Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2013 or other tax year beginning 7/01, 2013, and ending 6/30,

OMB No. 1545-0687

ь .		► Informatio	n about Form 990-T			istructions. ns is available	at www.ii	rs.gov/form990t.	-	Nove to Build have allow t	
Depart	ment of the Treasury al Revenue Service		▶ Do not enter SSN numbers on this form as it may be public if you organization is a 501(c)(3). Space of the state of the								
A	Check box if address changed			Check box if	name c	hanged and see ins	tructions.		D Emp	ployer identification number ployees' trust, see	er
ВЕ	xempt under section		CSU FULLERTO				CORP	•8	inst	ructions.)	
_ [X 501(C)(_3)	or	2600 NUTWOOD			75				52081258	
	408(e) 220	(e) Type	FULLERTON, C	A 92831					E Uni	related business activity les (See instructions.)	
	408A530	(a)	<u></u>								
	529(a)								5	31120	
	Book value of all assets at end of year		exemption number								
	123,081,59	•	k organization type.	لسا	501(c)	corporation	501(c) trust40	1(a) tr	ust Other trus	st
P (CATERING, BU.	LLDING LE	y unrelated business AS OFF CAMPUS	o i			D 2002				
			ration a subsidiary ir				subsidiary	y controlled group)?	► Yes X No	
			ying number of the		oration	լ ▶	т.	landa a santa a sa	CE	7 070 4140	_
-		Designation of the second seco	FULLERTON ASC			(4) 1		lephone number	7		_
Par			Business Income	e		(A) Incon	ne	(B) Expenses	200435	(C) Net	5.00
1 a	Gross receipts or s	sales	107,724.	D. I.		100	704				
2	Less returns and allowa	a real or the first terms		Balance ►	1 c		,724.				
2	2.5	30.00	line 7)	100	3		,479.		100 to 100 to	79,245	-
3			line 1c				,245.		A POST	19,243	<u>.</u>
			Form 8949 and Sche		4 a	****			7 1000		-
			7) (attach Form 4797)		4 c						—
5			and S corporations		40				A POR		-
ŭ	(attach statement)				5						
6					6					*	
7	Unrelated debt-fina	anced income	(Schedule E)		7	1,574	,840.	1,278,6	07.	296,233	<u>3.</u>
8	Interest, annuities, roya	Ities, and rents fro	om controlled organization	IS (Schedule F)	8						
9	Investment income of a	section 501(c)(7),	, (9), or (17) organization	(Sch G)	9						_
10	- 15 V.S.	8	(Schedule I)		10						
11					11	Nocesti Company					
12	Other income (See	instructions;	attach schedule.)		2002				080		
					12						
13	Total. Combine line	es 3 through 1	2		13	1,654	,085.	1,278,6		375,478	<u>3.</u>
Pai	Deductio	ns Not Take	en Elsewhere (S tions must be di	see instru	ictior	is for limitat	IONS ON	aeauctions.) ed husiness ir	(EXC	ept for	
14			ors, and trustees (So						14	0.)	_
12.5	to white Mr Salt William In the N	100		52					15	61,53	7.
16	Repairs and maint	enance							16	1,358	
17									17		-
18									18		
19		(5)							19	963	$\overline{1}$.
20			tructions for limitation						20		_
21	Depreciation (attac	ch Form 4562)				2	1	638,822.			
22	Less depreciation	claimed on Sc	hedule A and elsew	here on retu	ırn	2	2 a	638,822.	22 b		
23	Depletion								23		
24	Contributions to de	eferred compe	nsation plans						24		
25	Employee benefit	programs							25		
26			dule I)						26		
27	Excess readership	costs (Sched	ule J)				, GEF 6		27	H00 01	_
28	Other deductions (attach schedu	ile)				, 'shb' 'g	5±14±141414141414141	28 29	728,910 792,773	<u>0.</u>
29	Total deductions.	Add lines 14 th	nrough 28	ting loss de	dustis	n Subtract line	20 from	line 13	30	-417,29	
30	Net operating loss	deduction (lin	me before net opera nited to the amount o	ung ioss de an line 301	uucuc	n. Subtract iiffe SEE	STATE	MENT 2	31	-411,29	±.
31 32	Unrelated husines	s taxable inco	me before specific d	eduction. S	ubtrac	t line 31 from I	ine 30		32	-417,29	4.
33	Specific deduction	(Generally \$1	,000, but see line 33	3 instruction	s for e	exceptions.)			33		
34			btract line 33 from line 32						34	-417,29	4.

