Form <b>990-T</b>	] E	xempt Organization Bu				ax R			OMB No 1545-0687		
	1	(and proxy tax un				- 00	180		2017		
	For cal	lendar year 2017 or other tax year beginning JUL 3					201	<u> </u>	ZU 17		
Department of the Treasury Internal Revenue Service	<b>&gt;</b>	► Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it may					501(c)(3)	J	Open to Public Inspection for 50 t(c)(3) Organizations Only		
A Check box if address changed		Name of organization ( Check box if name	changed	l and see instru	ctions.)			i (Emp	oyer identification number loyees' trust, see ictions )		
B Exempt under section	Print	ASSOCIATED STUDENTS U	CLA					9	5-1777979		
X 501(c.03)	or Typė	Multiber, Street, and room of Spile no. If a P.O. box, See instructions.									
408(e)220(e)	lighe	308 WESTWOOD PLAZA, N						<u> </u>	•		
408A530(a) 529(a)		City or town, state or province, country, and ZIP LOS ANGELES, CA 9002		451	211 722320						
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<b>•</b>								
st end of year 51, 352, 1	51.	G Check organization type ► X 501(c) co			(c) trust		401(a)	trust	Other trust		
		ary unrelated business activity.   RETAIL			d ====0			T v	- V No		
		poration a subsidiary in an affiliated group or a par tifying number of the parent corporation	ent-subs	lolary controlle	a group?		▶ [	Ye	es X No		
		DONNA BAKER, FINANCE D	TPFC	ጥርጉ	Teleph	one numb	or <b>&gt;</b> 3	10-	794-8853		
		de or Business Income	TVEC	(A) Inco			Expenses		(C) Net		
1a Gross receipts or sale		2,418,667.		(//)			STATE OF				
b Less returns and allo		122,290 c Balance	1c	2,296	377.	11 11 11			17 Tay 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2 Cost of goods sold (S			2	1,074		ار این از این استان این این این استان	· 64 · 100 · 1	. 7			
3 Gross profit. Subtract		•	3	1,221		\$		23 P	1,221,806.		
4 a Capital gain net incon			4a				(F. C.)	·72.5.3%			
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b			وي يالين					
c Capital loss deduction	n for trus	sts	4c			7 N					
5 Income (loss) from p	artnersh	ups and S corporations (attach statement)	5			44 Jr J	· 1.7%	ي ا سروب وسو			
<ol><li>Rent income (Schedu</li></ol>	ıle C)		6								
7 Unrelated debt-finance	ced incor	me (Schedule E)	7								
8 Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8								
9 Investment income of	f a section	on 501(c)(7), (9), or (17) organization (Schedule (	G) 9								
10 Exploited exempt acti	wity inco	ome (Schedule I)	10								
11 Advertising income (			11								
12 Other income (See in		•	12		,,759-,		- 1 mg 1	هي ڏيو	76,759.		
13 Total. Combine lines			1 13	1,1,298			ļ		1,298,565.		
Partill Deductio	ons No	ot Taken Elsewhere (See instructions utions, deductions must be directly connect	for limit	ations on dec	luctions)	SCOOL					
			1		0 261	<del></del>	<del> </del>	1 4	14,600.		
15 Salaries and wages	ncers, ai	rectors, and trustees (Schedule K)	福	,,,,,,	•	RS	ł	15	258,676.		
16 Repairs and mainter	nance		1 1-	OODE	NI 1	īT	}	16	63,505.		
17 Bad debts	ianoc		1	OGDE	<del>1</del> ₩, L	) !	}	17	03,3031		
18 Interest (attach sche	edule)		' <del>-</del>	SEE	STAT	EMENT	ר 2	18	18,597.		
19 Taxes and licenses	,00.0,				D		,	19	20,00,0		
	ions (Se	e instructions for limitation rules)		SEE	STAT	EMENT	7 5	20	4,421.		
21 Depreciation (attach				i	21	32	057.	1.1.1			
•		n Schedule A and elsewhere on return		ţ	22a			22b	32,057.		
23 Depletion								23			
24 Contributions to def	erred co	mpensation plans			• •			24			
25 Employee benefit pro	ograms					-		25	69,273.		
26 Excess exempt expe	enses (S	chedule ()						26			
27 Excess readership c	osts (Sc	chedule J)						27			
28 Other deductions (a		•		SEE	STAT	EMEN'	r 3	28	797,648.		
29 Total deductions. A		<del>-</del>					,	29	1,258,777.		
		ncome before net operating loss deduction. Subtr	act line 2		am = =			30	39,788.		
		(limited to the amount on line 30)		SEE	STAT	EMEN	L' 42	31	39,788.		
		ncome before specific deduction. Subtract line 31		e 30				32	1 000		
•		ly \$1,000, but see line 33 instructions for exceptio	•	than line 00	_40=45	nallos -4		33	1,000.		
34 Unrelated business line 32	. IEXEDIE	s income. Subtract line 33 from line 32. If line 33 i	s greater	man line 32, e	mer the Sh	namer of Ze	IU UI	34	0.		
	or Pano	rwork Reduction Act Notice, see instructions.						34	Form <b>990-T</b> (2017)		
123/01 01-22-18 LMA F	orrape	work reduction bet notice, see instructions.							101111 330-1 (2017)		

