For	_m 990-T	E	Exempt Orga	nization Bu	sine	ss Inc	ome 1	Tax Returi	n	OMB No. 1545-0687
		-	(a	nd proxy tax und	der se	ction 60)33(e))			
		For cal	lendar year 2015 or other tax ye	ear beginning UUL I,	, 20	15 , and	lending JU	N 30, 201	<u>.6</u> .	2015
Dep	eartment of the Treasury rnal Revenue Service	▶	Do not enter SSN number	orm 990-T and its instru	ictions i v be ma	s available de public if	at <i>www.irs.g</i> vour organiz	gov/form990t. vation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A	X Check box if address changed		Name of organization (CSU FULLERT	Check box if name of	changed	and see ins	tructions.)		D Empl (Emp	loyer identification number bloyees' trust, see uctions,)
В	Exempt under section	Print	CORPORATION			DICV T ()	40		20000000	5-2081258
2	501(c)(3)	or	Number, street, and roon		x. see ir	structions.			E Unrel	lated business activity codes
	408(e)220(e)	Туре	1121 N. STA	TE COLLEGE	BLV	D			(See i	instructions.)
	408A 530(a)		City or town, state or pro-				e		1	
	529(a)		FULLERTON,	CA 92831					531	120
C B	ook value of all assets t end of year	F Group	exemption number (See i	nstructions.)					-	
_1	1 end of year 21969966.	G Check	organization type	X 501(c) corporatio	n L	501(c) t	rust	401(a) trust		Other trust
H D	escribe the organization	n's prima	ry unrelated business acti	vity. ▶ CATERIN	IG,	BUILD	ING LE	ASE OFF C	AMP	US
10	Ouring the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a pare	nt-subsi	diary contro	lled group?	D	Ye	
	"Yes," enter the name a	and ident	ifying number of the paren	t corporation.						
			SU FULLERTO				Telepho	one number 🕨 6	57-	278-4140
_			e or Business Inc	ome		(A) In	come	(B) Expense:	3	(C) Net
	Gross receipts or sale		53,896.						ROW.	AN BUTTON CONTROL
20,520	Less returns and allov			c Balance	1c		3,896.			
2	Cost of goods sold (S	Schedule	A, line 7)		2		5,049.			
3	Gross profit, Subtract				3	37	7,847.			37,847.
4 a	Capital gain net incom	ne (attach	Schedule D)		4a					
	Net gain (loss) (Form	4/9/, Pa	art II, line 17) (attach Form	4797)	4b				ALEY I	
C	Capital loss deduction) for trust	s		4c				Time.	
5	Dept income (Cohedul	artnersnij 1- 0)	os and S corporations (atta	ach statement)	5					
6 7	Hent income (Schedul	le C)	- (0.1, 1,1,5)		6	105				
8	Interact appuiting rou	eu incom	e (Schedule E)		7	485	,959.	1,121,2	85.	-635,326.
9	Investment income of	/annes, ar	nd rents from controlled or	ganizations (Sch. F)	8					9)
10	Evoluted avampt activ	d Section	1 501(c)(7), (9), or (17) or	ganization (Schedule G)						
11	Advertising income (S	nty ilicon	ne (Schedule I)		10					
12	Other income (See inc	tructions	J) ; attach schedule)		11					
13	Total Combine lines	2 throug	h 12		12	Enn	006	1 101 0	0.5	F0F 4F0
	rt II Deduction	ns No	t Taken Elsewher	A (See instructions to	r limito	J Z J	,806.	1,121,2	85.	-597,479.
, an - 20		ontribut	tions, deductions must	be directly connected	with t	nons on de ne unrelate	eductions.) ed business	income)		
14			ectors, and trustees (Sched						44	·
15	Salaries and wages				••••••	••••••		••••••••	14	30,804.
16	Repairs and maintena	ance		***************************************			••••••	••••••	16	998.
17	Bad debts				•••••	*************			17	770.
18	Interest (attach sched	dule)			•••••	***************************************	•••••		18	
19	raxes and licenses								19	91.
20	Charitable contributio	ns (See i	nstructions for limitation r	ules)		***************************************			20	22,
21	Depreciation (attach F	Orm 456	02)				21	230,254.		
22	Less depreciation clai	imed on a	Schedule A and elsewhere	on return			22a	230,000.	22b	254.
23	Depletion								23	
24	Contributions to defer	rred com	pensation plans						24	
25	curbioles peneur brod	grams							25	
26	excess exempt expen	ses (Scn	eaule I)		CH 12				26	-
27	excess readership cos	sis (Sche	aule J)						27	*
28	Other deductions (atta	acii Sche	uule)			SEE	STATE	MENT I	28	-600,937.
29	Total deductions.	Add lines	: 14 through 28						29	-568,790.
30	Unrelated business ta	xable inc	ome before net operating l	oss deduction. Subtract	line 29	from line 13		1	30	-28,689.
31	Net operating loss dec	duction (I	limited to the amount on li	ne 30)		SEE	STATE	MENT 2	31	
32 33	Chariffe deduction (2)	xable inc	ome before specific deduc	tion. Subtract line 31 fro	m line 3	0		[32	-28,689.
33 34	Unrelated business to	enerally \$	S1,000, but see line 33 inst	ructions for exceptions)					33	1,000.
14			come. Subtract line 33 fro							
2370° 1-06-			eduction Act Notice, see i						34	-28,689.
1-UD-	in with the abe									