Form 990-1	(2013) CSU FULLERTON AUXILIARY SERVICES CORP.	95208	1258	Г	age A
Part III	Tax Computation				
35 Organ	nizations Taxable as Corporations. See instructions for tax computation.	CARRY.			
	olled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:				
	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	#18399			
(1) \$		1000			
	organization's share of: (1) Additional 5% tax (not more than \$11,750)\$				
		1000			
	ditional 3% tax (not more than \$100,000)	1999			•
	ne tax on the amount on line 34	▶ 35 c			0.
36 Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	13/1/20			
on lin	e 34 from: Tax rate schedule or Schedule D (Form 1041)	▶ 36	Ĭ		
37 Proxy	rtax. See instructions.	▶ 37			
	native minimum tax				
	Add lines 37 and 38 to line 35c or 36, whichever applies				0.
					0.
	Tax and Payments	100000			
	gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a				
b Other	credits (see instructions)	177107	al .		
c Gene	ral business credit. Attach Form 3800 (see instructions)				
d Credi	t for prior year minimum tax (attach Form 8801 or 8827)				
e Total	credits. Add lines 40a through 40d	40 €			0
	act line 40e from line 39				0
	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	···	-		U
		40			
	ther (attach schedule)				
	tax. Add lines 41 and 42	43			0
44 a Paym	ents: A 2012 overpayment credited to 2013	1394			
b 2013	estimated tax payments				
c Tax d	eposited with Form 8868	570	1		
	gn organizations: Tax paid or withheld at source (see instructions) 44 d		l .		
	up withholding (see instructions)	188	į.		
	t for small employer health insurance premiums (Attach Form 8941) 44f		2		
	t for small employer nealth insurance premiums (Attach Form 6541) 441				
	credits and payments: Form 2439				
	orm 4136 Other 10tal 44g				
45 Total	payments. Add lines 44a through 44g	45			0
	nated tax penalty (see instructions). Check if Form 2220 is attached				
	lue. If line 45 is less than the total of lines 43 and 46, enter amount owed			•	
	payment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid				e 111 e
49 Enter	the amount of line 48 you want: Credited to 2014 estimated tax Refund	led ▶ 49			
Part V	Statements Regarding Certain Activities and Other Information (see instructions)			
1 At an	y time during the 2013 calendar year, did the organization have an interest in or a signature or other	authority	over a	Yes	No
finan	cial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file For	m TD F 90	-22 1	3435	175,0
man	chal account (bain, securities, or other) in a foreign country; if 123, the organization may have to me to	111111111111			**
	rt of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 🕞 🗕				X
2 Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a forei	gn trust?.		Х
If YE	S, see instructions for other forms the organization may have to file.				NO.
		0.			No.
CONTRACTOR OF THE PARTY OF THE			100		(4.57%)
	e A − Cost of Goods Sold.Enter method of inventory valuation RETAIL INVENTO		HOD		
1 Inven	tory at beginning of year	6		3,2	275
2 Purch	nases	ct			
	of labor		Ď.		
507	and in Part I, line 2	7		28,4	179
4 a Additio	onal section 263A costs (attach schedule)			Yes	No
	8 Do the rules of section 263	Δ (with res	nect to	A STATE OF	
b Other o	costs Ah			19512	
(att. so	Add lines 1 through 4br				X
5 TOTAL	77 da mies i di edgar ia			many transfer and	
	Hader papelling of parity y Maclara that I have avanined this return including accompanying schodules and clatements and to		, intomouge a	rist	
0.	Under penalties of perjury. Meclare that I have examined this return, including accompanying schedules and statements, and to belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any kno	wledge.		
Sign	Under penalties of perjury. Declare that I have examined this return, including accompanying schedules and statements, and to belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	Mav	the IRS discus	ss this retur	n with
Sign Here	TREASURER CFO	May the p	reparer show	s this return below (se	e
Sign Here	TREASURER CFO	May the p	reparer show	ss this retur	n with e
Here	Signature of Signa	May the p instru	reparer show	s this return below (se	e
Here ———Paid	Print/Type greparer's name Preparer's signature Date TREASURER CFO Title Check	May the p instru	the IRS discusiveparer show uctions)?	Yes	e
Paid Pre-	Print/Type of parer's name Preparer's signature Date Check PATRICK S. GUZMAN, CPA PATRICK S. GUZMAN, CPA self-en	May the p instru	the IRS discusive parer show uctions)? X	Yes	e
Paid Pre- parer	Print/Type of parer's name Preparer's signature Preparer's signature Preparer's signature PATRICK S. GUZMAN, CPA PATRICK S. GUZMAN, CPA Firm's name GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS Firm's	May the p instru	the IRS discusiveparer show uctions)?	Yes	e
Paid Pre-	Print/Type of parer's name Preparer's signature Date Check PATRICK S. GUZMAN, CPA PATRICK S. GUZMAN, CPA self-en	May the p instru	the IRS discusive parer show uctions)? X	Yes	e