Part II   Tex Computation   So Organization Taxable as of proportions, See instructions for tax computation,   Controlled group members (sections 1561 and 1563) check here   See instructions and:   a Finite organization   See	Form 990-T (	2017) ASSOCIATED STUDENTS UCLA	95-17	77979	Page 2
35 Organizations I ravable as Corporations. See instructions for tax computation. Controlled grows members (cascinos 1564 and 1585) shock here ≥ 1. See instructions and: a Fibir your share of the \$50,000, \$25,000, and \$9,925,000 tanable income branks (in that order): (1) \$ b Enter organization's share of. (1) Addinional 5% tax (not more than \$11,750) \$ c) (2) Addinional 25% as (not more than \$10,000)  36 Trusts Taxable all treat Maries See instructions for tax computation. Income tax on the amount on time 34  37 Proxy tax See instructions 38 Afternative instructions (1) Chicality of From 1041)  38 Afternative instructions (1) Chicality of From 1041)  39 Tax on Non-Compiliant facility income. See instructions 30 Tax on Non-Compiliant facility income. See instructions 31 Tax on Non-Compiliant facility income. See instructions 32 Tax on Non-Compiliant facility income. See instructions 33 Total. Add lines 37, 98 and 95 to line 350: un 36, whichever applies 440 O.  Part IV Tax and Payments 441 Foreign is acred (corporations attach form 1118; trusts attach Form 1116) 442 Subtract time 41 to fine the structions (1) Ceff of the proxy year maintain size (attach form 8801 or 8827) 443 Total tax, Add lines 42 cand 43  45 a Payments. Add lines 42 cand 43  45 a Payments. Add lines 42 cand 43  45 a Payments. Add lines 45 through 45  46 Total tax, Add lines 42 cand 43  47 Total tax, Add lines 42 cand 43  48 a Payments. Add lines 45 through 45  49 Total tax, Add lines 45 through 45  40 Total tax, Add lines 45 through 45  41 Total tax, Add lines 45 through 45  42 Subtract time 46 is less than the total of lines 44 and 47, enter amount overpaid  48 Total payments. Add lines 45 through 50  49 Total tax, Add lines 40 through 50  40 Total tax, Add lines 40 through 50  41 Total tax, Add lines 40 through 50  42 Subtract time 46 is less than the total of lines 44 and 47, enter amount overpaid  49 Total tax, Add lines 40 through 50  40 Total payments. Add lines 45 through 50  50 Either the amount of line 40 through 50  51 Alay line du	Part III				
Controlled group members (sections 1561 and 1563) check here In Entervations and:  a Enter your share of the \$50,000,\$5000, and \$90,000 taxable mome neckets (in that order):  (1) \$	35	<u> </u>			
a Enter your share of the \$50,000, \$25,000, and \$9,025,000 to able income branches (in that order)  (1) \$					
b Einter organization's sharr of, (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ (2) Additional 3% tax (not more than \$100,000) \$ (2) Additional 3% tax (not more than \$100,000) \$ (3) Additional 3% tax (not more than \$100,000) \$ (4)					
b Enter organization's share of, (1) Additional 5% tax (not more than \$11,750) \$ 3			1		
(2) Additional 3% tax fruit more than \$100,000)  (a) Income tax on the amount on time 34 from:    Tax rate schiedle or   Schedule 0 (Form 1041)   Tax rate schiedle or   Sched			J 1		
c Income tax on the amount on line 34  37 Trust stable at Trust Brashe See instructions for tax computation, income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   38   37   38   38   38   38   38   38			j		
Trace Taxable at Trust Rates See instructions for tax computation, income tax on the amount on line 34 from:    Tax rate schedule or   Tax rate schedule   Tax rat		· · · · · · · · · · · · · · · · · · ·	J _	950	0
Tax rate schedule or Schedule D (Form 1041)  37 Proxy tax See instructions  38 Alternative minimum tax  39 Tax on Non-Compiliant Facility Income. See instructions  30 Tax on Non-Compiliant Facility Income. See instructions  31 Tax on Non-Compiliant Facility Income. See instructions  32 Tax on Non-Compiliant Facility Income. See instructions  33 Tax on Non-Compiliant Facility Income. See instructions  39 Tax on Non-Compiliant Facility Income. See instructions  40 O.  Part VI Tax and Payments  41 Foreign fax credit Corporations attach Form 1118; trusts attach Form 1118)  41 Foreign fax credit Corporations attach Form 1118; trusts attach Form 1118)  41 Foreign fax credit Corporations attach Form 1118; trusts attach Form 1118)  41 Foreign fax credit Fax form Income attach Form 1118; trusts attach Form 1118)  41 Foreign fax credit Fax form Income attach Form 1118; trusts attach Form 1118		•		350	<u></u>
37 Provy fax Set instructions 38 Atternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total, Add lines 37, 98 and 39 to line 55 or 36, whichever applies 40 Total, Add lines 37, 98 and 39 to line 55 or 36, whichever applies 41 Foreign tax credit, (corporations attach form 1118; trusts attach form 1116) 41 Total Tax and Payments 41 Foreign tax credit, (corporations attach form 1180; trusts attach form 1116) 41 Total tax and Payments 41 Total tax and Payments 41 Total tax. Add lines 42 and 43 41 Total tax. Add lines 42 and 43 42 Subtract line 41 Et from line 40 43 Other taxes. Check if from — Grom 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8696 ☐ Other (etitich schiedule) 43 Other taxes. Check if from — Grom 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8696 ☐ Other (etitich schiedule) 44 Total tax. Add lines 42 and 43 45 a Payments A 2016 overpayment credited to 2017 ☐ Edition 44 Edition 44 ☐ O. 45 a Payments A 2016 overpayment credited to 2017 ☐ Edition 44 Edition 44 ☐ O. 45 a Payments A 2016 overpayment credited to 2017 ☐ Edition 44 Edition 44 ☐ O. 45 a Payments A 2016 overpayment credited to 2017 ☐ Edition 44 Edition 44 ☐ O. 45 a Payments A 2016 overpayment credited to 2017 ☐ Edition 44 Edition 44 ☐ O. 46 Total tax and payments Add lines 45 attrough 450 ☐ Other — Total ■ 456 ☐ Other	30	— ·	rom;	l' l	
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Tax on Non-Compilant Facility Income. See instructions   39		•	•	<del></del>	
Part IV   Tax and Payments   40   0.				<del></del>	
### At a Foreign tax credit (corporations attach Form 1118); trusts attach Form 1116)  ### At a Foreign tax credit (corporations attach Form 1118); trusts attach Form 1116)  ### At a Foreign tax credit (corporations attach Form 8801 or 8827)  ### Consider Attach Form 8801 or 8827)  ### Total credits Add lines 41a through 41d  ### Attach Form 8801 or 8827)  ### Total tax. Add lines 42 and 43  ### Attach Form 8807		·		<del></del>	<del></del>
41a Foreign tax credit (corporations attach Form 1118) trusts attach Form 1116) 41b				40	0.
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits Add lines 41a through 41d 42 Subtract line 41e from line 40 43 Other taxes, Check if from Form 8611 Form 8697 Form 8666 Other (attach schedule) 43 Other taxes, Check if from Form 8611 Form 8697 Form 8666				.,	
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43 Other taxes. Check if from  Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 44 Total tax. Add lines 42 and 43 45 a Payments: A 2016 overpayment redited to 2017 b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) 1 Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:  Form 2439 Form 4136 Form 4136  46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached Form 8941. Form 4136 6 Total payments. If line 46 is larger than the total of lines 44 and 47, enter amount ower 44 Tax due. If line 46 is larger than the total of lines 44 and 47, enter amount ower 45 Estimated tax penalty (see instructions). Check if Form 2220 is attached tax penalty (see instructions). Tax due. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want. Credited to 2018 estimated tax Form 15 Estimated tax penalty (see instructions).  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCSN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country?  If YES, see instructions for other forms the organization may have to file 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  X X  If YES, see instructions for other forms the organization may have to file 53 Enter the amount of tax-exempl interest received or accrued during the tax year pays. In the best of my knowledge and belief, in is trus.  Signature of officer  Date  Firm's simple Penalty perparer's name  CAREY MCKEE  Firm's name Firm's simple Firm's signature  Probables,	<b>e</b> 1	otal credits. Add lines 41a through 41d		41e	
44 Total tax. Add lines 42 and 43  45 a Payments' A 2016 overpayment credited to 2017  b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) 1 Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	42 3	·		42	0.
b 2017 estmated tax payments c Tax deposited with Form 8568 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 Total payments. Add lines 45a through 45g d Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ Total payments. Add lines 45a through 45g d Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpaid d Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid D Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ Refunded ▶ 50 Enter the amount of line 49 you want. Credited to 2018 estimated tax ▶ Refunded ▶ 50  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FincEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  52 During the lax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶  Signature of officier  Date  Print/Type preparer's name  CAREY MCKEE  Firm's address ▶ 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071  Phone no. 213-972-4000	43 (	Other taxes. Check if from 🔛 Form 4255 🔛 Form 8611 🔛 Form 8697 🔲 Form 8866 🔲 Ot	ther (attach schedule)	43	
b 2017 estimated tax payments  c Tax deposited with Form 8868  d Foreign organizations: Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:	44	otal tax. Add lines 42 and 43		44	0.
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d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) l Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:    Form 4136	b 2	017 estimated tax payments 45b		7	
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:	c 1	ax deposited with Form 8868 45c		$\neg$	
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:	d F	oreign organizations: Tax paid or withheld at source (see instructions)  45d		7 1	
Gother credits and payments:				7	
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Form 4136 Other Total   45g   46  46 Total payments. Add lines 45a through 45g   46  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached   47  48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed   48   0.  49 Overpayment. If line 49 is larger than the total of lines 44 and 47, enter amount overpaid   49   0.  50 Enter the amount of line 49 you want; Credited to 2018 estimated tax   8efunded   50    Part V   Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file   FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here   X  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file   X  Sign Under penalties of perior, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Signature of officer   Date   FINANCE   DIRECTOR   May the IRS discuss this return with the preparer has any knowledge   May the IRS discuss this return with the preparer has any knowledge   Pol 1281067   Pol 1281067   Pol 1281067   Prim's name   Refunded   Date   Prim's EIN   13-5565207   Phone no. 213-972-4000				_	
46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	_ [			/	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached   48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed   49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   50 Enter the amount of line 49 you want: Credited to 2018 estimated tax   8 Refunded   50    Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority   over a financial account (bank, securities, or other) in a foreign country if YES, the organization may have to file   FinCEN Form 114, Report of Foreign Bank and Financial Accounts if YES, enter the name of the foreign country here   52 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file   53 Enter the amount of tax-exempt interest received or accrued during the tax year   \$ Under penalties of payury, I dectare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. Correct and complete Dectaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Print/Type preparer's name   CAREY MCKEE    Print's name   KPMG LLP   Firm's name   KPMG LLP   Firm's address   Firm's address   No Phone no. 213-972-4000	46			-  <sub>46</sub>	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want. Credited to 2018 estimated tax  Fart V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinceN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Sign  Here  Carect indicate that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Signature of officer Date  Final Type preparer's name  Carect and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Paid  Preparer  Use Only  Final Type preparer's name  CAREY MCKEE  Firm's name ▶ KPMG LLP  Firm's name ▶ KPMG LLP  Firm's name ▶ KPMG LLP  Firm's address  So S. Hope St., Suite 1500, Los Angeles, CA 90071  Phone no. 213-972-4000				<del>                                     </del>	
49   Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   50   Enter the amount of line 49 you want; Credited to 2018 estimated tax		· · · · · · · · · · · · · · · · · · ·	•		0.
Enter the amount of line 49 you want: Credited to 2018 estimated tax      Part V   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information May have to file		•	•		
Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶  52 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief. It is true, correct and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge  Finance Director  Finance Director  Carey McKee  Print/Type preparer's name  CAREY McKee  Firm's name ▶ KPMG LIP  Firm's name ▶ KPMG LIP  Firm's name ▶ KPMG LIP  Firm's address ▶ 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071  Phone no. 213-972-4000			Refunded -	<del></del>	
At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Sign Here  15 Lunder penalties of payiny. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  15 Correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  15 Inter the amount of tax-exempt interest received or accrued during the tax year ▶\$  15 Inter the amount of tax-exempt interest received or accrued during the tax year ▶\$  15 Inter the amount of tax-exempt interest received or accrued during the tax year ▶\$  15 Inter the amount of tax-exempt interest received or accrued during the tax year ▶\$  15 Inter the amount of tax-exempt interest received or accrued during the tax year ▶\$  16 Inter the amount of tax-exempt interest received or accrued during the tax year ▶\$  17 Interest and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true.  17 Interest and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true.  18 Interest and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown hole were instructions?  18 Interest and the preparer shown below (see instructions)?  18 Interest and th					
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country  here  52. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  53. Enter the amount of tax-exempt interest received or accrued during the tax year  Sign  Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  FINANCE DIRECTOR  May the IRS discuss this return with the proparer shown below (see Instructions)? ▼ Yes ■ No  Print/Type preparer's name  CAREY MCKEE  Prim's name ★ KPMG LLP  Firm's name ★ KPMG LLP  Firm's address					Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here    X			•		,
here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  53 Enter the amount of tax-exempt interest received or accrued during the tax year \$  Sign  Under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Print/Type preparer's name  CAREY MCKEE  Prim's name KPMG LLP  Firm's address  AX  X  X  X  X  X  X  X  X  X  X  X  X					
Sign		•	•		l x
If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \( \) \$  Sign  Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see Instructions)? \( \) Yes \( \) No  Print/Type preparer's name  Preparer  Use Only  Firm's name \( \) KPMG LLP  Firm's address  Firm's address  Firm's address  Firm's address  Phone no. 213-972-4000	52 . [	uring the tax year, did the organization receive a distribution from, or was if the granter of, or transferor to	a foreion trust?		
Sign Here    Under penalties of perjury, 1 declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Variable			a vo. o.g., a co.	•	1"
Sign Here  Under penalties of perjury, 1 declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,    Sign					'   '
Here Signature of officer Date FINANCE DIRECTOR May the IRS discuss this return with the preparer shown below (see Instructions)? ▼ Yes No  Paid Print/Type preparer's name CAREY MCKEE Date O5/14/19 Self- employed Prim's name ► KPMG LLP Firm's name ► KPMG LLP Firm's address ► 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071 Phone no. 213-972-4000		Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, an		nowledge and belief	. it is true,
Paid Preparer Use Only  Prim's address   FINANCE DIRECTOR   the preparer shown below (see Instructions)?	Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kn	· · ·	-	
Paid Print/Type preparer's name  CAREY MCKEE  CAREY MCKEE  Firm's name ► KPMG LLP  Firm's address  Signature of officer  Date  O5/14/19  Date  O5/14/19  Firm's EIN ► 13-5565207  Phone no. 213-972-4000	Here	In Jaku 15/20/2019 RETNANCE DIRE	CTOR		
Paid Print/Type preparer's name  CAREY MCKEE  CAREY MCKEE  CAREY MCKEE  Firm's name ► KPMG LLP  Firm's address				· · ·	
Paid Preparer Use Only         CAREY MCKEE         05/14/19         self- employed         P01281067           Firm's name         ▶ KPMG LLP         Firm's EIN ▶ 13-5565207           Firm's address         ▶ 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071         Phone no. 213-972-4000		Print/Type preparer's name Preparer's signature / Date	Check	if PTIN	
Preparer Use Only Firm's name ► KPMG LLP Firm's address ► 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071 Phone no. 213-972-4000	<b>B</b>		—	a l	
Use Only Firm's name ► KPMG LLP Firm's EIN ► 13-5565207  Firm's address ► 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071  Phone no. 213-972-4000			9	P0128	1067
Firm's address 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071 Phone no. 213-972-4000	•	J Company of the Comp	Firm's FIN	12.550	207
Firm's address Phone no. 213-972-4000	use U			15-5565	ZVI
		Firm's address > 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 9007	Phone no.	213-972-	4000