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation.	
Controlled group members (sections 1561 and 1563) check here See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
(1) \$ (2) \$ (3) \$	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	
(2) Additional 3% tax (not more than \$100,000)	
c Income tax on the amount on line 34	35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	akajar
Tax rate schedule or Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
GENERAL MANAGEMENT AND THE STATE OF THE STAT	38
Section and the section of the secti	39 0.
Part IV. Tax and Payments] 33 0 •
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	10.102-12 20.102-12
A A A A A A A A A A A A A A A A A A A	
b Other credits (see instructions) 40b	
c General business credit. Attach Form 3800 40c	377-4115 123-3415 123-3415
d Credit for prior year minimum tax (attach Form 8801 or 8827)	Lietalie Lietalie
e Total credits. Add lines 40a through 40d	40e
41 Subtract line 40e from line 39	41 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42
43 Total tax. Add lines 41 and 42	43 0.
44 a Payments: A 2014 overpayment credited to 2015	
b 2015 estimated tax payments 44b	and the second of the second o
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)44d	
e Backup withholding (see instructions) 44e	
f Credit for small employer health insurance premiums (Attach Form 8941) 44f	
g Other credits and payments: Form 2439	
Form 4136 Other Total ▶ 44g	to the control of the
45 Total payments. Add lines 44a through 44g	45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □	46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48 0.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax	49
Part V Statements Regarding Certain Activities and Other Information (see instructions)	Land Company of the C
1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial according to the contract of the cont	count (bank, Yes No
securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Fina	The second of th
Accounts. If YES, enter the name of the foreign country here	X
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
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$	
	METHOD
1 Inventory at beginning of year 1 4,777. 6 Inventory at end of year	6 3,670.
14.040	5,070.
40 TO CONTRACTOR -	7 16,049.
	Yes No
b Other costs (attach schedule)	
5 Total. Add lines 1 through 4b 5 19,719. the organization? Under penalties of perjugated are that I have examined this return, including accompanying schedules and statements, and to the best of my known that I have examined this return, including accompanying schedules and statements, and to the best of my known that I have examined this return, including accompanying schedules and statements, and to the best of my known that I have examined this return, including accompanying schedules and statements.	
Sign Sign	wiedge and belief, it is true,
M	ay the IRS discuss this return with
THE CLOT INEXPONER	e preparer shown below (see
	structions)? X Yes No
Print/Type preparer's name Preparer's signature Date Check L i	f PTIN
Paid self- employed	
Preparer ELSA A. ROMERO 04/19/17	P00485021
Use Only Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP Firm's EIN ▶	93-0623286
7676 HAZARD CENTER DRIVE, STE 1300	
Firm's address ► SAN DIEGO, CA 92108 Phone no. (619) 810-4940
	Form 990-T (2015)

