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

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filling penalties as defined in Government Code section 12566.1. IBS extensions will be happered

as defined in Government Code section 12586.1. IKS extensions will be honored.							
State Charity Registration Number: CT 083284							
A	ASSOCIATED STUDENTS INCORPORATED OF			Change of address			
CALIFORNIA STATE UNIVERSITY, STANISLAUS			Amended report				
ONE UNIVERSITY CIRCLE Address (Number and Street)				Corporate or Organization No. 1800894			
TURLOCK, CA 95382				Federal Employer I.D. No. 77-0314370			
City or Town, State and ZtP Code							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts							<u></u>
Gre	oss Receipts <u>Fee</u>	Gross Annual Revenue	Fee	Gross Annual Revenue		Fe	e
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$250,001 and \$1 million				Between \$1,000,001 and \$10 million \$15 Between \$10,000,001 and \$50 million \$22 Greater than \$50 million \$30			25
PART A - ACTIVITIES							
For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019 /list: Gross annual revenue \$ 1,382,884 Total assets \$ 1,956,207							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.							
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization					i-ation '	Yes	No
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?							
 During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property 							Х
or funds?							х
During this reporting period, did non-program expenditures exceed 50% of gross revenue?							Х
 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. 							х
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.						\top	X
6.							X
7.	7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.						X
	Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.						X
9.							
Organization's area code and telephone number 209-667-3827							
Organ	nization's e-mail address	·					
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.							
Singali		SAR RUMAYOR		ECUTIVE DIRECT			
	114	Neo Manie	Tule		Date	,	