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of invent	ory va	luation > COS	T	<u></u>		
1 Inventory at beginning of year	1 1	70,637.	6	Inventory at end of yea	ır		6	97,377.
2 Purchases	2 1	101,311.	7	Cost of goods sold Su	ıbtract l	ine 6	1.39	
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		u
4 a Additional section 263A costs				line 2			7	1,074,571.
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a		· ·		
5 Total. Add lines 1 through 4b	5 1	171,948.		the organization?	•	, ,		X
Schedule C - Rent Income	(From Real	Property and	Per		Leas	ed With Real Pro	pert	y)
(see instructions)				. •			•	
1 Description of property						<del>- 1,                                   </del>		
(1)						· · · · · · · · · · · · · · · · · · ·		
(2)								
(3)								
(4)								
		ed or accrued				2/a) Dadustians divisit		stand with the recome in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	of rent for pe	rsonal p	mal property (if the percente property exceeds 50% or if d on profit or income)	age	3(a) Deductions directl columns 2(a) a	ind 2(b) (i	attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.
Schedule E - Unrelated Det	ot-Financed	Income (see II	nstruc	tions)				
			2.	Gross income from		3. Deductions directly conto debt-finan	nnected ced prop	erty
1. Description of debt-fir	nanced property		'	or allocable to debt- financed property	(a)	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							$\neg$	
(2)								
(3)								·
(4)						************	$\top$	***
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis flocable to nced property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%			$\Box$	
(3)				%				
(4)				%				
···						nter here and on page 1, art I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals				<b>&gt;</b>		0		0.
Total dividends-received deductions in	cluded in column	8				. · · · · · · · · · · · · · · · · · · ·	-	0.
								Form 990-T (2017)