Form 990-T (2015) CORPORATION

							222		
(1)									
(2)									
(3)									
(4)								The Lieux	
		red or accrue					3(a) Deductions direct	lv conn	ected with the income in
(a) From personal property (if the rent for personal property is m 10% but not more than 50	ore than	(b) F	f rent for pe	d personal proper rsonal property ex is based on profit	ceeds 50% or i	tage f			(attach schedule)
(1)									
(2)		-							
(3)									
(4) Total	0.	Total							
		1				0.	(b) Total deductions.		
c) Total income. Add totals of columr lere and on page 1, Part I, line 6, colum Schedule E - Unrelated De	nn (A)	▶	10 /aga in	natruations)		0.	Enter here and on page 1, Part I, line 6, column (B)	. ▶	
ochedule L - Officialed Di	sut-i illalicet	incom	le (see ii	istructions)		Г	2 Daductions directly on	nnooto	d with or allocable
				2. Gross inc			Deductions directly co to debt-finant		
1. Description of debt	-financed property			or allocable financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
						Qп	ATEMENT 3	Q n	CATEMENT 4
(1) OFFICE BUILDING	CP-WEST					27	C IMEMETA.	٠.	CATEMENT 4
(2) FULLERTON	CI WIDI			57	6,532.		230,000	(0.2.)	1,100,27
(3)					0 3 3 2 6		230,000	•	1,100,27
(4)							27_3135000;	-	
4. Amount of average acquisition	5 Average	adjusted ba	ısis	6. Column	4 divided		7. Gross income		8. Allocable deduction
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced proper		by colu			reportable (column 2 x column 6)		(column 6 x total of colu 3(a) and 3(b))
STATEMENT 5	STATE	MENT ^(e)	6				z x column oj		S(a) and S(b))
(1)					%				
(2) 12,657,500	. 15	,016,	402.	8	4.29%		485,959		1,121,28
(3)					%				
(4)					%				
						En	ter here and on page 1,		Enter here and on page
						Pa	art I, line 7, column (A).		Part I, line 7, column (B)
Totals					▶		485,959		1,121,28
Total dividends-received deductions							<u> </u>	-	
schedule F - Interest, Ann	uities, Royal	ties, an		CALL CONTRACTOR CONTRACTOR			izations (see ins	truction	ons)
			Exempt	Controlled O	rganizations				
Name of controlled organization	Employer ide numb	entification		3. elated income ee instructions)	4. Total of s payment	pecified	Part of column 4 the included in the control organization's gross included.	ling	Deductions directl connected with incom in column 5
1)		-	-		-			+	
2)		-							
3)									
<u>4)</u>								\dashv	
onexempt Controlled Organizatio	ns						1		
	Net unrelated incom	e (loss)	9 Tota	I of specified payr	ments 10	Part of or	olumn 9 that is included	11 D	eductions directly conne
	(see instructions			made		n the contr	olling organization's oss income		h income in column 10
1)									
2)									
3)									
4)									
						Add co	lumns 5 and 10.	۸	dd columns 6 and 11,
					E		ind on page 1, Part I,		here and on page 1, Part
					E	nter here a	25		

