other 990 series	□ Vaa ▼ Na			ile Form 100 c			• Vac V	٦ ٨,٥		
G		group filing? See instructions • Yes X No rganization in a group exemption Yes X No 0			report taxable income? • Yes X No							
Н		hat is the parent's name?	165 21 110		Is the organization under audit by the IRS or has the IRS or has the IRS or has the IRS or has the IRS or has the							
	11 103, 1	natio the parent o name:		IRS audited in a prior year? P Is federal Form 1023/1024 pending? Yes X No Yes X No								
ı	Did the o	ganization have any changes to its guidelines	Date filed with IRS									
		ted to the FTB? See instructions	Yes X No		_							
F		omplete Part I unless not required to file this fo		ormation B	and C.						_	
		1 Gross sales or receipts from other source	s. From Side 2, Part II	, line 8			•	1	1,467,87	8 00)	
		2 Gross dues and assessments from memb						2		00)	
	Receipts	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B					•	3	1 465 05	00		
	and	This line must be completed. If the result is less t	This line must be completed. If the result is less than \$50,000, see General Information B					4	1,467,87	<u>8 00</u>)	
ı	Revenues	5 Cost of goods sold6 Cost or other basis, and sales expenses o	f accets cold	.TT. •	5	84,9	94 00					
		6 Cost or other basis, and sales expenses o7 Total costs. Add line 5 and line 6	i assets solu	······································	_ •			7	84,99	4 00	_	
		7 Total costs. Add line 5 and line 68 Total gross income. Subtract line 7 from l						8	1,382,88			
		9 Total expenses and disbursements. From						9	1,241,66			
ı	xpenses	10 Excess of receipts over expenses and disk						10	141,21			
		11 Total payments						11		00	<u>-</u>	
		2 Use tax. See General Information K					•	12		00)	
		13 Payments balance. If line 11 is more than	line 12, subtract line	12 from line	11		•	13		00)	
F	iling Fee	14 Use tax balance. If line 12 is more than lin						14		00		
		15 Filing fee \$10 or \$25. See General Informa	ation F					15	1	0 00	_	
		16 Penalties and Interest. See General Inform						16		00		
_		17 Balance due. Add line 12, line 15, and lin Under penalties of perjury, I declare that I have examine it is true, correct, and complete. Declaration of preparer	e 16. Then subtract lir d this return, including acc	ie 11 trom t companying s	ne result chedules and st	atements, and to	the best o	17 f my kno	wiledge and belief,	0 00	<u>)</u>	
Si		it is true, correct, and complete. Declaration of preparer	(other than taxpayer) is ba		ormation of whic	h preparer has a	ny knowled	ge.				
He	ere	Signature of officer		EXECU	TIVE D				Telephone			
		or officer			Date	Check	if		● PTIN		-	
		Preparer's signature			12/16/		nployed		P00485021			
Pa	iid	Firm's name						Firm's FEIN		_		
Pr	eparer's	(or yours, if self-							93-0623286		_	
Us	e Only	employed) 7676 HAZARD CENTER DRIVE, STE 1300							• Telephone	•	•	
_		SAN DIEGO, CA 9.							(619) 810-4	940)	
		May the FTB discuss this return with the prepar	er shown above? See	instructions	3	<u></u>	● <u>L X</u>	」 Yes	└ No			

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

828951 12-12-18

	1	Gross sales or receipts from all	business activities. See instruc	tions		•	1	106,341 00
	2	Interest				•	2	16,205 00
		Dividends					3	00
Receipts		Gross rents					4	00
from	5	Gross royalties	5	00				
Other	6	Gross amount received from sal	6	00				
Sources	1	Other income	7	1,345,332 00				
	I	Total gross sales or receipts fro	m other sources. Add line 1 th	rough line 7. Enter h	nere and o	on Side 1, Part I, line 1	8	1,467,878 00
	9	Contributions, gifts, grants, and	similar amounts paid			•	9	8,445 00
							10 11	00
	11	Compensation of officers, direct	ors, and trustees	d trustees SEE STATEMENT 3 •				37,761 00
		Other salaries and wages					12	316,115 ₀₀
Expenses		Interest					13	15 560
and		Taxes					14	17,762 00
Disburse-		Rents					15	36,797 ₀₀
ments	16	Depreciation and depletion (See Other Expenses and Disburseme	instructions)		0 m 3	——————————————————————————————————————	16	1,148 00
							17	823,637 00
Cabadii		Total expenses and disburseme Balance Sheet	nts. Add line 9 through line 17 Beginning of		Side 1, Pa		18	1,241,665 ₀₀
Schedu	ie L	Datalice Sileet					UI LAX	
Assets			(a)	(b)	,681	(c)		(d) • 1,256,101
					,413			• 1,230,101 • 581,462
		s receivable		310	,413			501,402
		ceivable						•
		state government obligations						•
		in other bonds						•
		in stock						•
8 Mortga								•
9 Other i	-							•
		le assets	14,331			14,3	31	
b Less	s accu	mulated depreciation	(8,880	5	,451			4,303
			,		•	,		•
12 Other a	assets	STMT 5		190	,147			• 114,341
				1,709	,692			1,956,207
Liabilities								
14 Accour	nts pa	yable		50	,631			• 52,581
15 Contrib	oution	s, gifts, or grants payable						•
		otes payable						•
17 Mortga								•
		es STMT 6		878	,841			982,187
19 Capital	stock	or principal fund						•
		tal surplus. Attach reconciliation						•
		nings or income fund			,220			921,439
		ies and net worth		1,709	,692			1,956,207
Schedu	le M		per books with income per re		(-I) :- I	- H #F0 000		
		<u> </u>	dule if the amount on Schedul		* **	·		
		oer books				on books this year		
		ne tax				nis return		•
3 Excess of capital losses over capital gains4 Income not recorded on books this year							•	
			•			0		
		corded on books this year not		9 Total. A				
		this return ne 1 through line 5		10 Net inco	-			141,219
	V 44 1:				+ lina O t	om line 6		