			Exempt (	Controlled O	ganızatio	ons			,
1. Name of controlled organic	zation	2 Employer identification number	3. Net unr (1059) (see	related income instructions)	4. Tota payn	al of specified nents made	5 Part of column included in the co organization's gro-	ontrotting	6 Deductions directly connected with income in column 5
(1)		·· ·					<del></del>		
(2)			i						
(3)									
(4)							· · · · ·		<del></del>
Nonexempt Controlled Orga	nizations						· · · · · ·		
7. Taxable Income		elated income (loss	) 9 Total	of specified payr	nents	10. Part of colum	nn 9 that is include	d 11. Dec	ductions directly connected
	(see	instructions)		made			ng organization's income	with	income in column 10
(1)	<del></del>				-	-			
(2)			<u> </u>						· · · · · · · · · · · · · · · · · · ·
(3)	<del>- </del>								
(4)									,
	•					Enter here and	ns 5 and 10 on page 1, Part I, olumn (A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (8)
Totals .					▶		0	•	0.
Schedule G - Investm (see ins	ent Incom structions)	e of a Sec	tion 501(c)(	7), (9), or	(17) Or				
1. De	scription of income	•		2. Amount of	income	3 Deduction directly connect (attach sched-	ted 4.5	et-asides h schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)	<del> </del>								
(3)									
Totals Schedule I - Exploited (see inst	d Exempt A	Activity Inc	► ome, Othe	Enter here and of Part I, line 9, co	umn (A)	ng Income		(4) 整理 (4) 整理	Enter here and on page 1 Part I, line 9, column (8)
Description of exploited activity	2. Gro unrelated bu income to trade or bus	isiness dire	3. Expenses actly connected ith production of unrelated siness income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) if a n cols 5	5. Gross inco from activity the is not unrelate business inco	nat ettrit	Expenses outable to olumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del> </del>			<b></b>			1		
(2)	1		······································	<b></b>					<del></del>
(3)	<del>                                     </del>			<u> </u>					<del>                                     </del>
(4)	<del> </del>		·	<u> </u>					<del> </del>
	Enter here a page 1, P line 10, co	arti, p	ter here and on page 1, Part I, ne 10, col (8).						Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.	0.	1750025	11 11	的特別是個	19 may 1 1/1 1/2 27	是可以	<u></u> 0.
Schedule J - Advertis Parti: Income From				solidated	Basis		···········	<del></del>	
						1	<del></del>		
		2. Gross	3. Direct advertising costs	4 Adverti or (loss) (co col 3) If a ga	12 minus	5. Circulati income		adership osts	Excess readership costs (column 6 minus column 5 but not more than column 4)
1. Name of periodical	a	dvertising income	auvertising costs	COIS 5 III			ı		•
	. a	dvertising	auternanty wats		16.001.20	é ·			THE THE WASHINGTON
(1)	a	dvertising	acvertising costs						Test per de sais de sa La companya de sais de
(1) (2)	a	dvertising	acterising was						
(1) (2) (3)	a	dvertising	avensing was						
(1) (2)	a	dvertising	acremany costs						