Form 990-T (2015) CORPC								95-2	208125	8 Page 4
Schedule G - Investm (see in	nent In struction		Section 5	01(c)(7), (9), or (17) Or	ganizat	tion			
1. De	escription o	f income			2. Amount of income	directly of	luctions connected schedule)		Set-asides ch schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)		-				_				
(4)										
				E	Enter here and on page 1,					Enter here and on page 1,
				F	Part I, line 9, column (A).					Part I, line 9, column (B).
Totals					0.					0.
Schedule I - Exploite		npt Activity		Other		ng Inco	me	J. 1995		
Description of exploited activity	ii	2. Gross slated business ncome from de or business	3. Expens directly conn with produc of unrelate business inc	ected ction ed	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income	attr	Expenses ibutable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)		1						-		
(2)										
(3)					-					
(4)		52				***************************************	-			1
(1)	p	er here and on age 1, Part I, e 10, col. (A).	Enter here ar page 1, Pa line 10, col.	rt I, . (B).						Enter here and on page 1, Part II, line 26.
Totals	>	0.		0.				i ja etar		0.
Schedule J - Adverti										
Part I Income Fron	n Perio	dicals Repo	orted on a	a Cons	olidated Basis					
A						T				and the state of t
1. Name of periodical		2. Gross advertising income		Direct ing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput- cols. 5 through 7.		rculation come		eadership costs	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						1.				
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	>	().	0.						0.
Part II Income From columns 2 through	n Perio	dicals Repo	orted on a	a Sepa	rate Basis (For e	each perio	dical liste	d in Par	t II, fill in	
1. Name of periodical	9	2. Gross advertising income	3. c	Direct ing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			-			-	-			
(2)					1					
(3)						 				***
(4)	-					1				
	D).	0.	ettere i filiti et del 1015	The district	Hawa a	rankfast f	/ W. T. L. / 4	0.
Totals from Part II (lines 1.5)		Enter here and or page 1, Part I, line 11, col. (A).	Enter he	re and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	nsatio					instructio	ns)	A PLORENCE		<u></u>
•			1	,	87		3. Perce			ensation attributable
1.	. Name				2. Title		busine	ss	to unr	elated business
(1)					Average of the second			%		
(2)								%		
(3)								%		- Constitution of the Cons
(4)								%		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Enter here and on page 1	Part II I	ine 14	to action and or newton as an	H 10 21 HOROTON COLUMN TO THE		In the state of the Control of the Control	TOT GAMBIOTORICS SHARES	D		0.

Form 990-T (2015)

FORM 990-7	r		OTHER	DEDUCTI	ONS	STATEMENT	1	
DESCRIPTIO	ON					AMOUNT		
ADVERTISIN	NG					2	76.	
BANK CHARC	GES					3	11.	
CONTRACTEI	D PROFES	SIONAL SERV	ICES			6	36.	
CONFERENCE	E AND TR	AVEL					25.	
DONATIONS							39.	
DUES AND S	SUBSCRIP	TIONS					35.	
INSURANCE							40.	
OFFICE EXE		a				3,8		
OTHER DIRE	ECT COST	S				3,1		
RENT	מאימות כונגא	ORARY HELP				1,3		
UNIFORMS A						2,6	59.	
ADMIN FEE					20,298.			
		CARRY FORWAI	RD LOSS -	SEE ATT	ACHED 8582	-635,3		
тотат, то в	70RM 990	-T, PAGE 1,	TITNE 28		-600,9	37.		
FORM 990-1	r	NET	OPERATING	G LOSS D	EDUCTION	STATEMENT	2	
			LOSS	 S				
			PREVIOU		LOSS	AVAILABLE		
TAX YEAR	LOSS	SUSTAINED	APPL	ED	REMAINING	THIS YEAR		
06/30/06		72.	×	0.	72.		2.	
06/30/07		14,307.		0.	14,307.	14,30	7.	
06/30/08		44,503.		0.	44,503.	44,50		
06/30/09		16,487.		0.	16,487.	16,48		
06/30/10		91,870.		0.	91,870.	91,87		
06/30/11		44,916.		0.	44,916.	44,91		
06/30/12		21,948.		0.	21,948.	21,94		
06/30/13		392,702.		0.	392,702.	392,70		
06/30/14 06/30/15		417,294. 44,276.		0.	417,294. 44,276.	417,29 44,27		
00/20/13		44,2/0.		0.	44,2/0.	44,27		
NOL CARRYO	OVER AVA	ILABLE THIS	YEAR		1,088,375.	1,088,375.		

FORM 990-T SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL -	1	230,000.	230,0	00.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		230,00	00.
FORM 990-T SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
MANAGEMENT FEES MORTGAGE INTEREST REPAIRS AND MAINTENANCE PROPERTY TAXES WAGES, SALARIES AND BENEFITS PAYROLL TAXES INSURANCE LEGAL AND PROFESSIONAL FEES PROFESSIONAL SERVICES UTILITIES OFFICE EXPENSE AND OTHER SUPPLIES - SUBTOTAL -		78,141. 562,960. 154,483. 55,940. 37,988. 2,406. 576. 20,451. 97,337. 79,231. 10,758.	1,100,2	
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		1,100,2	/1.
FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION DEBT - SUBTOTAL -	1	12,657,500.	12,657,5	00.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		12,657,5	00.

