TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Ca	lendar Year	2021 or fiscal year beginning (mm/dd/yyyy) $07/01/2021$, and ending (mm/d	dd/yyy	y)	06	7/30/2022			
_		anization name	Calif	ornia corpo	oration i	number			
		SITY STUDENT CENTER OF							
<u>C</u>	ALIFO	RNIA STATE UNIVERSITY, STANISLAUS	_	1888950					
Add	ditional inform	ation. See instructions.	FEI						
_				**_*	**2	744			
	eet address (s			PMB no.					
		IVERSITY CIRCLE		710 1					
City		State		ZIP code	2				
_	URLOC		CA 95382 Foreign postal code						
1 01	eigii counti y i	arre Torong province state county		i oreigii pi	osiai co	ide			
A	First retu	n Yes X No I Did the organization have any	chang	es to its	guideli	ines			
В	Amended			structions Yes X No					
C	IRC Secti	on 4947(a)(1) trust Yes X No J If exempt under R&TC Section	n 2370						
D	Final info	mation return? engaged in political activities?	nstruction	ns		X No			
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt un	der R&	&TC Secti	on 23	701g? ● Yes L	X No		
		(mm/dd/yyyy) ● If "Yes," enter the gross receip							
E		counting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited lia		• Yes _	X No				
F		turn filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990) M Did the organization file Form					₹7		
_		Other 990 series report taxable income?			X No				
G		roup filing? See instructions • Yes X No N Is the organization under audi yanization in a group exemption Yes X No IRS audited in a prior year?							
Н							X No		
	11 165, W	that is the parent's name? O Is federal Form 1023/1024 per Date filed with IRS				Yes L	<u> 21</u> NU		
F	Part I 0	omplete Part I unless not required to file this form. See General Information B and C.							
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	5,222,7	74 00		
		2 Gross dues and assessments from members and affiliates		_	2		00		
		3 Gross contributions, gifts, grants, and similar amounts received			3		00		
	Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.							
	and	This line must be completed. If the result is less than \$50,000, see General Information B		●	4	5,222,7	74 oo		
-	Revenues	5 Cost of goods sold		00					
•	tevenues	6 Cost or other basis, and sales expenses of assets sold 6		00					
		7 Total costs. Add line 5 and line 6			7		00		
_		8 Total gross income. Subtract line 7 from line 4			8	5,222,7			
E	xpenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			9	5,285,7 -62,9			
		10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	-02,9	-		
		11 Total payments 12 Use tax, See General Information K		_	11 12		00		
		12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13		00		
-	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14		00		
rillig ree		15 Penalties and interest. See General Information J			15		00		
							00		
_		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	d to the	best of my	y knowl	edge and belief,			
Siq He			Date			Telephone			
116	16	Signature of officer EXECUTIVE DIRE				209-667-38	27		
			Check i	if		PTIN			
		Preparer's DEBRA D. SMITH, CPA 02/17/23	ployed		P00646873				
Рa	id	Firm's name				• Firm's FEIN			
	eparer's	(or yours, if self-				**-***3286			
Us	e Only	employed) 1903 WRIGHT PLACE, #180 and address				• Telephone	0440		
_		CARLSBAD, CA 92008		TTT	_	(760) 431-	8440		
_		May the FTB discuss this return with the preparer shown above? See instructions	<u></u>	● X	Yes	No			

amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

		1	Gross sales or receipts from all	business activities. See instruc	ctions .			•	1			00
		2	Interest					•	2			00
		3	Dividends					•	3		10,266	
Receipts from Other		4	Gross rents					•	4		352,209	00
		5	Gross royalties					•	5			00
		6	Gross amount received from sa	sale of assets (See instructions) STATEMENT 1 •					6 7		3,336	_
Source	es	7 Other income SEE STATEMENT 2 • 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1									<u>, 856, 963</u>	
										5	5,222,77 <u>4</u>	
		9 Contributions, gifts, grants, and similar amounts paid STATEMENT 3 10 Disbursements to or for members 11 Compensation of officers, directors, and trustees SEE STATEMENT 4									13,280	
											157 161	00
											157,161 651,547	_
Expenses and Disburse- ments		12 Other salaries and wages •									159,383	
											42,532	
		14 Taxes									133,145	_
		16	Depreciation and depletion (See								150,904	
IIICIIIS	'	17	Other evenences and dishurseme	ante		SEE	ςπа		16 17	3	3,977,805	
			Total expenses and disburseme	onts Add line 9 through line 17	 7 Enter l	here and on Sid	e 1 Pa	rt I line 9	18		5,285,757	
Sche	edul			Beginning of			ο 1, 1 α			able ye		100
Assets	3			(a)		(b)		(c)			(d)	
1 Ca	ash			, ,		3,156,	098			•	3,948,3	22
			s receivable							•		80
			ceivable							•		
										•		
			state government obligations							•		
6 In	6 Investments in other bonds									•		
7 In	ivestm	nents	in stock							•		
	lortga	-								•		
9 01	ther ir	nvestr	ments							•		
10 a	Depr	eciab	le assets	4,388,301				4,388,3				
			mulated depreciation	(220,065)		4,168,	236	(370,96	9		4,017,3	32
11 La	and		CMM C			1 010	0 0 0			•		70
			STMT 6			1,010,8				•	222,3	
						8,335,3	134				8,188,1	04
			et worth			140,	305			•	119,1	11
14 Accounts payable			gault			140,	303			-		
			otes payable STMT 7			3,475,	000			•	3,350,0	0.0
			ayable DILII /			5,215,				•	_ 3,330,0	
18 Of	ther li	goo p ahiliti	es STMT 8			1,836,	522				1,473,7	74
			or principal fund			, ,				•		
			tal surplus. Attach reconciliation							•		
			nings or income fund			2,883,	327			•	3,245,2	19
			ies and net worth			8,335,3					8,188,1	04
Sche	edul	e M		per books with income per reedule if the amount on Schedul		13, column (d)	, is les	s than \$50,000.				
1 N	et inco	ome r	per books					on books this year				
	ederal income tax			not included in this return. Attach schedule				•	424,8	75		
3 Excess of capital losses over capital gains												
4 Income not recorded on books this year.					against book income this year.							
			dule	•						•		
	5 Expenses recorded on books this year not			9 Total. Add line 7 and line 8							424,8	75
de	educte	ed in t	this return. Attach schedule			10 Net income	e per re	eturn.				
6 To	otal. A	dd lir	ne 1 through line 5	361,			ne 9 fro	om line 6			-62,9	83
				* SEE	STAT	PEMENT						

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