| Form 330 | Form | 99 | 0 |
|-----------------|------|----|---|
|-----------------|------|----|---|

| Form 990 | | | | OMB No. 1545-0047 | | | | |
|--|---|--------------------|------------|------------------------------|--|--|--|--|
| | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) | | | | | | | |
| Department of the Treasury Internal Revenue Service | Do not enter social security number Go to www.irs.gov/Form990 for inst | | | Open to Public Inspection | | | | |
| A For the 2021 calendar | year, or tax year beginning 7/01 | , 2021, and ending | 6/30 | , 20 2022 | | | | |
| B Check if applicable: C | | | D Employer | identification number | | | | |

| Α | For t | he 2021 calen | dar year, or tax year beginning $7/01$, 2021, and ending | 6/30 | , | 20 2022 |
|---------------------------|---------------------|--|--|---|-------------|-------------------------------|
| В | Check | if applicable: | C | D Employ | er identif | ication number |
| | A | ddress change | ASSOCIATED STUDENTS OF THE | 94-0 |)2946 | 580 |
| | | ame change | UNIVERSITY OF CALIFORNIA | E Telepho | | |
| | | nitial return | 2465 BANCROFT WAY #412 | 510- | -643- | -0693 |
| | | nal return/terminated | BERKELEY, CA 94720-4500 | | 010 | 0000 |
| | | mended return | | G Gross re | ceints S | 8,587,839. |
| | | pplication pending | F Name and address of principal officer: | (a) Is this a group return | | |
| | | pplication pending | | | | 103 110 |
| <u> </u> | Тах | -exempt status: | X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 | (b) Are all subordinates If "No," attach a list. | See inst | ructions. |
| - J | | bsite: ► N/ | | (c) Group exemption nu | mhar 🕨 | |
| ĸ | | n of organization: | A In Corporation Trust X Association Other ► L Year of formation | | | gal domicile: CA |
| - | art I | Summar | | 1. 1007 | late of le | gai domicile: CA |
| ГС | | | y be the organization's mission or most significant activities:TO_SERVE_S' | | דער ד | INITVEDCTTV |
| | - | | | IUDENIS OF | | |
| Activities & Governance | | | | | | |
| nar | | | | | | |
| Ver | 2 | Check this bo | x ► if the organization discontinued its operations or disposed of mor | e than 25% of its | net ass | ets. |
| ဗိ | 3 | | ting members of the governing body (Part VI, line 1a) | | 3 | 25 |
| ര ്ഗ | 4 | | dependent voting members of the governing body (Part VI, line 1b) | | 4 | 0 |
| itie | 5 | | of individuals employed in calendar year 2021 (Part V, line 2a) | | 5 | 0 |
| itivi | 6 | | of volunteers (estimate if necessary). | | 6 | 450 |
| ĕ | | | ed business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| | b | Net unrelated | I business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. |
| | | Contributions | and grants (Dark)/III line 1h) | Prior Year | | Current Year |
| e | 8 | | and grants (Part VIII, line 1h) vice revenue (Part VIII, line 2g) | | 62 | 2 512 202 |
| Revenue | 10 | - | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | | <u>3,512,293.</u> 417,221. |
| Rev | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 4,658,325. |
| _ | 12 | | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,130,9 | | 8,587,839. |
| | 13 | | imilar amounts paid (Part IX, column (A), lines 1-3) | | 02. | 0,007,000. |
| | 14 | | to or for members (Part IX, column (A), line 4) | | | |
| | 15 | | er compensation, employee benefits (Part IX, column (A), lines 5-10) | 261,5 | 63 | 211,774. |
| es | 16 2 | | fundraising fees (Part IX, column (A), line 11e) | 201,5 | 0.5. | 211,114. |
| Expenses | 104 | | | | | |
| Å | 0 | | sing expenses (Part IX, column (D), line 25) ► | | | |
| | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,254,3 | | 7,537,998. |
| | 18 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,515,8 | | 7,749,772. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 615,0 | | 838,067. |
| s or Ices | | - | | Beginning of Curren | | End of Year |
| aset 3alai | 20 | | (Part X, line 16) s (Part X, line 26) | 18,955,0 | | 19,461,216. |
| Net Assets Fund Balanc | 21 | | | 10,013,9 | | 10,483,753. |
| | | | fund balances. Subtract line 21 from line 20 | 8,941,1 | 12. | 8,977,463. |
| | art II | Signatur | | | | |
| Unde | er pena plete. Γ | Ities of perjury, I de Declaration of prepa | eclare that I have examined this return, including accompanying schedules and statements, and to the rer (other, than/officer) is based on all information of which preparer has any knowledge. | e best of my knowledge | and belie | f, it is true, correct, and |
| | | S In | rer (other than pflicer) is based on all information of which preparer has any knowledge. | 06.01.0 | 022 | |
| C ' | | | e of officer | 06.01.2 | <i>N</i> 23 | |
| Siq He | jn ro | | | | | |
| ne | | | Print name and title | PRESIDENT | | |

| | Type of print | | | | | | | | | |
|-------------|--|-------------------------|--------------------------|-------------------------|----------|-----------------|--|--|--|--|
| Paid | Print/Type prepa | arer's name | Preparer's signature | Date | Check if | PTIN | | | | |
| | BRIAN R | MAH | | self-employed P00522319 | | | | | | |
| | Firm's name | MAH & ASSOCIA | | | | | | | | |
| Use Only | Firm's address | ► 601 MONTGOMER | Firm's EIN ► 94-3342694 | | | | | | | |
| | | SAN FRANCISCO | Phone no. (415) 981-1111 | | | | | | | |
| May the IRS | May the IRS discuss this return with the preparer shown above? See instructions X Yes No | | | | | | | | | |
| BAA Far Ba | nomuorly Dodu | untion Act Nation and t | he concrete instructions | TEE 101011 00 | 100101 | Earm 000 (2021) | | | | |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

| | n 990 (202 | 1) ASSOCIATED STUDENTS | OF THE | 94- | 0294680 Page 2 |
|------------|-----------------|---|----------------------------------|---|---|
| Par | - | tatement of Program Service | | ent III | |
| 1 | | eck if Schedule O contains a respon scribe the organization's mission: | se or note to any line in this P | | ····· |
| • | - | RVE STUDENTS OF THE UNIV | /ERSTTY | | |
| | <u> </u> | | | | |
| | | | | | |
| 2 | Did the o | ganization undertake any significant pro | gram services during the year wi | hich were not listed on the prior | |
| | | | | | ··· Yes X No |
| | | escribe these new services on Schedule | | | |
| | lf "Yes," | rganization cease conducting, or mak lescribe these changes on Schedule O. | | | |
| 4 | Section | the organization's program service a 01(c)(3) and 501(c)(4) organizations nue, if any, for each program service | are required to report the amo | , three largest program services, as ount of grants and allocations to oth | measured by expenses. ers, the total expenses, |
| 4 a | (Code: | | 7,407. including grants of | | - |
| | | SSOCIATED STUDENTS OF TH | | | |
| | | GRADUATE AND GRADUATE S | | | |
| | <u>ACTIV</u> | ITIES, LECTURES, ART STU | JDIO, CONCERTS, FILM | M AND OTHER SPECIAL EV | <u>ENTS</u> |
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| 4 6 | Codor |) (Evennesse S | including grants of | \$) (Revenue | ć v |
| 40 | (Code: |) (Expenses \$ | including grants of |) (Revenue | ې) |
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| 4 c | : (Code: |) (Expenses \$ | including grants of | \$) (Revenue | \$) |
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| A 1 | Othor 57 | aram convious (Describe on Schedul | $\sim \circ \circ$ | | |
| 4 d | Expens) (Expens | gram services (Describe on Schedule s \$ inclue | e O.) ding grants of \$ |) (Revenue \$ |) |
| 40 | | gram service expenses | 7,617,407. | |) |
| | . star pro | | ·/ UI // IU / . | | Form 990 (2021) |