723731 01-22-18

Form 990-T (2017) ASSOCIATED STUDENTS UCLA 95-17779
| Part | III | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	$\neg$							
(2)								
(3)							•	
(4)								
Totals from Part I	▶	0.	0.	多的是自己的工作。	<b>芝菜 第二次</b>	Control of the Contro	0	
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	$\triangleright$	0.	0.			<b>建筑</b>	0	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

2 Title	time devoted to business	Compensation attributable to unrelated business
FORMER EXECUTIVE	%	
DIRECTOR	2.00%	
FINANCE DIRECTOR	2.00%	
EXECUTIVE DIRECTOR	7.00%	
	<b>&gt;</b>	14,600.
	FORMER EXECUTIVE DIRECTOR FINANCE DIRECTOR	FORMER EXECUTIVE % DIRECTOR 2.00% FINANCE DIRECTOR 2.00%

Form 990-T (2017)

FORM 990-T		OTHER INCOME		STATEMENT	1
DESCRIPTION	N			AMOUNT	
SEC. 512(A 1/1//18 TO	_ )(7) QUALIFIED TRAN 7/28/18	SPORTATION FRING	E BENEFITS	76,75	;9.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 12		76,75	9.
FORM 990-T		INTEREST PAI	D	STATEMENT	2
DESCRIPTION	N .			AMOUNT	
INTEREST O	— N ACKERMAN UNION RI	ENOVATION		18,59	7.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 18		18,59	7.
FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT	3
DESCRIPTIO	N			AMOUNT	
ADMINISTRA BANK CARD	G & MARKETING TIVE SERVICES EXPENSE AL SERVICES PLIES TS	7	r	207,08 202,44 281,90 33,83 44,25 2,60 13,90 1,69	17. 38. 59. 03. 07.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28		797,64	.81
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
07/31/99 07/29/00 07/28/01 07/27/02 07/26/03	234,113. 552,101. 130,749. 130,100. 138,343.	145,857. 0. 0. 0.	88,256. 552,101. 130,749. 130,100. 138,343.	88,256 552,103 130,749 130,100 138,343	l. 9.