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED	BASIS - SUBTOTAL -	- 1	15,016,402.	15,016,40	02.
TOTAL OF FORM 990	O-T, SCHEDULE E, COLUMN	5		15,016,40)2.

2015 DEPRECIATION AND AMORTIZATION REPORT

OFFICE	E BUILDING CP-WEST FULLERION						- <u>B</u>	1						
Asset No.	Description	Date Acquired Me	Method	Life	Noc>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4 6 4	1 COLLEGE PARK WEST BUILDING 3 COLLEGE PARK WEST LAND COLLEGE PARK WEST - START UP	10/31/12 s 10/31/12 L	u	0 0	MM17	9,500,000.	A 11 - A 1 -			8,750,000.	802,083.		224,359	,026,442
		10/31/1		0		5 850.				35 85 85 85				
	* TOTAL 990-T SCH E DEPR		7 <u>7</u> 25	7 (Act. 193)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18505850.	2 (4-1) (2) (4-1)			18505850.	822,250.		230,000.1	,052,250.
				THE STATE OF THE S	5 (44/4) 47 (4 (4) 1 (4) (4)									
					77 (1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
528111 04-01-15	15					(D) - Asset disposed	pasoc		*	ITC, Salvage,	Bonus, Comm	nercial Revita	ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

990-T

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return Business or activity to which this form relates

CSU FULLERTON AUXILIARY SERVICES

CORPORATION			RM 990-T			95-2081258
Part I Election To Expense Certain Pro	perty Under Section 17	79 Note: If you have any li	sted property, o	complete Part	V before y	
1 Maximum amount (see instructions)						500,000.
2 Total cost of section 179 property p	laced in service (see	instructions)			2	· ·
3 Threshold cost of section 179 prope						2,000,000.
4 Reduction in limitation. Subtract line						
5 Dollar limitation for tax year. Subtract line 4 from						
6 (a) Description of	BANK TO THE TOTAL CO.	A	ness use only)	(c) Elected		
7 Listed property. Enter the amount fr						
8 Total elected cost of section 179 pro						
9 Tentative deduction. Enter the small						****
10 Carryover of disallowed deduction for						<u> </u>
11 Business income limitation. Enter th						
12 Section 179 expense deduction. Ad	d lines 9 and 10, but	do not enter more than li	ne 11		12	
13 Carryover of disallowed deduction to			▶ 13	•		
Note: Do not use Part II or Part III below	for listed property. In	nstead, use Part V.				
Part II Special Depreciation Allo	wance and Other Do	epreciation (Do not inclu	ide listed prope	rty.)		
14 Special depreciation allowance for o	ualified property (oth	er than listed property) p	laced in service	during		
the tax year					14	
15 Property subject to section 168(f)(1)						
16 Other depreciation (including ACRS)						
Part III MACRS Depreciation (Do					1 10	
		Section A				
17 MACRS deductions for assets place	ad in service in tay ve	1. Prog. All plate & day of 1 December 1 have 2 hed exclusion	5		17	254.
18 If you are electing to group any assets placed in		e During 2015 Tax Year			ation System	am .
(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	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		=				
d 10-year property						
e 15-year property						
f 20-year property						<u></u> :
00			25 yrs.		S/L	
g 25-year property	In the Section Company Constitution of the Con		27.5 yrs.	MM	S/L	
h Residential rental property						
*			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	aces a comment of the
NA SECOND	/		1	MM	S/L	
	s Placed in Service	During 2015 Tax Year U	sing the Altern	ative Depred		stem
20a Class life					S/L	
b 12-year	2-10-10 Part 12-10-10-10-10-10-10-10-10-10-10-10-10-10-		12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	
Part IV Summary (See instructions	3.)					
21 Listed property. Enter amount from	line 28				21	
22 Total. Add amounts from line 12, lin	es 14 through 17, line	es 19 and 20 in column (c	g), and line 21.			u u
Enter here and on the appropriate lin	nes of your return. Pa	artnerships and S corpora	itions - see instr	•	22	254.
23 For assets shown above and placed						
portion of the basis attributable to se	men succession of	81	23			
516251 LHA For Paparwork Poduct						Form 4562 (2015)

12-28-15 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Form 4562 (2015)