LONG BEACH, CA 90804

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals.....

Add columns 5 and 10. Enter

here and on page 1, Part I, line 8, column (A).

Schedule G – Investment In	come of a Section	n 501(c					ns)	
1 Description of income	2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		set-as	deductions and ides (column 3 is column 4)
(1)								
(2)								
(3)								
(4)	Fular have and an a	2000 1		ACTOR SHEET		NICH WATER	Enter he	re and on page 1,
Totals	Enter here and on p Part I, line 9, colun	nn (A).						ne 9, column (B).
Schedule I – Exploited Exen	not Activity Incon	ne. Oth	er Tha	n Advertising	Income (see in	structio	ns)	
1 Description of exploited activity	2 Gross unrelated	3 Expense connec produ of uni	es directly ted with action related s income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expattribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
-	Enter here and on page 1, Part I, line 10, column (A).	on pa	ere and age 1, line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Totals							4-11-11-11-11-11-11-11-11-11-11-11-11-11	
Schedule J – Advertising In			!! .!	ate d Deale				
Part I Income From Period			77.		F Oissulation	C Do	odorobin	7 Evenes readership
1 Name of periodical	2 Gross advertising income	advei	irect rtising sts	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)								
(2)				A 18 1 7 1				
(3)								
(4)						-		
Totals (carry to Part II, line (5)) Part II Income From Period 7 on a line-by-line basis.)	licals Reported o	n a Se	parate	Basis (For each	periodical listed i	n Part I	I, fill in co	
1 Name of periodical	2 Gross advertising income	adve	irect rtising ists	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus co 5, but not more than col 4).
(1)								
(2)								-
(3)			55					-
(4)				BESSES 43				
(5) Totals from Part I								P. P. L. Sandara
Totals, Part II (lines 1-5)		on p Part I colur	nere and age 1, , line 11, nn (B).					Enter here and on page 1, Part II, line 27.
Schedule K - Compensatio	n of Officers, Dir	ectors,	and T	rustees (see ins	structions)			
1 Name				2 Title	3 Percent time devot to busines	ed	Compens to unre	sation attributable lated business
					3	%		
						%		
	1 - 1 - 1 - 1 - 1					%		
						왕		
Total. Enter here and on page 1. Pa	art II. line 14					. ▶		

Form **4562**

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

CSU FULLERTON AUXILIARY SERVICES CORP.

