TAXABLE YEAR

California Exempt Organization Annual Information Return

928941 12-04-19 FORM

201	9	Annual Informati	ion Return	1						199	9
Calendar Year	r 2019 or f	iscal year beginning (mm/dd/yyyy)	07/01/2	2019	, and end	ding (mm/	/dd/yyy	y)	06	/30/2020	
Corporation/Or	-						Calif	fornia corpo	ration i	number	
		STUDENT CENTER O									
	CALIFORNIA STATE UNIVERSITY, STANISLAUS 1888950										
Additional info	Additional information. See instructions.								5 4 4		
							Ш,	77-0	362	744	
Street address								PMB no.			
City CIN	ITAEKS	SITY CIRCLE				State	<u> </u>	ZIP code			
TURLOC	יע					C		9538	2		
Foreign countr			Foreign province/state	e/county				Foreign po		ode	
	,			,							
A First Retu	urn		Yes X No	J If exen	not under R&	TC Section	n 2370)1d, has t	he ord	ıanization	
B Amended	urn Yes X No J If exempt under R&TC Section 23701d, has the organizatio d Return Yes X No engaged in political activities? See instructions.								X No		
C IRC Secti	ction 4947(a)(1) trust Yes X No K Is the organization exempt under R&TC Section 23701g?									X No	
	ormation R			If "Yes	," enter the gr	ross recei _l	pts fro	m nonme	mber	sources \$	
•	Dissolved	Surrendered (Withdrawn)	Merged/Reorganized	L If orga	nization is a _l	public cha	rity ex	empt und	er R&	TC	
	e: (mm/dd/yyyy) • Section 23701d and meets the filing fee exception, check								check		
E Check ac	accounting method: (1) Cash (2) X Accrual (3) Other box. No filing fee is required										
	return filed? (1) ● 🔲 990⊤(2) ● 🔲 990PF (3) ● 🔲 Sch H (990) M Is the organization a Limited Liability Comp								• L Yes L	X No	
	Other 990				e organizatior						37
G Is this a	group filing	? See instructions •	Yes X No	report	taxable incor	ne?					X No
		in a group exemption	Yes X No		organization						X No
ii Yes, v	what is the	parent's name?		D le fode	ral Form 102	UI yeai ? 12/102/Ln/	andina	 2			X No
I Did the o	rnanization	n have any changes to its guidelines			led with IRS					165 _	<u>21</u> NU
		FTB? See instructions	Yes X No	Date	ica with into						
Part I	Complete F	Part I unless not required to file this f			and C.						
	1 Gro	ss sales or receipts from other source	es. From Side 2, Part I	I, line 8					1	1,455,9	38 00
Descipto	2 Gro	ss dues and assessments from memb	ers and affiliates					•	2		00
	3 Gro	ss contributions, gifts, grants, and sin al gross receipts for filing requirement test. Ac line must be completed. If the result is less	nilar amounts received	d		ST	MT	1• [3	472,9	
Receipts and	4 This	al gross receipts for filing requirement test. At a line must be completed. If the result is less	than \$50,000, see Genera	d Information	В				4	1,928,9	00 00
Revenues	5 Cos	st of goods sold		•	5			00			
		st or other basis, and sales expenses o	f assets sold	·····•	6			00			
									7	1,928,9	00
		al gross income. Subtract line 7 from							8		
Expenses	1	al expenses and disbursements. From ess of receipts over expenses and dis			lino 0				9 10	1,452,5 476,3	79 00
								•	11	470,3	00
Filing Fee									12		00
		ments balance. If line 11 is more than							13		00
	1	e tax balance. If line 12 is more than lir							14		00
		ng fee \$10 or \$25. See General Inform	•						15		10 00
	16 Per	nalties and Interest. See General Inforn						ı	16		00
	17 Bal	ance due. Add line 12, line 15, and lin	e 16. Then subtract li	ne 11 from	the result				17		10 00
Sign	it is true, c	alties of perjury, I declare that I have examine orrect, and complete. Declaration of preparer	(other than taxpayer) is b	ased on all in	formation of wh	statements nich prepare	s, and to er has ar	the best of ny knowled	my kn ge.	owledge and belief,	
Here	Signature Date							• Telephone			
	Signature of officer	<u> </u>		EXEC	JTIVE Date	DIRE				209-667-38	27
	Preparer's	ELGA A DOMEDO				,,,, l	Check				
Daid		ELSA A. ROMERO			12/14	/ ∠ U	seit-em	ployed	Ш	P00485021 • Firm's FEIN	
Paid	Firm's nam (or yours,	E ALDRICH CPAS AN	D VICTOR	Z T.T 1	D					93-0623286	
Preparer's Use Only	if self- employed)									● Telephone	
Gac Gilly	and addres	S SAN DIEGO, CA 9		, 211	-500					(619) 810-	4940
	May the I	TB discuss this return with the prepar		instruction	1S			• X	Yes	No 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.