CORPORATION Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment,

			hich you are usin , all of Section B,		mileage rate or dedu f applicable.	ucting leas	e expense	e, comp	lete only 24a,	24b, columns
	Section A -	- Depreciation	on and Other Inf	ormation (Caut	ion: See the instruc	tions for lir	nits for pa	ssenge	er automobiles.)
24a	Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes No	24b If "Y	es," is the	eviden	ce written?	Yes No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Metho Conver	od/	(h) Depreciation deduction	(i) Elected section 179 cost
	Special depreciation alloused more than 50% in				poetro care a reservo este a parecente este este este este este este este			25		
	Property used more tha									
		1 1	%							
		11	%							
			%				espriesta e roscousta			
27	Property used 50% or le	ess in a quali	fied business use	e:						
		: :	%				S/L -			
			%				S/L -			
		1 1	%				S/L·			
28	Add amounts in column	(h), lines 25	through 27. Ente	r here and on lir	ne 21, page 1			28		
29	Add amounts in column	(i), line 26. E	nter here and on	line 7, page 1	**********				29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a Veh		(t Veh		Veh		Veh		(€ Veh		(1 Veh	f) nicle
	Total commuting miles driven during the year Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about		
the use of the vehicles, and retain the information received?		
Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
	employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use?	employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use?

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins duri	ng your 2015 tax year:				
43 Amortization of costs that began befo	43				
44 Total. Add amounts in column (f). See	44				

516252 12-28-15 10

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

1

E-

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service (99)

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates OFFICE BUILDING CP-WEST CSU FULLERTON AUXILIARY SERVICES

COR	RPORATION			LLERTON			95-2081258
Par	t 📗 Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have any	listed property,	complete Part	V before	ou complete Part I.
1 N	Maximum amount (see instructions)				*******	1	500,000.
2 T	otal cost of section 179 property pla	2					
	hreshold cost of section 179 proper		2,000,000.				
	eduction in limitation. Subtract line 3						
	ollar limitation for tax year. Subtract line 4 from li	_					
6	(a) Description of	l cost					
7 Li	isted property. Enter the amount fro	m line 29		7			
	otal elected cost of section 179 prop					8	
	entative deduction. Enter the smalle						
	Carryover of disallowed deduction fro						
	susiness income limitation. Enter the						
	ection 179 expense deduction. Add						
						[12	DOMOCALOT LIGHT STATE STATE
	arryover of disallowed deduction to Do not use Part II or Part III below			13			
Par				uda liatad puapa	h X		
2.2							
	pecial depreciation allowance for qu						
	roperty subject to section 168(f)(1) e						
	ther depreciation (including ACRS)					16	
Par	t III MACRS Depreciation (Do r	ot include listed p		s.)			
			Section A				
17 N	MACRS deductions for assets placed	I in service in tax ye	ears beginning before 20	15	<u></u>	17	230,000.
18 If	you are electing to group any assets placed in se	ervice during the tax year	into one or more general asset a	counts, check here	▶ ∟		
	Section B - Asset	s Placed in Service	e During 2015 Tax Year	Using the Gen	eral Deprecia	tion Syst	em
	(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	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
		1		27.5 yrs.	MM	S/L	
h	Residential rental property	1		27.5 yrs.	MM	S/L	
		,		39 yrs.	MM	S/L	
İ	Nonresidential real property	,		00 yis.	MM	S/L	
	Section C - Assets	Placed in Service	During 2015 Tax Year I	Ising the Alter			tem.
00-		Traced in Oct vice	During 2010 Tax Tear	Sing the Arteri	lative Depree	S/L	, com
20a	Class life			10 100		S/L	100
b	12-year	aburitatinka (E. 1919)					
Dar	t IV Summary (See instructions.		L	40 yrs.	MM	S/L	
		()				-1	
	isted property. Enter amount from lin					21	
	otal. Add amounts from line 12, line	-				Section 121	000 000
	nter here and on the appropriate line			ations - see inst	r	22	230,000.
	or assets shown above and placed i	0.00	3 2				
516251 12-28-	ortion of the basis attributable to se-	ction 263A costs		23			
	LHA For Paperwork Reduction	on Act Notice con	congrate instructions				Form 4562 (2015)