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2013

Attachment Sequence No. 179

Identifying number 952081258

Busine	ss or activity to which this form relate	S						
Par	Election To Expe	ense Certain I	Property Under Secomplete Part V before	c tion 179 you complete Pai	rt I.			
1	Maximum amount (see instr	uctions)					1	
2	Total cost of section 179 pro						2	
3	Threshold cost of section 17						3	
4	Reduction in limitation. Subt	tract line 3 from li	ne 2. If zero or less, ent	er -0			4	
5	Dollar limitation for tax year separately, see instructions.	. Subtract line 4 f	rom line 1. If zero or les				5	
6	(a) ^[]	Description of property		(b) Cost (business	use only)	(c) Elected cost		
	20060-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							
7	Listed property. Enter the a	mount from line 2	<u> </u>		. 7		8	
8	Total elected cost of section Tentative deduction. Enter t	1 1/9 property. At	ad amounts in column (c), lines 6 and 7		**********	9	
9 10	Carryover of disallowed ded						10	
11	Business income limitation.	Enter the smalle	r of business income (no	ot less than zero)	or line 5	(see instrs)	11	
12	Section 179 expense deduc	tion. Add lines 9	and 10, but do not enter	more than line 1	1		12	
13	Carryover of disallowed ded	luction to 2014. A	dd lines 9 and 10, less I	ine 12	▶ 13			
Note	: Do not use Part II or Part II	II below for listed	property. Instead, use F	Part V.				
Pai	t II Special Deprecia	ation Allowan	ce and Other Depr	eciation (Do n	ot include	listed property.)	(See i	nstructions.)
14	Special depreciation allowar tax year (see instructions).	nce for qualified p	property (other than liste	d property) place	ed in servi	ce during the	14	
15	Property subject to section						15	
16							16	
Elizabeth States			nclude listed property.) (
		•	Sectio					
17	MACRS deductions for asse	ets placed in serv	ice in tax years beginnir	ng before 2013			17	
18	If you are electing to group asset accounts, check here	anv assets place	d in service during the t	ax year into one	or more g	eneral . \Box		
			n Service During 2013 T				/stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	on (f) Method		(g) Depreciation deduction
19:	3-year property							
	5-year property							
	7-year property							
	d 10-year property							<u>-</u> -
	e 15-year property							
- 4	20-year property	45						
	g 25-year property			25 yrs		S/L		
	n Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property			V 11 1 11	MM	S/L	Cueton	
		Assets Placed in	Service During 2013 Ta	x Year Using the	Alternativ		System	
-	a Class life			10	-	S/L		
	b 12-year			12 yrs	NANA	S/L S/L		
	c 40-year			40 yrs	MM			
Pa	rt IV Summary (See in					Т	21	- Constant
Pa 21	rt IV Summary (See in Listed property, Enter amo	unt from line 28.					21	
Pa 21 22	rt IV Summary (See in Listed property. Enter amo	unt from line 28 . lines 14 through 17, li n. Partnerships and S	nes 19 and 20 in column (g), a corporations — see instruction	and line 21. Enter here s	and on		21 22	

FEDERAL STATEMENTS

PAGE 1

CSU FULLERTON AUXILIARY SERVICES CORP.

952081258

STATEMENT 1 FORM 990-T, PART II, LINE 28 OTHER DEDUCTIONS

ADVERTISING	\$	380.
BANK SERVICE CHARGE		1,246.
CONFERENCE		88.
CONTRACTED SERVICES		16. 1.175.
CONTRACTS MAINTENANCE		270.
DIRECT COST		270.
DUES AND SUBCRIPTIONS		1 777
EXPENDABLE EQUIPMENT. FEE ADMIN ALOCATION.		703,477.
INSURANCE.		336.
MERCHANT SUPPLIES		11,083.
OFFICE SUPPLIES		828.
PEST CONTROL		256.
PUBLIC RELATIONS.		1,045.
RENT		2,457.
RERUITMENT		80.
TELEPHONE		629.
TRAVEL		374. 469
TRUCK EXPENSES		
UTILITIES	6	2,903. 728.916.
TOTAL	<u> </u>	120,910.

STATEMENT 2 FORM 990-T, PART II, LINE 31 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	OI	RIGINAL LOSS	PR	LOSS EVIOUSLY USED		OSS LABLE
6/30/99	\$	105,032.	\$	0.	\$	105,032. 21,720.
6/30/00		21,720. 24,388.		0.		24,388.
6/30/01 6/30/02		178,651.		0.		178,651.
6/30/02		9,379.		1,091.		8,288.
6/30/04		11,223.		0.		11,223.
6/30/06		71.		0.		71.
6/30/07	\$1	14,307.		0.		14,307.
6/30/08		44,503.		0.		44,503.
6/30/09		16,487.	15	0.		16,487.
6/30/10		91,870.		0.		91,870.
6/30/11		44,916.		0.		44,916.
6/30/12		21,948.		0.	-	21,948.
HEL OFFICE TOO	AVAILABLE.				Ş	583,404.
TAXABLE INCOME				TNGOMEN	Ş	-417,294.
NET OPERATING LOSS	DEDUCTION	(LIMITED TO T	AXABLE .	INCOME)	<u>Ş</u>	<u> </u>

FEDERAL STATEMENTS

PAGE 2

CSU FULLERTON AUXILIARY SERVICES CORP.