 Form 990 (2021)
 ASSOCIATED STUDENTS OF THE

 Part IV
 Checklist of Required Schedules

| I ai | oneckist of Required Schedules | | | |
|------|---|------------|--------------|--------|
| 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 | Yes X | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 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 | | Х |
| 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 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part Il | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V. | 10 | | Х |
| 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. | | | |
| á | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI | 11 a | Х | |
| ł | b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> | | | Х |
| 0 | c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> | 11 c | : | Х |
| C | 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? <i>If 'Yes,' complete Schedule D, Part IX</i> | 11 d | X | |
| e | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| f | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. | 11 f | | Х |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | Х | |
| ł | 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 | 125 |) | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| ł | 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 an foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. | y 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 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. See instructions | 17 | | Х |
| 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 | | Х |
| 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 | | Х |
| 20a | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | | | X |
| b | 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 domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | 21 | | Х |
| BAA | | | n 990 | (2021) |

Page 3

94-0294680

BAA

| Pa | rt IV | Checklist of Required Schedules (continued) | | | |
|------|-------------------------------|---|------|-----|-----|
| | | | | Yes | No |
| 22 | Did tl colun | he organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, nn (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> | 22 | | Х |
| 23 | and fo | ne organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current ormer officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete dule J</i> . | 23 | | Х |
| 24 8 | a Did th the la | ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of ast day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and</i> plete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| I | | he organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | | ne organization maintain an escrow account other than a refunding escrow at any time during the year to defease ax-exempt bonds? | 24c | | |
| (| | he organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Secti trans | ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit action with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| I | that t | e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete adule L, Part I | 25b | | Х |
| 26 | forme | he organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or er officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity mily member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> | 26 | | Х |
| 27 | empl mem | he organization provide a grant or other assistance to any current or former officer, director, trustee, key oyee, creator or founder, substantial contributor or employee thereof, a grant selection committee ber, or to a 35% controlled entity (including an employee thereof) or family member of any of these ons? If 'Yes,' complete Schedule L, Part III. | 27 | | Х |
| 28 | instru | the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, uctions for applicable filing thresholds, conditions, and exceptions): | | | |
| i | | rrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ' complete Schedule L, Part IV | 28a | | Х |
| I | b A fan | nily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| (| c A 35° <i>comp</i> | % controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' olete Schedule L, Part IV. | 28c | | Х |
| 29 | Did tl | he organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did tl contr | he organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ibutions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did tl | he organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | | ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete edule N, Part II | 32 | | Х |
| 33 | Did th 301.7 | ne organization own 100% of an entity disregarded as separate from the organization under Regulations sections 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| | and I | the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Part V, line 1 | 34 | | Х |
| 35 a | a Did tl | he organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| I | b If 'Ye entity | es' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Secti orgar | ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related nization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did th treate | ne organization conduct more than 5% of its activities through an entity that is not a related organization and that is ed as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | Х |
| 38 | Note | ne organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? : All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | 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 |
| 1: | a Entei | r the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 652 | | 162 | 140 |
| | | r the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| | c Did th | a organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 37 | |
| | (gam | ibling) winnings to prize winners? | _1 c | Х | |

| Form | 990 (2021) ASSOCIATED STUDENTS OF THE 94-02946 | 80 | Page 5 |
|------|--|-------|--------|
| Parl | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | |
| | | ۱ | res No |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, 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 | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | . 3a | X |
| | If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i> | | |
| | | | |
| | 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 | Х |
| 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). | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | Х |
| | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6 a | 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 | Х |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | . 6 b | |
| | Organizations that may receive deductible contributions under section 170(c). | | |
| а | 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 | Х |
| b | 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 to file | 7. | X |
| d | Form 8282? | . 7c | A |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | . 7e | X |
| | Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | . /1 | |
| 5 | as required? | . 7 g | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | . 7 h | |
| 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 | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| | Section 501(c)(7) organizations. Enter: | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| | Section 501(c)(12) organizations. Enter: | | |
| | Gross income from members or shareholders | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). | | |
| | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | |
| | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. | - 1 | |
| | Is the organization licensed to issue qualified health plans in more than one state? | . 13a | - |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | . 13a | |
| h | | | |
| | 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 | - 1 | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | . 14a | X |
| | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | | |
| | | . 140 | |
| 13 | 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 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | . 16 | X |
| 47 | If 'Yes,' complete Form 4720, Schedule O. | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | . 17 | |
| | If 'Yes,' complete Form 6069. | | |

| 1 a | a Enter the number of voting members of the governing body at the end of the tax year 1 a 25 If there are material differences in voting rights among members of the governing body delegated broad 1 1 | - | | | | | | | | | | |
|------|--|---------|--------|----------|--|--|--|--|--|--|--|--|
| | authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | | | |
| | Denter the number of voting members included on line 1a, above, who are independent 1b | - | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Х | | | | | | | | |
| 3 | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| | since the prior Form 990 was filed? | | | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | Х | | | | | | | | | |
| | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7 a | Х | | | | | | | | | |
| ł | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | Х | | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | |
| á | a The governing body? | 8 a | Х | | | | | | | | | |
| | Each committee with authority to act on behalf of the governing body? | 8 b | | Х | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q | 9 | | Х | | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenu | ie Co | de.) | | | | | | | | |
| | | Т | Yes | No | | | | | | | | |
| 10 a | a Did the organization have local chapters, branches, or affiliates? | 10 a | | Х | | | | | | | | |
| ł |) If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 b | | | | | | | | | | |
| | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | | | | | | | | | |
| ł | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | |
| 12 a | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | Х | | | | | | | | | |
| ł | • Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | Х | | | | | | | | |
| (| bid the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done | 12 c | | Х | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х | | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | | |
| á | a The organization's CEO, Executive Director, or top management official | 15a | | Х | | | | | | | | |
| ł | Other officers or key employees of the organization | 15 b | | Х | | | | | | | | |
| | If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | | |
| 16 a | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | Х | | | | | | | | |
| ł | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16 b | | | | | | | | | | |
| Sec | tion C. Disclosure | 100 | | <u> </u> | | | | | | | | |
| - | List the states with which a copy of this Form 990 is required to be filed ► CA | | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply. | 01(c)(3 | 3)s on | ly) | | | | | | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | | | |
| 19 | | able to | | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ► | | | | | | | | | | | |
| | LINCOLN TAM 2465 BANCROFT WAY RM #412 BERKELEY CA 94720-4500 (510) 643-5972 | | | | | | | | | | | |
| BAA | | | | 2021) | | | | | | | | |