<sup>46</sup> STATEMENT(S) 1, 2, 3, 4 2017.05040 ASSOCIATED STUDENTS UCLA TEST\_\_\_1



## Form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

**Depreciation and Amortization** (Including Information on Listed Property) 990-T

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

| Business or activity to which this form relates

OMB No 1545-0172

Attachment Sequence No 179 identifying number

ASSOCIATED STUDENTS U				PAGE 1		95-1777979
-Part I Election To Expense Certain Prope	rty Under Section 17	9 Note: If you have any lis	sted property,	complete Part	V before	you complete Part I.
1 Maximum amount (see instructions)					1	510,000.
2 Total cost of section 179 property place	ed in service (see i	nstructions) (			2	
3 Threshold cost of section 179 property	before reduction i	n limitation			3	2,030,000.
4 Reduction in limitation Subtract line 3	from line 2 If zero	or less, enter -0-			4	
5 Dollar limitation for tax year Subtract line 4 from line	e 1 lf zero or less enter -	0- If married filing separately, set	instructions		5	
6 (a) Description of pr	operty	(b) Cost (busin	ess use only)	(c) Elected	ost	自治療學學的意思
						2 th want to be
7 Listed property Enter the amount from	line 29		7			<b>西斯里斯特的</b>
8 Total elected cost of section 179 proper	erty Add amounts	ın column (c), lines 6 and	7		8	
9 Tentative deduction Enter the smaller	of line 5 or line 8	•			9	
10 Carryover of disallowed deduction from	n line 13 of your 20	16 Form 4562			10	
11 Business income limitation. Enter the s	maller of business	income (not less than ze	ro) or line 5	_	^ 11	
12 Section 179 expense deduction Add is				<u> </u>	12	A MARK CONTRACTOR OF STREET OF STREET AND STREET OF STREET
13 Carryover of disallowed deduction to 2			▶ 13		•••	THE STREET, ST
Note: Don't use Part II or Part III below for						
Part III Special Depreciation Allows					<del></del>	·
14 Special depreciation allowance for qua	ılıfied property (oth	er than listed property) p	aced in servic	e during		
the tax year					14	
15 Property subject to section 168(f)(1) el	ection				15	32,057.
16 Other depreciation (including ACRS)   Part     MACRS Depreciation (Don't	Lucali ale licate al acces	- + · \ /C · · · · · · · · · · · · · · · · · ·			, <u>16</u>	32,037.
Part III   MACRS Depreciation (Don't	include listed prof	Section A				·-·
17 MACDS deductions for courts placed	in control in tax vo		7		17	<u> </u>
17 MACRS deductions for assets placed	-	ars beginning before 201		▶ □	17	
18 If you are electing to group any assets placed in ser	vice during the tax year ii	ars beginning before 201	ounts, check here	▶ □	1,35%	lem
18 If you are electing to group any assets placed in ser Section B - Assets	Placed in Service	ars beginning before 201 nto one or more general asset acce During 2017 Tax Year (c) Basis for depreciation	ounts, check here Using the Ge	,	ation Syst	em
18 If you are electing to group any assets placed in ser	vice during the tax year is Placed in Service	ars beginning before 201 nto one or more general asset acc During 2017 Tax Year	ounts, check here Using the Ge	neral Deprecia	1,35%	- 10 - 1 / 11/ 3 - 2/6 E 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
18 If you are electing to group any assets placed in ser Section B - Assets	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge	,	ation Syst	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge	,	ation Syst	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge	,	ation Syst	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge	,	ation Syst	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge	,	ation Syst	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge	,	ation Syst	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge	,	ation Syst	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge (d) Recovery period	,	ation Syst	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property	Placed in Service (b) Month and year placed	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	ounts, check here Using the Ge (d) Recovery period	(e) Convention	(f) Method	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property	Placed in Service  (b) Month and year placed in service	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	counts, check here Using the Ge (d) Recovery period  25 yrs. 27 5 yrs.	(e) Convention	(f) Method	em
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service	ars beginning before 201 nto one or more general asset ecc be During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	counts, check here Using the Ge (d) Recovery period  25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs	(e) Convention  MM  MM  MM  MM  MM	s/L S/L S/L S/L	(g) Depreciation deduction
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property	Placed in Service	ars beginning before 201  Into one or more general asset ecc  During 2017 Tax Year  (c) Basis for depreciation (business/investment use	counts, check here Using the Ge (d) Recovery period  25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs	(e) Convention  MM  MM  MM  MM  MM	s/L S/L S/L S/L	(g) Depreciation deduction
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property	Placed in Service	ars beginning before 201 nto one or more general asset ecc be During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	counts, check here Using the Ge (d) Recovery period  25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs	(e) Convention  MM  MM  MM  MM  MM	s/L S/L S/L S/L	(g) Depreciation deduction
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property b 5-year property - c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property  i Nonresidential real property  Section C - Assets F	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service	ars beginning before 201 nto one or more general asset ecc be During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	counts, check here Using the Ge (d) Recovery period  25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs	(e) Convention  MM  MM  MM  MM  MM	s/L	(g) Depreciation deduction
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property b 5-year property -c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C - Assets 6  20a Class life b 12-year c 40-year	Placed in Service	ars beginning before 201 nto one or more general asset ecc be During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27 5 yrs. 39 yrs sing the Alter	(e) Convention  MM  MM  MM  MM  MM	s/L S	(g) Depreciation deduction
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property b 5-year property - c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C - Assets F  20a Class life b 12-year	Placed in Service	ars beginning before 201 nto one or more general asset ecc be During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27 5 yrs. 39 yrs sing the Alter	MM MM MM MM MM	s/L S	(g) Depreciation deduction
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property b 5-year property -c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C - Assets 6  20a Class life b 12-year c 40-year	Placed in Service	ars beginning before 201 nto one or more general asset ecc be During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27 5 yrs. 39 yrs sing the Alter	MM MM MM MM MM	s/L S	(g) Depreciation deduction
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Assets F  20a Class life  b 12-year  c 40-year  Part IV Summary (See instructions)	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  (d) Month and year placed in service  (e) Month and year placed in service  (f) Month and year placed in service  (g) Month and year placed in service	ars beginning before 201 nto one or more general asset ecc burring 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs sing the Alter 12 yrs. 40 yrs	MM MM MM MM MM	stion Syst  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	em (g) Depreciation deduction stem
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Assets F  20a Class life  b 12-year  c 40-year  Part IV Summary (See instructions)  21 Listed property. Enter amount from line  22 Total. Add amounts from line 12, lines Enter here and on the appropriate lines	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  // // //  Placed in Service  28  14 through 17, lines of your return Pa	ars beginning before 201 nto one or more general asset ecc burring 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  Durring 2017 Tax Year U es 19 and 20 in column (c) rtnerships and S corpora	25 yrs. 27 5 yrs. 27 5 yrs. 27 5 yrs. 27 5 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM	stion Syst  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	stem  32,057.
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property  19a 3-year property  b 5-year property  - c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Assets F  20a Class life  b 12-year  c 40-year  Part IV Summary (See instructions)  21 Listed property. Enter amount from line  22 Total. Add amounts from line 12, lines	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // //  Placed in Service  28 14 through 17, lines of your return Palservice during the	ars beginning before 201 nto one or more general asset ecc burring 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  Durring 2017 Tax Year U es 19 and 20 in column (c) rtnerships and S corpora	25 yrs. 27 5 yrs. 27 5 yrs. 27 5 yrs. 27 5 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM	stion Syst  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	em (g) Depreciation deduction stem