952081258

STATEMENT 3	
FORM 990-T, SCHEDULE E, LINE 3B	
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY	

OFFICE BUILDING CP-WEST FULLERTON CLEANING AND MAINTENANCE INSURANCE INTEREST TAXES WAGES AND SALARIES CPW CONTRACTED SERV TOTAL	\$ 7,903. 34,027. 76,883. 360,445. 815. 48,474. 528,547.
OFFICE BUILDING IRVINE BANTING 1 AMORTIZATION. CLEANING AND MAINTENANCE INTEREST REPAIRS TAXES TELEPHONE UTILITIES CONTRACTED SERVISES OTHER DIRECT COST. TOTAL	\$ 8,427. 45,763. 6,273. 45,920. 107,301. 1,905. 87,417. 18,933. 177. 322,116.

CSU FULLERTON AUXILIARY SERVICES CORP.

952081258

RENTAL INCOME WORKSHEET FORM 990

1 OKIII 330	
OFFICE BUILDING CP FULLERTON	
GROSS RENTAL INCOME\$	8,357,733.
EXPENSES	.,,
AUTO AND TRAVEL	3,936.
COMMISSIONS	11,367.
DEPRECIATION	916,165.
INSURANCE	132,568.
	1,032,817.
INTEREST	1,032,017.
LEGAL AND PROFESSIONAL FEES	477,659.
MANAGEMENT FEES	426,862.
REPAIRS	1,224,158.
SUPPLIES	7,348. 146,585.
TAXES	146,585.
UTILITIES	714,575.
WAGES AND SALARIES	198,042.
RENTAL	127,438.
OTHER DIRECT COST	884,249.
CONTRACTED SERVISES	56,861.
CPW CONTRACTED SERV	-63,017.
CPW OTHER DIRECT.	14,543.
IRVINE CO NTRACTED SERV	-18,933.
IRVINE CUSTODIAL SERV/SUPPLY	-18,933. -45,763.
IRVINE TELEPHONE	-1,905.
IRVINE OTHER DIRECT COST	-177.
TOTAL EXPENSES.	$\frac{-177.}{6,245,378.}$
TOTAL BALLMODD	0/210/0.01
NET RENTAL INCOME OR LOSS \$	2,112,355.
NII NIMIII INCOM ON LOBB #	2/112/000.
OFFICE BUILDING CP-WEST FULLERTON GROSS RENTAL INCOME. \$ EXPENSES CLEANING AND MAINTENANCE. DEPRECIATION. INSURANCE. INTEREST. TAXES. WAGES AND SALARIES. CPW CONTRACTED SERV. TOTAL EXPENSES \$ NET RENTAL INCOME OR LOSS \$	7,903. 299,000. 34,027. 76,883. 360,445. 815. 48,474.
OFFICE BUILDING IRVINE BANTING 1	
	200 500
GROSS RENTAL INCOME\$	302,577.
GROSS RENTAL INCOME\$ EXPENSES	302,577.
EXPENSES	*
EXPENSES CLEANING AND MAINTENANCE	45,763.
EXPENSES CLEANING AND MAINTENANCEINTEREST	45,763. 6,273.
EXPENSES CLEANING AND MAINTENANCE. INTEREST REPAIRS	45,763. 6,273. 45,920.
EXPENSES CLEANING AND MAINTENANCE. INTEREST REPAIRS TAXES	45,763. 6,273. 45,920. 107,301.
EXPENSES CLEANING AND MAINTENANCE. INTEREST REPAIRS TAXES. TELEPHONE	45,763. 6,273. 45,920. 107,301. 1,905.
EXPENSES CLEANING AND MAINTENANCE. INTEREST REPAIRS. TAXES. TELEPHONE. UTILITIES	45,763. 6,273. 45,920. 107,301. 1,905. 87,417.
EXPENSES CLEANING AND MAINTENANCE. INTEREST REPAIRS. TAXES. TELEPHONE. UTILITIES. CONTRACTED SERVISES	45,763. 6,273. 45,920. 107,301. 1,905. 87,417. 18,933.
EXPENSES CLEANING AND MAINTENANCE. INTEREST REPAIRS. TAXES. TELEPHONE. UTILITIES. CONTRACTED SERVISES. OTHER DIRECT COST	45,763. 6,273. 45,920. 107,301. 1,905. 87,417. 18,933.
EXPENSES CLEANING AND MAINTENANCE. INTEREST REPAIRS. TAXES. TELEPHONE. UTILITIES. CONTRACTED SERVISES	45,763. 6,273. 45,920. 107,301. 1,905. 87,417. 18,933.