Section A. Governing Body and Management

 Part VI
 Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

 Х

No

Yes

| Form 990 (2021) ASSOCIATED STUDENTS OF THE | 94-0294680 | Page 7 |
|---|---------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors | Compensated Employe | es, and |
| 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 Compensate | ed Employees | |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending v 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| | | | | (C) | | | | | | |
|--|---|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|--|---|---|
| (A) Name and title | (B) Average hours per | thar is | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099- MISC/1099-NEC) | (W-2/1099- MISC/1099-NEC) | compensation from the organization and related organizations |
| (1) CHAKA TELLEM | _ 20 _ | | | | | | | | | _ |
| PRESIDENT | 0 | | | Х | | | | 0. | 0. | 0. |
| _ <u>(2)</u> <u>GIANCARLO</u> <u>FERNANDEZ</u> EXECUTIVE VP | $-\frac{20}{0}$ | | | Х | | | | 0. | 0. | 0. |
| (3) JAMES WEICHERT | 20 | | | | | | | | | |
| A. AFFAIRS VP | 0 | | | Х | | | | 0. | 0. | 0. |
| (4) BAILEY HENDERSON | _ 20 _ | | | | | | | | | |
| EXTERNAL VP | 0 | | | Х | | | | 0. | 0. | 0. |
| (5) CRYSTAL CHOI ADVOCATE | _ <u>20</u> _ 0 | | | Х | | | | 0. | 0. | 0 |
| (6) | 0 | | | Λ | | | | 0. | 0. | 0. |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| ВАА | TEEA0 | 107L | 09/22 | /21 | | | | 1 | | Form 990 (2021) |

| Form 990 (2021) ASSOCIATED STU | | | | | | | | | | 94-02946 | | | age 8 |
|---|--|--|-----------------------------------|---------------------------|-----------------|-------------------------------------|----------------------------------|-------------------------------|------------------------|--|---------------|---|--------------|
| Part VII Section A. Officers, D | | | Key | Em | _ | - | es, ar | nd Highes | t Com | pensated En | <u>iploye</u> | es (cont | inued) |
| (A) Name and title | Ave hc p | (B) erage ours oer eek | box, offic | not ch unles er and | s per 1 a di | tion more f son is irector | than on s both a r/trustee | n Reportal | n from | (E) Reportable compensation from related organization | | (F) stimated am of other | |
| | hc f rel orga ti be do | t any ours for ated aniza ions elow tted ne) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Furrier Highest compensated | (W-2/109 MISC/1099 | 99- | (W-2/1099- MISC/1099-NEC) | t | mpensation he organiza and relate organization | tion d |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1 b Subtotal c Total from continuation sheets to d Total (add lines 1b and 1c) | o Part VII, Section A | | | | | | ► | | 0. 0. 0. | (|). | | 0.0. |
| 2 Total number of individuals (includir from the organization ► 0) | | | | | | | | d more than S | | | | ation | |
| 3 Did the organization list any form | er officer, director, t | truste | e, ke | ey en | nplo | yee, | or hig | ghest compe | nsated | employee | | Yes | |
| on line 1a? If 'Yes,' complete Sch 4 For any individual listed on line 1 the organization and related orga | | | | | | | | | | | | 3 | X |
| such individual 5 Did any person listed on line 1a r for services rendered to the organ | | | | | | | | | | | | 4 5 | X |
| Section B. Independent Contra | | mpie | te Sc | :neat | lie . | J TOP | SUCH | person | | | | 5 | Х |
| 1 Complete this table for your five the compensation from the organization | nighest compensated | d inde n for | epeno the ca | dent alend | con ar y | tract ear e | tors th ending | at received with or within | more tl n the or | han \$100,000 of ganization's tax y | ear. | | |
| Name an | (A) d business address | | | | | | | Descr | (B) iption o | of services | Con | (C) npensatio | on |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contra \$100,000 of compensation from t | | | ited to | o thos | se lis | sted | above |) who receive | d more | than | | | |

Part VIII Statement of Revenue

94-0294680

Page 9

| | | a response or note to an | - | | | - |
|---------------------------|---|---------------------------------------|-----------------------------|---|--|---|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from ta under sections 512-514 |
| ររ្ម្ 1 | a Federated campaigns | 1a | | | | |
| no | b Membership dues | 1 b | - | | | |
| Am | c Fundraising events | 1c | - | | | |
| ar | d Related organizations | 1 d | - | | | |
| E | e Government grants (contributions) | 1 e | - | | | |
| P | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | | | | |
| ₫ | g Noncash contributions included in | | - | | | |
| and Other Similar Amounts | lines 1a-1f | 1g | - | | | |
| | h Total. Add lines 1a-1f | Business Code | | | | |
| 2 | a <u>REGISTRATION FEES</u> | | 3,512,293. | 3,512,293. | | |
| | b TRUSTEE FUNDS | | 5,512,255. | 5,512,255. | | |
| | c | | | | | |
| | d | | | | | |
| 2 | e | | | | | |
| 5 | f All other program service revenu | e | | | | |
| | g Total. Add lines 2a-2f | ····· • | 3,512,293. | | | |
| 3 | | ends, interest, and | | | | |
| | other similar amounts) Income from investment of tax-e | | 78,760. | | | 78,76 |
| 4 | | | | | | |
| 5 | (i) Re | | | | | _ |
| 6 | 6 a Gross rents | | - | | | |
| | b Less: rental expenses 6b | | - | | | |
| | c Rental income or (loss) 6c | | | | | |
| | d Net rental income or (loss) | | | | | |
| 7 | a Gross amount from (i) Secu | rities (ii) Other | | | | |
| | sales of assets other than inventory 7a 338, | 461 | - | | | |
| | b Less: cost or other basis | 101. | - | | | |
| | and sales expenses 7b | | - | | | |
| | | 461. | 000 461 | 000 461 | | |
| | d Net gain or (loss) | ····· · | 338,461. | 338,461. | | |
| 8 | a Gross income from fundraising events (not including \$ | | | | | |
| | of contributions reported on line 1c). | - | | | | |
| | See Part IV, line 18 | 8a | | | | |
| 8 | b Less: direct expenses | 8b | | | | |
| | c Net income or (loss) from fundra | ising events ► | | | | |
| | a Gross income from gaming activities. | | | | | |
| | See Part IV, line 19 | 9a | | | | |
| | b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming | g activities | | | | |
| 10 |)a Gross sales of inventory, less returns and allowances | 10.2 | | | | |
| | b Less: cost of goods sold | 10а 10Ь | | | | |
| | c Net income or (loss) from sales of | | | | | |
| + | | Business Code | | | | |
| ,,11 | a <u>MISCELLANEOUS</u> | | 4,307,961. | 4,307,961. | | |
| | b COMMERCIAL REVENUE | | 350,364. | 350,364. | | |
| 2 2 | • SUPERB | | | | | |
| ž | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | · · · · · · · · · · · · · · · · · · · | 4,658,325. | | | |
| | 2 Total revenue. See instructions. | | 8,587,839. | 8,509,079. | 0 | . 78,760 |

Form 990 (2021)

| | | | скрепьез | general expenses | скрепьез |
|----|---|------------|------------|------------------|------------------|
| 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 | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 211,774. | 175,909. | 35,865. | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | 1,0,000 | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| Ł | Legal | 21,231. | | 21,231. | |
| c | Accounting | i | | . | |
| c | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | 22,692. | 22,692. | | |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 9 | (A), amount, list line 11g expenses on Schedule 0.) | 217,679. | 186,679. | 31,000. | |
| 12 | Advertising and promotion | 321,134. | 321,134. | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel. | 900,166. | 900,166. | | |
| | Payments of travel or entertainment | 900,100. | 900,100. | | |
| | expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 32,938. | 32,938. | | |
| | Insurance | 22,511. | 8,675. | 13,836. | |
| | 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 O.) | | | | |
| a | PROGRAM & EVENTS | 1,669,214. | 1,669,214. | | |
| | STIPENDS | 1,306,645. | 1,286,645. | 20,000. | |
| | MEETINGS & MEALS | 893,160. | 891,355. | 1,805. | |
| | SUPPLIES | 887,853. | 884,128. | 3,725. | |
| e | All other expensesSEE SCHO | 1,242,775. | 1,237,872. | 4,903. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,749,772. | 7,617,407. | 132,365. | 0. |
| 26 | Joint costs. Complete this line only if | | | | |
| -0 | the organization reported in column (B) | | | | |
| | joint costs from a combined educational | | | | |
| | campaign and fundraising solicitation. Check here ► ☐ if following | | | | |
| | SOP 98-2 (ASC 958-720) | | | | |
| | | | | | Farma 000 (2021) |

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.....