716251 01-25-18 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2017)

Form 4562 (2017)	ASS	OCIATED	STU	DENT	S UC	LA					95-	1777	979	Page 2
Part V Listed Proper			ertain oth	her vehic	les, cerl	taın aircr	aft, ce	rtain com	puters, a	and prop	erty use	ed for en	tertainm	ent,
recreation, or Note: For any			isina the	standar	d milead	e rate o	r dedu	ictina leas	e expen	se. com	plete on	lv 24a. 2	24b. colu	mns
(a) through (c)	of Section A	, all of Section	B, and	Section (	C if app	icable.				·	·			
Section A	- Depreciation	on and Other	Informa	tion (Ca	ution: S	ee the ir	struc	tions for li	mits for	passeng	ger autor	nobiles )	)	
24a Do you have evidence to	<del>,</del>		ent use cl	aimed?	<u> Ц у</u>	es	No	24b If "Y	es," is th	ie evide	nce writt	ten? L	」Yes ∟	No
_ (a)	(b) Date	(c) Business/	1	(d)		(e)	austlan	_ (f)		g)		h)		(i) cted
Type of property (list vehicles first)	placed in	investment	١.	Cost or		is for depre siness/inve		Recovery period		thod/ ention		ciation uction		n 179
(list veriles ilist)	service	use percenta	ge U	ther basis		use only	)	period	COIL	61111011	0601	Jenon	CC	ost
25 Special depreciation all	lowance for c	qualified listed	property	placed	ın servic	e during	the ta	ax year an	ıd				7. 40	
used more than 50% in	a qualified b	ousiness use								25			Bar My	
26 Property used more that	an 50% in a c	qualified busin	ess use											
-			%											
			%								ŀ			
			%											
27 Property used 50% or	ess in a qual	ified business	use:											
		1	%						S/L -				f	
<del></del>		<del>†</del>	%					·····	S/L·		1		, sá <sup>(*)</sup> · (	45 W
<del></del>		<del></del>	%						S/L·				1". "2	
28 Add amounts in column	) (h) lines 25	<del></del>		e and on	line 21	nage 1		<u> </u>	1	28			19.6	Ž,
29 Add amounts in column		-				page .					<u> </u>	29		
29 Add amounts in column	1 (), 1116 20 1			r, page B - Infor		on Hea	of Veh	icles						
Complete this section for v	المحمد حماميط	-							or rainta	4 00000	a lf vou	providor	d vobiolo	•
														,
to your employees, first ans	swer the que	suoris in Secti	OH C to	see ii yoi	u meet a	iii excep	uon u	Completi	ng una s	ection	UI IIIUS <del>o</del>	verilcie.	,	
			<del></del>	-		<b>L1</b>	_	(0)	1	ط/،	1	۵)	(f	
SO. Total husunoss/mysetment	milan dewan d	luring the	1 .	a) hicle		b) ncle	١,	(c) 'ehicle		d) nicle		e) ncle	Veh	
30 Total business/investment		iurnig tile	- Vei	IIICIE	V 61	IICIE		CITICIE	A C1	IICIG	761	IICIG	VC11	ioic .
year (don't include commi	-		-						<del> </del>		<del> </del>		<del> </del>	
31 Total commuting miles	-			_			-		<del> </del>		├		├	
32 Total other personal (no	oncommutino	g) miles	1											
driven			<u> </u>		<u> </u>						-		<del> </del>	
33 Total miles driven durin	g the year.		1		ļ								1	
Add lines 30 through 3	2 .					, .		_	<u> </u>		ļ		<del>                                     </del>	
34 Was the vehicle availal	ole for persor	nal use	Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No
during off-duty hours?						<u> </u>			ļ	<u> </u>	ļ		<u> </u>	<b></b>
35 Was the vehicle used p	orimanly by a	more		ļ	ŀ							ł		
than 5% owner or relat	ed person?								L				igsquare	ļ
36 Is another vehicle avail	able for perso	onal							1	ļ	l			
use?								<u> </u>	<u> </u>			<u> </u>	ļ	
	Section C	- Questions	for Emp	loyers W	/ho Pro	vide Veh	icles	for Use b	y Their I	Employ	ees			
Answer these questions to	determine if	you meet an e	xception	n to com	pleting S	Section (	3 for v	ehicles us	ed by e	nployee	es who a	ren't mo	re than 5	5%
owners or related persons														
37 Do you maintain a writt	en policy sta	tement that pr	ohibits a	all persor	nal use d	of vehicle	s, inc	luding cor	nmuting	, by you	ır		Yes	No
employees?													L	<u> </u>
38 Do you maintain a writt	en policy sta	tement that pr	ohibits p	personal	use of v	ehicles,	ехсер	t commut	ing, by y	our/			1	Į.
employees? See the in	structions for	vehicles used	by con	orate of	ficers, d	irectors,	or 1%	or more	owners			_		l
39 Do you treat all use of	ehicles by ei	mployees as p	ersonal	use?										
40 Do you provide more th	-				nformat	ion from	vour (	emplovee	s about					
the use of the vehicles,							•							
41 Do you meet the requir					monstra	tion use	?			•		•		1
Note: If your answer to								overed vel	hicles.				1977 74	1 . 69
Part VI Amortization			.,	22		2 .3.								
(a)		<u> </u>	(b)	Ť.	(c)		$\neg$	(d)		(e)	Т		(f)	
Description	of costs	Date	amortization		Amortizat	ole		Code section	į	Amortiza	ation	A. fr	mortization or this year	
49 Amortization of contact	nat hadine di	iring your 201	begins 7 tax va:	1			—	230,001		period or pe	reninds I			
42 Amortization of costs to	iai Degiris Ol	July your 201	, tax ye	ai T	<del></del>	-	1		<del></del>					
			<del></del>	<del> </del>					<del></del>					
46. 4		, , , ,	7.4	<u> </u>			Ш_		L		142			
43 Amortization of costs to											43			
44 Total. Add amounts in	column (t) S	ee the instruct	ions for	wnere to	report						44			0 /00471
716252 01-25-18												- +	orm 4562	2 (2017)