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1	0		.5

FEDERAL WORKSHEETS

PAGE 2

CSU FULLERTON AUXILIARY SERVICES CORP.

952081258

COMPUTATION OF COST OF GOODS SOLD (FORM 99
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1.	INVENTORY AT START OF YEAR	3,360,595.
2.	PURCHASES	14,218,243.
3.	COST OF LABOR	0.
4.	ADDITIONAL 263A COSTS	0.
5.	OTHER COSTS.	0.
6.	TOTAL (ADD LINES 1 THROUGH 5)	17,578,838.
7.	INVENTORY AT END OF YEAR	2,507,411.
8.	COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	15,071,427.

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

(PROGRAM SERVICES TOTAL FORM 990		SOURCE		
TOTAL EXPENSES GRANTS REVENUE	0.	0.	PART IX, LINE 25, COL. B PART IX, LINES 1-3, COL. B PART VIII, LINE 2, COL. A		

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
CONTRACTED SERVICES REPAIRS AND MANINTENANCE		972,124.	844,177.	127,947.	*
KEPAIKS AND MANINIENANCE	TOTAL	\$ 1,427,827.	455,703. \$ 1,299,880.	\$ 127,947.	\$ 0.

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	FUNDRAISING
COMMUNITY OUTREACH CONTRACTED SERV GRANTS EQUIPMENT - GRANTS PRINTING AND PUBLICATIONS PUBLIC RELATIONS REPAIRS AND MANINTENANCE RESEARCH AWARDS RESEARCH SUPPORT STIPENDS AND SCHOLARSHIP TEMPORARY RESTRICTED CRT		187,923. 497,336. 80,799. 13,280. 412,704. 79,112. 32,600. 506,768. 178,004.	187,923. 497,336. 80,799. 10,229. 348,243. 32,600. 506,768. 178,004.	3,051. 64,461. 79,112.	
	TOTAL	\$ 1,988,526.	\$ 1,841,902.	\$ 146,624.	\$ 0.

2013	FEDERAL WORKSHEETS	PAGE 3
	CSU FULLERTON AUXILIARY SERVICES CORP.	952081258
1. INVI 2. PUR 3. COS' 4. ADD' 5. OTH 6. TOT	TATION OF COST OF GOODS SOLD (FORM 990-T) ENTORY AT START OF YEAR CHASES F OF LABOR ITIONAL 263A COSTS ER COSTS AL (ADD LINES 1 THROUGH 5) ENTORY AT END OF YEAR F OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	3,327. 28,427. 0. 0. 0. 31,754. 3,275. 28,479.
1. TOT: 2. TOT: 3. UNR	TATION OF 2013 NET OPERATING LOSS AL INCOME	375,478. 792,772. -417,294. 417,294.

Form 8868 (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box..... If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only..... All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 952081258 CSU FULLERTON AUXILIARY SERVICES CORP Social security number (SSN) Number, street, and room or suite number. If a P.O. box, see instructions File by the due date for 2600 NUTWOOD AVENUE #275 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. FULLERTON, CA 92831 Enter the Return code for the return that this application is for (file a separate application for each return)..... Application Return Application Is For Return Code Code 07 Form 990-T (corporation) Form 990 or Form 990-EZ Form 1041-A Form 990-BL 09 Form 4720 (other than individual) 03 Form 4720 (individual) 10 Form 5227 Form 990-PF 04 11 05 Form 6069 Form 990-T (section 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) The books are in the care of ► CSU FULLERTON ASC Fax No. ► 657-278-1414 Telephone No. ► 657-278-4140 If the organization does not have an office or place of business in the United States, check this box..... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box..... ▶ ☐. If it is for part of the group, check this box... ▶ ☐ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 15 , to file the exempt organization return for the organization named above, The extension is for the organization's return for: calendar year 20 X tax year beginning $\frac{7}{01}$, 20 $\frac{13}{13}$, and ending $\frac{6}{30}$, $\frac{20}{14}$. If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return | |Final return Change in accounting period 3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3 a |\$ nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 3 b S tax payments made. Include any prior year overpayment allowed as a credit..... 0. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for

payment instructions.