Form 4502 (2015) Part V Listed Property (include automobiles, contain other vehicles, certain aucraft, certain computers, and property used or metatrainment, rectables, or amountment, and should be a sequence of the computers	Form	4EGQ (QQ1E)		FULLER		AUXI.	LIA	RY SE	ERVI	CES			0.5	2001	1250	_
recreation, or anusement. Note for any vehicles to recreat any vehicles for vehicles and selection of any vehicles for any vehicles for any vehicles for any vehicles. Section A Depreciation and Other Information (Caution: See the instructions for limits for passoning automobiles.) Section A Depreciation and Other Information (Caution: See the instructions for limits for passoning automobiles.) 1	72000					her vehic	les ce	rtain airc	raft ce	ertain com	nuters :	and pror	95-	ed for er	tertainr	Page
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Section A - Depreciation and Other Information (Gaution: So to birstuctions for infinis for passenger automotobles) 42 do you lawer editioned to support the birstess' window to be dealers and the birst of the bir		Note: For any (a) through (c)	of Section A,	hich you are u all of Section	ising the B. and	e standard Section (d milea C if apr	ige rate o olicable.	or dedu	ucting leas	se expen	ise, com	iplete oi	nly 24a,	24b, co	lumns
(g) type of poperty (g) which property (g) twincises first) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used in the property placed in service during the tax year and used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Property used some since the property placed in service during the tax year and used more than 50% in a qualified business use: 28 Property used 50% or less in a qualified business use: 29 Property used 50% or less in a qualified business use: 29 Add amounts in column (t), lines 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), line as 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), line as 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), line as 50 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and to line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and to line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and to line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and to line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Einter here and to line 21, page 1		The state of the s		N 080 10					instruc	tions for I	imits for	passeng	ger auto	mobiles.	.)	
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Control Cont		(a)				(d)						(g)				
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Property used more than 50% in a qualified business use:	25 S	pecial depreciation alle	owance for q	ualified listed	propert	y placed i	n servi	ice durin	g the ta	ax year ar	nd				SYLVE	,03t
Property used more than 50% in a qualified business use:	us	sed more than 50% in	a qualified b	usiness use								. 25				
Property used 50% or less in a qualified business use:	26 P	roperty used more tha	n 50% in a q	ualified busin	ess use	:										
Section Section For the section for	5			9	%											
Property used 50% or less in a qualified business use:			1 :		_											
Section B - Information on Use of Vehicle Set Se	- 65	W Car 0														
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29 Add arrounts in column (i), line 26. Enter here and on line 7, page 1 Section 8 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use during the vehicle available for personal use? 36 Is another vehicle available for personal use and that the questions to determine if you meet an exception to completing this section of the vehicle used by employees who are not more than 5% owners or related persons? 37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees about the use of the vehicles, and retain the information received? 41 Do you more than the vehicles to your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? 42 Amortization 43 Particularian of costs that begins during your 2015 tax year: 44 Amortization of costs that begins during your 2015 tax year: 45 Amortization of costs that begins during your 2015 tax year: 46 Amortization of costs that begins during your 2015 tax year: 47 Amortization of costs that begins during your 2015 tax year:												1				
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Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) Date amortizable amount (c) Code Section period or percentage period or percentage Amortization period or percentage 42 Amortization of costs that begins during your 2015 tax year:	th	an 5% owner or relate	ed person?										25			
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42 Amortization of costs that begins during your 2015 tax year:	1 CII C				(b)		(c)		1	(d)		(e)			(f)	
42 Amortization of costs that begins during your 2015 tax year:			costs	Date a	mortization	F	Amortizat	rtizable		Code	(e) Amortiza		ation A		nortization	
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	(A. / M)		20gii io dai													
43 Amortization of costs that began before your 2015 tax year						- page					_			-		
	43 An	nortization of costs the	at began hefe	ore your 2015	tax vea	r							43			

44 Total. Add amounts in column (f). See the instructions for where to report

Part

Department of the Treasury

Passive Activity Loss Limitations

See separate instructions.

▶ Attach to Form 1040 or Form 1041.