ASSOCIATE	STUDENTS UCLA			95-1777979
07/24/04	107,184.	0.	107,184.	107,184.
07/30/05	173,603.	0.	173,603.	173,603.
07/29/06	143,616.	0.	143,616.	143,616.
07/28/07	111,808.	0.	111,808.	111,808.
07/26/08	311,982.	0.	311,982.	311,982.
07/25/09	265,093.	0.	265,093.	265,093.
07/31/10	274,611.	0.	274,611.	274,611.
07/30/11	226,149.	0.	226,149.	226,149.
07/28/12	48,864.	0.	48,864.	48,864.
07/27/13	23,230.	0.	23,230.	23,230.
07/26/14	59,858.	0.	. 59,858.	59,858.
07/29/17	1,312.	0.	1,312.	1,312.
NOL CARRYOVE	ER AVAILABLE THIS	YEAR	2,786,859.	2,786,859.
	·		·	

	NET OPERATING LOSS DEDUCTION									
YEAR	LOSS	LOSS PREVIOUSLY  APPLIED	AMOUNT AVAILABLE THIS YEAR	AMOUNT USED	CARRYOVER TO NEXT YEAR	FINAL YEAR				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W GOMENT TEAM		, , , , , , , , , , , , , , , , , , , ,				
1998	234,113	145,857	88,256	39,788	48,468	2018				
1999	552,101	0	552,101	0	552,101	2019				
2000	130,749	0	130,749	0	130,749	2020				
2001	130,100	0	130,100	0	130,100	2021				
2002	138,343	. 0	138,343	0	138,343	2022				
2003	107,184	0	107,184	0	107,184	2023				
2004	173,603	0	173,603	0	173,603	2024				
2005	143,616	0	143,616	0	143,616	2025				
2006	111,808	0	111,808	0	111,808	2026				
2007	311,982	0	311,982	0	311,982	2027				
2008	265,093	0	265,093	0	265,093	2028				
2009	274,611	0	274,611	0	274,611	2029				
2010	226,149	0	226,149	0	226,149	2030				
2011	48,864	0	48,864	0	48,864	2031				
2012	23,230	0	23,230	0	23,230	2032				
2013	59,858	0	59,858	0	59,858	2033				
2016	1,312	0	1,312	0	1,312	2036				
	2,932,716	145,857	2,786,859	39,788	2,747,071					

## ASSOCIATED STUDENTS UCLA

## **STATEMENT 5**

	CONTRIBUTION CARRYOVER									
YEAR	PRIOR YEAR CONTRIBUTION CARRYOVER	AMOUNT USED IN CURRENT YEAR	CARRYOVER TO NEXT YEAR	FINAL YEAR TO UTILIZE						
2012 2013	143,567 110,205	4,421 0	143,567 110,205	2017 2018						
2014 2015 2016	528,992 455,617 405,598	0 0 0	528,992 455,617 405,598	2019 2020 2021						
	1,643,979	4,421	1,643,979							