(A) Total expenses **(D)** Fundraising

expenses

(C) Management and general expenses

(B) Program service expenses Х

| 94- | 0294680 | |
|-----|---------|--|
|-----|---------|--|

Page 11

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|----|---|---------------------------------|------|---------------------------|
| 1 | Cash – non-interest-bearing | 11,877,198. | 1 | 12,317,263 |
| 2 | Savings and temporary cash investments | 1,815,743. | 2 | 1,677,75 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | 137,580. | 4 | 625,20 |
| 5 | Loans and other receivables from 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 | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| 7 | | | 7 | |
| 8 | Inventories for sale or use. | | 8 | |
| 9 | h | | 9 | |
| _ | | | | |
| 10 | a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 224,934. | | | |
| | b Less: accumulated depreciation 10b 144,419. | 70,704. | 10 c | 80,51 |
| 11 | | 3,732,538. | 11 | 3,405,42 |
| 12 | F F | -,, | 12 | -,,-= |
| 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets. | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 1,321,328. | 15 | 1,355,05 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 18,955,091. | 16 | 19,461,21 |
| 17 | Accounts payable and accrued expenses | 584,310. | 17 | 450,25 |
| 18 | | • | 18 | · |
| 19 | | | 19 | |
| 20 | | | 20 | |
| 21 | | | 21 | |
| 22 | Loans and other 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 | | 22 | |
| 23 | | | 22 | |
| 23 | | | 23 | |
| 24 | | | 24 | |
| 20 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | 9,429,669. | 25 | 10,033,49 |
| 26 | Total liabilities. Add lines 17 through 25 | 10,013,979. | 26 | 10,483,75 |
| | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 8,941,112. | 27 | 8,977,46 |
| 28 | Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | · · _ · _ · _ · | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances | 8,941,112. | 32 | 8,977,46 |
| 33 | Total liabilities and net assets/fund balances | 18,955,091. | 33 | 19,461,21 |

| Forn | า 990 | (2021) | ASSOCIATED STUDENTS OF THE 94- | 029468 |) | Pa | age 12 |
|------|-----------------|--------------------------|---|---------|------|------|---------------|
| Par | t XI | Reco | nciliation of Net Assets | | | | |
| | | | if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Tota | l revenue | e (must equal Part VIII, column (A), line 12) | 1 | 8,5 | 87,8 | 339. |
| 2 | Tota | l expens | es (must equal Part IX, column (A), line 25) | 2 | 7,7 | 49,7 | 772. |
| 3 | | | expenses. Subtract line 2 from line 1 | 3 | 8 | 38,0 |)67. |
| 4 | Net a | assets or | fund balances at beginning of year (must equal Part X, line 32, column (A)). | 4 | 8,9 | 41,1 | L12. |
| 5 | Net ı | unrealize | d gains (losses) on investments | 5 | -8 | 01,7 | 716. |
| 6 | Dona | ated serv | rices and use of facilities | 6 | | | |
| 7 | | | xpenses | 7 | | | |
| 8 | | | adjustments | 8 | | | |
| 9 | Othe | r change | es in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | | | fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| Des | colur | mn (B)) . | - in the second Demonstrate | 10 | 8,9 | 77,4 | 163. |
| Par | t XII | Finar | ncial Statements and Reporting | | | | |
| | | Check | if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | | | Yes | No |
| 1 | Acco | ounting n | nethod used to prepare the Form 990: Cash X Accrual Other | | | | |
| | lf the on S | e organiz chedule | ation changed its method of accounting from a prior year or checked 'Other,' explain O. | | | | |
| 2 a | Were | e the org | anization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | | irate bas | k a box below to indicate whether the financial statements for the year were compiled or review is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis | ed on a | | | |
| ł | Were | e the org | anization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | | s, consol | k a box below to indicate whether the financial statements for the year were audited on a separa idated basis, or both: te basis Consolidated basis Both consolidated and separate basis | ate | | | |
| C | lf 'Ye revie | es' to line ew, or co | 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit mpilation of its financial statements and selection of an independent accountant? | , | 2 c | Х | |
| _ | on S | chedule | * | | | | |
| | Audi | t Act and | a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133? | | 3a | | Х |
| Ŀ | | | e organization undergo the required audit or audits? If the organization did not undergo the required audiolain why on Schedule O and describe any steps taken to undergo such audits | | 3 b | | |
| BAA | | | TEEA0112L 09/22/21 | | Form | 990 | (2021) |

| | | Public Charit | ty Status and P | ublic S | aauS | ort | OMB No. 1545-0047 |
|--|---|--|--|--|----------------------|--|--|
| SCHEDULE A (Form 990) | Con | plete if the organizat 4947(a | 2021 | | | | |
| | | ► Atta | ch to Form 990 or For | m 99 0-EZ . | | | Open to Public |
| Department of the Treasury Internal Revenue Service | ► (| Go to www.irs.gov/Fo | rm990 for instructions | and the | atest i | nformation. | Inspection |
| | | STUDENTS OF T | | | | Employer identifica | |
| | | OF CALIFORNIA | | complo | to thic | 94-029468 part.) See instruc | - |
| The organization is not | | | | | | | |
| Ĕ | | | nurches described in sec | | 5 | , | |
| | | | ach Schedule E (Form | • | | | |
| 3 A hospital or | a cooperative h | ospital service organi | zation described in se | ction 170 | (b)(1)(A | .)(iii). | |
| 4 A medical res | - | tion operated in conju | Inction with a hospital | described | l in sec | tion 170(b)(1)(A)(iii). E | nter the hospital's |
| section 170(b |)(1)(A)(iv). (Co | mplete Part II.) | | | - | a governmental unit de | scribed in |
| | te, or local gov | ernment or governme | ntal unit described in s | section 17 | 7 0(b)(1) | (A)(v). | |
| 7 An organizatio | n that normally i 0(b)(1)(A)(vi).(| eceives a substantial p Complete Part II.) | art of its support from a | governme | ntal uni | t or from the general put | olic described |
| 8 A community | trust described | in section 170(b)(1)(/ | A)(vi). (Complete Part | II.) | | | |
| | | | | | | on with a land-grant colle and state of the college c | |
| | | | | | | | |
| from activities | s related to its e come and unre | exempt functions, sub | ject to certain exception e income (less section | ons; and (| 2) no r | utions, membership fee nore than 33-1/3% of it usinesses acquired by t | s support from gross |
| | | | ly to test for public sat | fety. See | section | 509(a)(4). | |
| or more publi | cly supported o | rganizations describe | ly for the benefit of, to d in section 509(a)(1) upporting organization | or sectior | 1 509(a) | ctions of, or to carry ou (2). See section 509(a) nes 12e. 12f. and 12g. | It the purposes of one (3). Check the box on |
| a Type I. A supp organization(s | orting organizati | on operated, supervised gularly appoint or elect | d. or controlled by its su | pported or | aanizati | on(s), typically by giving he supporting organization | the supported on. You must |
| b Type II. A sup management o must comple | oporting organiz of the supporting te Part IV, Sect | ration supervised or co organization vested in ions A and C. | ontrolled in connection the same persons that o | n with its s control or r | support nanage | ed organization(s), by l the supported organizati | having control or on(s). You |
| c X Type III function | onally integrated s) (see instructi | . A supporting organizat ons). You must comp | ion operated in connection blete Part IV, Sections | on with, and A, D, and | d functio E. | onally integrated with, its | supported |
| d Type III non-fu functionally ir | Inctionally integ | rated. A supporting orgonation orgonation of the support of the su | anization operated in co | nnection w ution requ | /ith its s | upported organization(s) t and an attentiveness | that is not |
| e Check this bo | ox if the organiz | ation received a writte | , | the IRS th | nat it is | a Type I, Type II, Type | e III functionally |
| f Enter the number | er of supported | organizations | | | | | 1 |
| (i) Name of supported of | - | n about the supported | ÷ | | | (v) Amount of monetary | |
| (n) Name of supported to | rganization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is organizatio in your go docume | on listed verning | support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| | OF CALIFO | RNIA, BERKELEY | | | | 0 | 0 |
| <u>(A)</u> | | 94-6002123 | 2 | | | 0. | 0. |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Total | | | | | | 0. | 0. |