Identifying number

2016 Attachment

OMB No. 1545-1008

Internal Revenue Service (99) ▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582. Name(s) shown on return

CSU FULLERTON AUXILIARY SERVICES CORPORATION

2016 Passive Activity Loss

Sequence No. 88

95-2081258

Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, 1a 0 **b** Activities with net loss (enter the amount from Worksheet 1, column 1b 635,326 c Prior years unallowed losses (enter the amount from Worksheet 1, 1c Commercial Revitalization Deductions From Rental Real Estate Activities 2a (2a Commercial revitalization deductions from Worksheet 2, column (a). b Prior year unallowed commercial revitalization deductions from 2b c Add lines 2a and 2b All Other Passive Activities 3a Activities with net income (enter the amount from Worksheet 3, 3a b Activities with net loss (enter the amount from Worksheet 3, column 3b c Prior years unallowed losses (enter the amount from Worksheet 3, 3d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Special Allowance for Rental Real Estate Activities With Active Participation Para Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the smaller of the loss on line 1d or the loss on line 4 . 6 Enter \$150,000. If married filing separately, see instructions . . . 6 7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. 8 9 Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separately, see instructions 10 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 12 12 13 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 14 14 Part IV Total Losses Allowed 15 15 Total losses allowed from all passive activities for 2016, Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

Worksheet 1—For Form 8582, Lines				P.:		T =			
Name of activity	Current year			Prior years				gain or loss	
	(a) Net income (b) Net I (line 1a)					(d) Gain		(e) Loss	
OFFICE BUILDING CP-WEST FULLERTON	-635,326						-635,3		
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶									
Worksheet 2—For Form 8582, Lines 2)			A CHARLES BORRAN	*SCHEETERS 600	100 H. British (17 17 18 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
Name of activity	(a) Current deductions (unalle	(b) Prio owed dedu		(line 2b)	(c)	Overall loss	
Total. Enter on Form 8582, lines 2a and 2b ▶									
Worksheet 3—For Form 8582, Lines 3	a, 3b, and 3c (Se	e instruction	ons.)			1,213		1995年1995年	
Name of activity	Curren		Prior years		Ov	erall g	gain or loss		
					(c) Unallowed loss (line 3c)		ain	(e) Loss	
Fotal. Enter on Form 8582, lines 3a, 3b, and 3c ▶									
Norksheet 4—Use this worksheet if ar	amount is show	wn on Forr	n 858	2, line 10	or 14	(See instr	uction	ns.)	
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) fron column (a)	
otal Vorksheet 5—Allocation of Unallowed	Losses (See ins	tructions.)		1.00					
Name of activity	Form or schedu and line numbe to be reported o (see instructions	le er on ((a) Loss		ss (b)		(c)	s) Unallowed loss	
FFICE BUILDING CP-WEST FULLERTON	990-T		-635,326		1		-635,32		
otal		>			1	.00			
								Form 8582 (2016	

Worksheet 6—Allowed Losses (See i	nstructions.)								
Name of activity	Form or sch and line nun be reported instruction	nber to on (see	(a) Loss		(b) Ur	nallowed loss	(c) Allowed loss		
22									
		. ▶							
Worksheet 7—Activities With Losses I	Reported on Two	or Mor	e Forms	or Sched	ules (S	See instruction	s.)		
Name of activity:	(a)	(b)		(c) Ratio		(d) Unallowe loss	d (e) Allov	(e) Allowed loss	
Form or schedule and line number to be reported on (see instructions):									
1a Net loss plus prior year unallowed loss from form or schedule . ▶									
b Net income from form or schedule ▶		12 July			: 10 - 1 1:5. = 1			7 7 78 <u>1</u>	
c Subtract line 1b from line 1a. If zero o	r less, enter -0- ▶								
Form or schedule and line number to be reported on (see		(
instructions):	44.66 (1995)		Name :					建建筑体	
1a Net loss plus prior year unallowed loss from form or schedule . ▶			ing Marian						
b Net income from form or schedule ▶					1.7				
c Subtract line 1b from line 1a. If zero o	r less, enter -0- ▶								
Form or schedule and line number to be reported on (see instructions):									
1a Net loss plus prior year unallowed loss from form or schedule . ▶									
b Net income from form or schedule ▶									
c Subtract line 1b from line 1a. If zero or	r less, enter -0- ▶								
Total				1.00					
The state of the s							Form 85	82 (2016)	