928951 12-04-19

	1	Gross sales or receipts from all	business activities. See instru	ctions		•	1			00
	2	Interest				•	2			00
	3	Dividends					3		1,74	
Receipts	4						4		9,56	6 00
from	5	Gross royalties					5			00
Other	6	Gross amount received from sal	e of assets (See Instructions)	1		•	6			00
Sources	7	Other income			SEE STA	TEMENT 2 •	7		.,444,62	
	8	Other income SEE STATEMENT 2 • Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1							.,455,93	
	9	G = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =							25,23	1 00
	10	Disbursements to or for members •								00
	11	Disbursements to or for members Compensation of officers, directors, and trustees SEE STATEMENT 4 •							178,01	9 00
	12	Other salaries and wages •							349,81	3 00
Expenses	13	Interest					13		28,21	7 00
and	14	Taxes					14		28,32	1 00
Disburse	- 15	Rents					15		31,06	
ments							16		25,87	
	17	, , , , , , , , , , , , , , , , , , , ,				TEMENT 5 •	17		785,97	
		Total expenses and disburseme					18	1	.,452,52	
Sched		Balance Sheet	Beginning of					able ye		
Assets			(a)		(b)	(c)			(d)	
1 Cash			. ,		484,984			•	800,	440
	2 Net accounts receivable				. ,			•		
		ceivable						•		
								•		
		state government obligations						•		
		in other bonds						•		
		in stock						•		
	O Mantagana Isana							•		
								•		
9 Other investments 10 a Depreciable assets			45,369			4,364,2	18	_		
b Less accumulated depreciation (mulated depreciation	(44,531		838				4,293,	811
						, , , , ,	- /	•		
12 Other	1 Land STMT 6				197,863			•	1,115,	189
13 Total assets				683,685				6,209,		
Liabilities and net worth									0,200,	
14 Accounts payable					49,674			•	656,	177
		s, gifts, or grants payable						•		
								•	3,590,	000
17 Mort	16 Bonds and notes payable STMT 7							•		
18 Other	17 Mortgages payable 18 Other liabilities STMT 8				1,557,571				2,388,	495
19 Canit	19 Capital stock or principal fund							•		
								•		
 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 					-923,560			•	-425,	232
22 Total liabilities and net worth					683,685				6,209,	
Sched			per books with income per r		000,000				0,200,	
ocneu	uic iv		dule if the amount on Schedu		e 13. column (d), is les	s than \$50,000.				
1 Not in	ncome r	per books				·				
				220	1	9		21	949	
2 Federal income tax3 Excess of capital losses over capital gains			•		not included in this return STMT 8 Deductions in this return not charged				7 = 7	
4 Income not recorded on books this year					ome this year		•			
5 Expenses recorded on books this year not			9 Total. Add line 7 and lin				<u> </u>	21	949	
		•	• 10 Net income per return.					41,	7 4 7	
6 Total. Add line 1 through line 5				498,328 Subtract line 9 from line 6					476,	379
U TOTAL AUU IIITE T UITOUGIT IIITE 3			<u>2007</u>		I Gastiact into 3 III	JIII IIII 0				