ASSOCIATED STUDENTS OF THE

94-0294680

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
|-----|---|--|--|---------------------------------|--------------------------|-------------------|------------------|--|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | | |
| 2 | Tax revenues levied for the organization'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 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | |
| Sec | tion B. Total Support | | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | | |
| 12 | Gross receipts from related activ | vities, etc. (see in | structions) | | | 12 | | |
| 13 | First 5 years. If the Form 990 is organization, check this box and | | | | | |) ▶□ | |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | | | | |
| | Public support percentage for 20 | | | | | | % | |
| 15 | Public support percentage from | 2020 Schedule A, | Part II, line 14. | | | | % | |
| 16a | 33-1/3% support test-2021. If t and stop here. The organization | he organization d qualifies as a pu | id not check the t blicly supported c | box on line 13, an organization | d line 14 is 33-1/3 | 3% or more, cheo | ck this box | |
| b | 33-1/3% support test-2020. If the and stop here. The organization | | | | | | | |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | ind-circumstances | s test. check this l | box and stop here | . Explain in Par | VI how | |
| b | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and | meets the facts-a | nd-circumstances | s test, check this I | box and stop here | . Explain in Parl | VI how the | |
| 18 | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |

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 | tion A. Public Support | | | | | | |
|---------|---|--------------------|----------------------|---------------------|--------------------|--------------------|------------------|
| | lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | any 'unusual grants.') | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the organization'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 | | | | | | |
| | Total. Add lines 1 through 5 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с 11 | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | 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.). | | | | | | |
| | First 5 years. If the Form 990 is organization, check this box and | stop here | | third, fourth, or f | ifth tax year as a | section 501(c)(3) | |
| | tion C. Computation of Pu | 1.1 | | | | | * |
| | Public support percentage for 20 | • | | | , | | 0/0 |
| - | Public support percentage from | | | | | 16 | 010 |
| Sec | tion D. Computation of Inv | estment Incor | ne Percentage | 9 | | | |
| 17 | Investment income percentage f | or 2021 (line 10c, | column (f), divide | ed by line 13, col | umn (f)) | 17 | 010 |
| 18 | Investment income percentage f | rom 2020 Schedu | le A, Part III, line | 17 | | 18 | 0/0 |
| 19a | 33-1/3% support tests — 2021. If is not more than 33-1/3%, check | the organization d | lid not check the I | box on line 14, ar | nd line 15 is more | than 33-1/3%, an | |
| b | 33-1/3% support tests — 2020. If line 18 is not more than 33-1/3% | the organization d | id not check a bo | x on line 14 or lir | ne 19a, and line 1 | 6 is more than 33- | 1/3%, and |
| 20 | Private foundation. If the organi | | | | | | |
| | · · · · 3-···· | | | . ,, | | | |

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe Х the designation. If historic and continuing relationship, explain. 1 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 Х 2 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 lines 3b and 3c below. Х 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and Х if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. 4h **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. **4**c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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). 5a Х 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 Х 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). Х 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 Х 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))? Х If 'Yes,' provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI. Х 9b c Did a disqualified person (as defined on 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. Х 9c 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,' Х answer line 10b below. 10a **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.) 10b

| Schedule A | (Form | 990) 2021 | |
|------------|-------|-----------|--|
| | | | |

| Schedule A | (Form 990) 2021 | ASS | OCIATED | STUDENTS | OF |
|------------|------------------|----------|------------|----------|----|
| Part IV | Supporting Organ | izations | (continued | 1) | |

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|------------|
|------------|

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Yes

1

2

No

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

THE

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section 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 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

| | | | Yes | No | |
|---|---|---|-----|----|--|
| 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 | Nere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | |
| | | | Х | | |
| 3 | By reason of the relationship described on line 2, above, 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 Part VI the role the organization's supported organizations played | | | | |
| | in this regard. | | | | |
| ~ | | | | | |

Section 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 year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a 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 SEE PART VI substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

Yes

Х

2a

2b

3a

No

Х

Part V

Page 6

| 1 Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organiza | rust on No tions must | v. 20, 1970 (explain ir t complete Sections A | n Part VI). See . through E. |
|--|--------------------------|--|--|
| Section 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 | | |
| Section 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 sho tax year or assets held for part of year): | ort | | |
| 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 | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 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 0.015 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 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 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 Charly have if the surrout user is the experimetion of first as a new functionally i | | Tura III auronartina ar | |

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

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Schedule A (Form 990) 2021

| Par | t V I type ill Non-Functionally integrated 509(a)(5) Si | upporting Organiza | ations (continue | ea) | |
|-----|--|--------------------------------|-------------------------------------|-----|---|
| Sec | tion D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | irposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes | | | | |
| | in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of s | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide | e details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organizat | ion is responsive (provide | e details | 8 | |
| 9 | in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (1) | (!!) | 1.0 | (:::) |
| | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributi Pre-2021 | ons | (iii) Distributable Amount for 2021 |
| | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| | From 2016 | | | | |
| b | P From 2017 | | | | |
| c | From 2018 | | | | |
| | From 2019 | | | | |
| e | Prom 2020 | | | | |
| 1 | f Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| C | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| e | Excess from 2021 | | | | |

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Schedule A (Form 990) 2021

Part VI

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.)

PART IV, SECTION E, LINE 2A - IDENTIFY SUPPORTED ORGS. AND EXPLAIN HOW ACTIVITIES FURTHERED EXEMPT PURPOSES

PROVIDES STUDENTS WITH THE OPPORTUNITY TO PARTICIPATE IN STUDENT GROUPS.

PROVIDES MEETING ROOMS, STUDY AREAS, LECTURE HALLS, DANCE HALLS, FILM VIEWING ROOMS AND BANQUET ROOMS FOR THE CONVENIENCE OF STUDENTS. SPONSORS STUDIO CLASSES IN PHOTOGRAPHY, VIDEO, CERAMICS, ETC. FOR THE ENRICHMENT OF STUDENTS. OPERATES A STUDENT INFORMATION CENTER.

PROVIDES THE OPPORTUNITY FOR STUDENTS TO PROVIDE SPECIFIC CULTURAL, SOCIAL AND ACADEMIC PROGRAMS FOR THE BENEFIT OF STUDENTS.

PROVIDES A FACILITY FOR VARIOUS RECREATIONAL ACTIVITIES FOR THE BENEFIT OF THE STUDENTS.

PART IV, SECTION E, LINE 3A - ORGANIZATION HAS POWER TO APPOINT OR ELECT GOVERNING PERSON THE OFFICERS OF ASUC ARE APPOINTED BY VOTE.

| SCHEDULE C | | | OMB No. 1545-0047 | | | | | |
|-------------------|--|---|---|---|--|---|--|--|
| (Form 990) | | | For Organizations Exempt From Income Tax Under section 501(c) and section 527 | | | | | |
| Depart Interna | ment of the Treasury al Revenue Service | ► Com | plete if the organization is described belo ► Go to www.irs.gov/Form990 for instru | ow. ► Attach to Form ctions and the latest | 990 or Form 990-EZ. information. | Open to Public Inspection | | |
| • 9 • 9 • 9 | Section 501(c)(3) of Section 501(c) (oth Section 527 organia | rganization er than sec zations: Co | on Form 990, Part IV, line 3, or Form 990-EZ, s: Complete Parts I-A and B. Do not com tion 501(c)(3)) organizations: Complete P mplete Part I-A only. on Form 990, Part IV, line 4, or Form 990-EZ, | plete Part I-C. Parts I-A and C below. | . Do not complete Part I- | | | |
| • S • S | Section 501(c)(3) or Section 501(c)(3) c | ganizations f | s that have filed Form 5768 (election under sec s that have NOT filed Form 5768 (election | tion 501(h)): Complete | Part II-A. Do not complete | | | |
| If the (Prox | (y Tax) (See sepai | ate instruc | ,' on Form 990, Part IV, line 5 (Proxy Tax) tions), then rganizations: Complete Part III. |) (See separate instru | ictions) or Form 990-EZ, | Part V, line 35c | | |
| - | | | STUDENTS OF THE | | Employer identifica | tion number | | |
| | UNI | VERSITY | OF CALIFORNIA | | 94-029468 | | | |
| Par | t I-A Complet | e if the o | rganization is exempt under sect | ion 501(c) or is a | section 527 organiz | zation. | | |
| | See instructions f | or definitio | organization's direct and indirect political n of 'political campaign activities.' | | | | | |
| | | | xpenditures. See instructions. | | | | | |
| | | - | campaign activities. See instructions | | | | | |
| Par | · · · · · | | rganization is exempt under sect | | | | | |
| 1 | | - | ise tax incurred by the organization under | | | 0. | | |
| 2 | | | tise tax incurred by organization manager | | | | | |
| 3 | If the organization | | a section 4955 tax, did it file Form 4720 fo | | | | | |
| | Was a correction | | | | | Yes No | | |
| | If 'Yes,' describe | | | | | | | |
| Par | | | rganization is exempt under sect | | | | | |
| 1 | Enter the amount | directly ex | pended by the filing organization for section | ion 527 exempt functi | ion activities 🏲 Ş | | | |
| 2 | | | g organization's funds contributed to othe s | | | | | |
| 3 | Total exempt fund | ction expen | ditures. Add lines 1 and 2. Enter here and | d on Form 1120-POL, | ▶\$ | | | |
| 4 | Did the filing orga | anization fil | e Form 1120-POL for this year? | | | Yes No | | |
| 5 | amount of political | contribution | and employer identification number (EIN s. For each organization listed, enter the is received that were promptly and directly d at action committee (PAC). If additional sp | elivered to a separate r | political organization, such | as a separate | | |
| | (a) Name | | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | | |
| (1) | | | | _ | | | | |
| (2) | | | | _ | | | | |
| (3) | | | | _ | | | | |
| (4) | | | | _ | | | | |
| (5) | | | | _ | | | | |
| (6) | | | | - | | | | |
| RAA | For Paperwork Re | auction Act | Notice, see the Instructions for Form 990 or | 99 U-EZ. | Sched | lule C (Form 990) 2021 | | |

| Schedule C (Form 990) 2021 ASSOCIATED | STUDENTS OF THE | 94-02946 | 580 Page 2 |
|---|--|-------------------------------------|-----------------------------|
| Part II-A Complete if the organization section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 (ele | ction under |
| A Check ► if the filing organization belo | ngs to an affiliated group (and list in Part IV each affiliat | ed group member's name, | |
| address, EIN, expenses, a | nd share of excess lobbying expenditures). | | |
| B Check ► ☐ if the filing organization ch | ecked box A and 'limited control' provisions apply. | | |
| Limits on Lobi (The term 'expenditures' mo | oying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditures to influence p | bublic opinion (grassroots lobbying) | | |
| b Total lobbying expenditures to influence a | legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a | and 1b) | 0. | 0. |
| d Other exempt purpose expenditures | | | |
| e Total exempt purpose expenditures (add | lines 1c and 1d) | 0. | 0. |
| f Lobbying nontaxable amount. Enter the a columns. | mount from the following table in both | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| g Grassroots nontaxable amount (enter 25% | 6 of line 1f) | 0. | 0. |
| h Subtract line 1g from line 1a. If zero or le | ss, enter -0 | 0. | 0. |
| i Subtract line 1f from line 1c. If zero or les | ss, enter -0 | 0. | 0. |
| | er line 1h or line 1i, did the organization file Form 4720 r | | Yes No |
| | 4-Year Averaging Period Under Section 501(h) nat made a section 501(h) election do not have to co elow. See the separate instructions for lines 2a thr | | |

| | columns below. | See the separate hist | uctions for lines za this | ougii 21.) | |
|--|-----------------|-----------------------|---------------------------|-----------------|------------------|
| | Lobbying | Expenditures During | 4-Year Averaging Perio | d | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2 a Lobbying nontaxable amount | 8,643. | 13,429. | 9,411. | 18,453. | 49,936. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 74,904. |
| c Total lobbying expenditures | 43,214. | 67,143. | 45,935. | 31,016. | 187,308. |
| d Grassroots nontaxable amount | 2,161. | 3,357. | | 868. | 6,386. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 9,579. |
| f Grassroots lobbying expenditures | 33,854. | 16,103. | | 30,000. | 79,957. |

Schedule C (Form 990) 2021

| (Forr | n 990) 2021 | ASSOCIATED | STUDENTS | OF | THE | | | 94- | -02946 | 80 |
|-------|---------------|----------------|-------------|----|-------------|-------------|-----------|-----------|--------|------|
| В | Complete if t | he organizatio | n is exempt | un | der sectior | 1 501(c)(3) | and has N | IOT filed | Form | 5768 |
| | (election und | er section 501 | (h)). | | | | | | | |

| | (a | ı) | (b |) | | | |
|---|---------|------|-----|------|----|--|--|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | Amo | ount | | | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | | | |
| a Volunteers? | | | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | | | |
| c Media advertisements? | | | | | | | |
| d Mailings to members, legislators, or the public? | | | | | | | |
| e Publications, or published or broadcast statements? | | | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | | | |
| i Other activities? | | | | | | | |
| j Total. Add lines 1c through 1i | | | | | | | |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | · | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6). | (c)(5) | , or | | | | | |
| | | | | Yes | No | | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the | prior y | ear? | 3 | | | | |
| Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.' | | | | | | | |

| 1 | Dues, assessments and similar amounts from members. | 1 | |
|----|--|-----|--|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| i | a Current year | 2 a | |
| I | carryover from last year | 2 b | |
| (| : Total. | 2 c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | 5 | |
| De | | | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-

| SCHEDULE D | | Supplemental Financial Statements | | | | OMB No. 1545-0047 | | | |
|---|--|--|---|-------------------------------------|------------------------|----------------------------|-------------------------------|------------------------|--|
| (Form 990) ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | , 2b. | | 202 | 21 | | | |
| Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | Open to Public Inspection | | |
| | of the organization | | | | | Employer io | dentification nur | nber | |
| UNI | IVERSITY OF | | | | | 94-029 | 4680 | | |
| Pai | t I Organizat Complete | if the organization ans | or Advised Funds or Other 9 wered 'Yes' on Form 990, P | Similar Funds art IV, line 6. | s or Ac | counts. | | | |
| | | | (a) Donor advised fund | ds | (b) F | unds and | other accour | nts | |
| 1 | | end of year | | | | | | | |
| 2 | | ntributions to (during year) | | | | | | | |
| 3 | | ants from (during year) | | | | | | | |
| 4 | Aggregate value | at end of year | | | | | | | |
| 5 | are the organizati | ion's property, subject to the | nor advisors in writing that the ass organization's exclusive legal con | trol? | | · · · · · · · · | Yes | No | |
| 6 | Did the organizati for charitable pur impermissible pri | ion inform all grantees, donc poses and not for the benefi vate benefit? | ors, and donor advisors in writing t t of the donor or donor advisor, or | hat grant funds of for any other pu | can be us irpose co | sed only nferring | Yes | No | |
| Pa | | tion Easements. | | | | | | | |
| | | | wered 'Yes' on Form 990, P | art IV, line 7. | | | | | |
| 1 | | | y the organization (check all that a | | | | | | |
| | Preservation o | of land for public use (for exam | ple, recreation or education) | Preservation | of a histo | prically imp | ortant land a | area | |
| | Protection of | natural habitat | | Preservation | of a certi | ified histori | c structure | | |
| | Preservation | of open space | | | | | | | |
| 2 | Complete lines 2a last day of the tax | | held a qualified conservation contribu | ition in the form o | | | | | |
| | | | | | | Held at the | End of the | Tax Year | |
| | | | | | 2a | | | | |
| | | | ments. | | 2 b 2 c | | | | |
| | | | fied historic structure included in (| . , | 20 | | | | |
| (| Number of conse structure listed in | rvation easements included i the National Register | in (c) acquired after 7/25/06, and r | not on a historic | 2 d | | | | |
| 3 | | | nsferred, released, extinguished, or te | | organizati | on during th | e | | |
| 4 | Number of states v | where property subject to conse | ervation easement is located 🕨 | | | | | | |
| 5 | | | egarding the periodic monitoring, ir nts it holds? | | | | Yes | No | |
| 6 | Staff and volunteer ► | r hours devoted to monitoring, | inspecting, handling of violations, an | d enforcing conse | rvation ea | asements du | iring the year | | |
| 7 | Amount of expense ►\$ | es incurred in monitoring, inspe | ecting, handling of violations, and en | forcing conservati | on easem | ents during | the year | | |
| 8 | Does each conse and section 170(h | rvation easement reported o n)(4)(B)(ii)? | n line 2(d) above satisfy the requir | rements of section | on 170(h) | (4)(B)(i) | Yes | No | |
| 9 | In Part XIII, descuinclude, if application conservation ease | able, the text of the footnote | ports conservation easements in it to the organization's financial state | s revenue and e ements that des | xpense s cribes the | tatement a e organizati | nd balance s ion's accoun | sheet, and ting for | |
| Pai | + Ⅲ Organizat | tions Maintaining Colle | ections of Art, Historical Tre wered 'Yes' on Form 990, P | easures, or O Part IV, line 8. | ther Sir | nilar Ass | ets. | | |
| 1; | historical treasure | es, or other similar assets he | r FASB ASC 958, not to report in eld for public exhibition, education, al statements that describes these | or research in f | ement and urtherand | d balance s e of public | sheet works (service, pro | of art, vide in | |
| I | historical treasures following amounts | s, or other similar assets held f s relating to these items: | er FASB ASC 958, to report in its re or public exhibition, education, or res | earch in furtherar | nce of pub | lic service, | t works of an provide the | rt, | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | | | |
| • | • • | | | | | | La contra | | |
| | | | historical treasures, or other similar a ASC 958 relating to these items: | | | | iowing | | |
| | | | 3 L | | | | | | |
| BAA | For Paperwork R | eduction Act Notice, see the | e Instructions for Form 990. | TEEA3301L 08 | /30/21 | Sched | ule D (Form | 990) 2021 | |

| Schedule D (Form 990) 2021 ASSOC | | | | 94-029 | | Page 2 |
|---|--|----------------------------------|--|---------------------------------------|-------------------|---------|
| Part III Organizations Maintai | ning Collectior | is of Art, Histo | rical Treasures, or | Other Similar Ass | ets (continu | ued) |
| 3 Using the organization's acquisition, | , accession, and othe | er records, check an | y of the following that ma | ake significant use of its | collection | |
| items (check all that apply): a Public exhibition | | | r exchange program | | | |
| b Scholarly research | | e Other | r exchange program | | | |
| c Preservation for future genera | ations | | | | | |
| 4 Provide a description of the organize | | nd explain how they | further the organization's | exempt purpose in | | |
| Part XIII. | | | | | | |
| 5 During the year, did the organizat to be sold to raise funds rather th | tion solicit or receiven to be maintaine | ed as part of the or | a historical treasures, or ganization's collection? | other similar assets | Yes | No |
| Part IV Escrow and Custodia | Arrangements | . Complete if th | ne organization ans | | rm 990, Pa | rt IV, |
| line 9, or reported an a | amount on Forn | n 990, Part X, I | ine 21. | | | |
| 1 a Is the organization an agent, trus | tee, custodian or o | ther intermediary f | or contributions or othe | r assets not included | | |
| on Form 990, Part X? b If 'Yes,' explain the arrangement | | | | · · · · · · · · · · · · · · · · · · · | Yes | No |
| b in res, explain the arrangement | | inplete the following | ig lable. | | Amount | |
| c Beginning balance | | | | | Amount | |
| d Additions during the year | | | | | | |
| e Distributions during the year | | | | | | |
| f Ending balance | | | | | | |
| 2 a Did the organization include an a | mount on Form 990 |), Part X, line 21, f | or escrow or custodial a | account liability? | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII. Check | here if the explanation | ation has been provided | d on Part XIII | | |
| | | | | | | |
| Part V Endowment Funds. Co | | | | | | |
| 1 a Beginning of year balance | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four yea | rs back |
| b Contributions | | | | | + | |
| - | | | | | + | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities | | | | | 1 | |
| and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | 6 41 | | 1 | | <u> </u> | |
| 2 Provide the estimated percentage a Board designated or guasi-endowment | - | r end balance (line | e ig, column (a)) heid a | is: | | |
| b Permanent endowment ► | 8 | ° | | | | |
| c Term endowment ► | ° | | | | | |
| The percentages on lines 2a, 2b, ar | | 00%. | | | | |
| | | | - le a la la constructor indicator de | for the s | | |
| 3a Are there endowment funds not in the organization by: | ne possession of the | organization that ar | e held and administered | for the | Yes | No |
| (i) Unrelated organizations | | | | | 3a(i) | |
| (ii) Related organizations | | | | | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the rela | - | | | | 3b | |
| 4 Describe in Part XIII the intended | - | zation's endowme | nt funds. | | | |
| Part VI Land, Buildings, and I | | | | 11 0 5 00 | | |
| Complete if the organi | r | | 1 990, Part IV, line | TTa. See Form 99 | | |
| Description of property | | st or other basis investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book v | alue |
| 1 a Land | · · · · · · · · · · · · · · · · · · · | | 20,920. | | 20 | ,920. |
| b Buildings | | | -116,106. | -27,884. | | ,222. |
| c Leasehold improvements | | | 80,965. | 20,808. | | ,157. |
| d Equipment | | | 220,911. | 141,353. | | ,558. |
| e Other | | | 18,244. | 10,142. | | ,102. |
| Total. Add lines 1a through 1e. (Colum | n (d) must equal F | orm 990, Part X, c | olumn (B), line 10c.) | | | ,515. |
| BAA | | | | Schedu | ule D (Form 99 | 0) 2021 |

| Schedule | D (Form 990) 2021 | ASSOCIATED | STUDENT | S OF THE | 94-029 | 94680 | Page 3 |
|-----------------|---|-------------------------|----------------|---------------------|--|--------------|---------------------------|
| | Investments - | - Other Securi | ties. | | N/A 0, Part IV, line 11b. See Form 9 | | (, line 12. |
| (a) Desc | cription of security or cate | | | (b) Book value | (c) Method of valuation: Cost or end-o | | |
| (1) Financ | ial derivatives | | | | | | |
| • • • | y held equity interes | sts | | | | | |
| (3) Other | | | | | | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) (E) | | | | | | | |
| <u>(F)</u> | | | | | | | |
| <u>(G)</u> | | | | | | | |
| <u> </u> | | | | | | | |
| () | | | | | | | |
| Total. (Colui | nn (b) must equal Form 9 | 990, Part X, column (B) | line 12.) 🕨 | | | | |
| Part VIII | Investments - | - Program Rela | ated. | | N/A | | 1. 1. 10 |
| | (a) Description of | | answered | (b) Book value | 0, Part IV, line 11c. See Form 9 (c) Method of valuation: Cost or end | | |
| (1) | (a) Description of | IIIvestillent | | (b) BOOK Value | (c) Method of Valdation. Cost of end | ·or-year man | Net value |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | 1: 10 N | | | | |
| Part IX | nn (b) must equal Form 9 Other Assets. | 190, Part X, column (B) | line 13.) 🖻 | | | | |
| | Complete if the | e organization | answered | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 9 | 90, Part X | , line 15. |
| | | | (a) Des | scription | | (b) Book | value |
| (1) (2) FOT | JITY INTEREST | TN ECUTEMA | Ν ΠΆΤΤ | | | 1 21 | 15 000 |
| | CPAID EXPENSE | | N HALL | | | | <u>15,000.</u> 40,054. |
| (4) | | 0 | | | | | 10,004. |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) (9) | | | | | | | |
| (10) | | | | | | ļ | |
| | olumn (b) must eaua | al Form 990. Part | X. column (E | 3) line 15.) | ► | 1 35 | 55,054. |
| Part X | Other Liabilitie | | ., | | | 1,00 | <u>,,,,,,,</u> |
| | Complete if the or | ganization answere | | | 1e or 11f. See Form 990, Part X, line 25 | | |
| 1. | | | (a) Descri | iption of liability | | (b) Book | value |
| | eral income taxes | 10 | | | | 10.07 | 21 0 0 0 |
| | THHELD SIT | 3 | | | | 10,03 | <u>31,960.</u> 1,534. |
| (4) | | | | | | | 1,004. |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) (10) | | | | | | <u> </u> | |
| (10) | | | | | | | |
| | nn (h) must equal Form (| 990. Part X. column (R) | line 25) | | · · · · · · · · · · · · · · · · · · · | 10 03 | 33,494. |
| | | | | | inancial statements that reports the organization's | | |

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

| Schedule D (Form 990) 2021 ASSOCIATED STUDENTS OF THE 9 | 4-0294680 | Page 4 |
|---|----------------------|------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn. | |
| 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 | 7,786,123. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants 2c | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d. | 2 e | -801,716. |
| 3 Subtract line 2e from line 1. | 3 | 8,587,839. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 8,587,839. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | ^r Return. | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 | 7,749,772. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | <u> </u> |
| a Donated services and use of facilities 2a | | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d. | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | 7,749,772. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | | |
| 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) | 5 | 7,749,772. |
| Part XIII Supplemental Information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ASSOCIATED STUDENTS OF THE UNIVERSITY OF CALIFORNIA Employer identification number 94-0294680

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 HAS BEEN REVIEWED AND APPROVED BY LINCOLN TAM THE FINANCE SERVICE

ANALYST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 24E OTHER EXPENSES

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) FUNDRAISING |
|--|---|----------------------------|--------------------------------|--------------------|
| | | | | |
| BAD DEBT CONCERTS EXPENSE DONATION EXPENSE ENTERTAINMENT MEMBERSHIPS & DUES MERCHANDISING EXPENSES MISCELLANEOUS POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS PUBLICATIONS & SUBSCRIPTIONS REPAIRS MAINTENANCE SCHOLARSHIP EXPENSE UTILITIES | 146,110. 27,584. 291,315. 96,385. 46,813. 27,442. 17,678. 125,041. 220,782. 2,342. 232,123. 9,160. DTAL \$ 1,242,775. | | 3,655. 1,248. \$ 4,903. | \$ <u>0.</u> |

2021

FEDERAL SUPPLEMENTAL INFORMATION ASSOCIATED STUDENTS OF THE UNIVERSITY OF CALIFORNIA

PAGE 1

94-0294680

01:53PM

5/25/23

CLIENT ASU0221

BASED IR-2023-03 THE IRS IS OFFERING RELIEF TO ANY AREA DESIGNATED BY FEMA. THE TAXPAYERS ARE LOCATED IN A FEMA LOCATION AND AS A RESULT THE TAX RETURNS HAVE UNTIL 10/16/2023 TO FILE AND PAY THEIR 2022 TAX RETURNS AND LIABILTIES.

| | _ | | | | | | DENTS C | | | EDULE | | | | PAGE |
|---------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|-----------|-----------------|
| ENT ASU0221 | | | | ι | JNIVER | SITY OF | CALIFOR | RNIA | | | | | | 94-02946 |
| 5/23 | | | | | | | | | | | | | | 01:5 |
| NO DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE RATE | CURREN DEPR. |
| FORM 990/990-PF | | | | | | | | | | | | | | |
| FURNITURE AND FIXTURES | | | | | | | | | | | | | | |
| 9 FIAT LUX TORCH | 2/01/17 | | 4,023 | | | | | | | 4,023 | 2,491 | S/L | 7 | |
| TOTAL FURNITURE AND FIXTU | RE | | 4,023 | | 0 | 0 | 0 | (| 0 0 | 4,023 | 2,491 | | | |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | |
| 2 MAC PRO ZOLF | 8/18/11 | | 8,287 | | | | | | | 8,287 | 8,287 | S/L | 3 | |
| 6 CTO/430 ESHLEMAN | 2/24/16 | | 2,235 | | | | | | | 2,235 | 2,245 | S/L | 3 | |
| 7 OCF/MLK | 3/07/16 | | 13,088 | | | | | | | 13,088 | 13,090 | S/L | 3 | |
| 8 400 ESHKEMAN HALL | 6/30/16 | | 3,862 | | | | | | | 3,862 | 3,861 | S/L | 3 | |
| 10 PROJECTOR | 5/03/17 | | 2,184 | | | | | | | 2,184 | 2,182 | S/L | 3 | |
| 11 FORD | 6/28/17 | | 23,500 | | | | | | | 23,500 | 18,800 | S/L | 5 | |
| 12 VIDEO/AUDIO SYSTEM | 8/04/16 | | 21,445 | | | | | | | 21,445 | 21,446 | S/L | 3 | |
| 13 PROJECTOR | 2/06/17 | | 2,203 | | | | | | | 2,203 | 2,203 | S/L | 3 | |
| 14 MACHINE BERKELEY TIME | 11/30/18 | | 64,980 | | | | | | | 64,980 | 32,490 | S/L | 5 | 1 |
| 15 FIGHT SIMULATOR | 12/31/19 | | 3,398 | | | | | | | 3,398 | 1,699 | S/L | 3 | |
| 16 CAMERA | 12/31/19 | | 2,635 | | | | | | | 2,635 | 1,317 | S/L | 3 | |
| 17 SERVER | 3/31/20 | | 22,064 | | | | | | | 22,064 | | S/L | 3 | |
| 18 SERVER | 1/01/21 | | 8,280 | | | | | | | 8,280 | 1,380 | S/L | 3 | |
| 19 SUPER SERVER | 1/01/22 | | 30,512 | | | | | | | 30,512 | | S/L | 3 | |
| 20 TINY HOUSE TRAILER | 1/01/22 | | 12,237 | | | | | | | 12,237 | <u> </u> | S/L | 3 | |
| TOTAL MACHINERY AND EQUI | PME | | 220,910 | | 0 | 0 | 0 | (| 0 0 | 220,910 | 109,000 | | | 3 |
| TOTAL DEPRECIATION | | | 224,933 | | 0 | 0 | 0 | (| 0 0 | 224,933 | 111,491 | | | 3 |

| 6/30/22 | | 2021 FEDERAL BOOK DEPRECIATION SCHEDULE Associated students of the | | | | | | | | | | | | PAGE 2 | |
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| 5/25/23 | | | | | | | | | | | | | | 01:53PM | |
| <u>NO.</u> | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | CUR BUS. 179 PCT. BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE _RATE_ | CURRENT DEPR | |
| GR | AND TOTAL DEPRECIATION | | | 224,93 | <u> </u> | 0 | | 0(| 0 | 224,933 | 111,491 | | | 32,938 | |
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