

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CSU FULLERTON AUXILIARY SERVICES CORPORATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1121 N. STATE COLLEGE BLVD</p> <p>City or town, state or province, country, and ZIP or foreign postal code FULLERTON, CA 92831</p>	<p>D Employer identification number (Employees' trust, see instructions.) 95-2081258</p> <p>E Unrelated business activity codes (See instructions.) 531120</p>
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C Book value of all assets at end of year: **122,039,282.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **CATERING, BUILDING LEASE OFF CAMPUS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **CSU FULLERTON ASC** Telephone number ▶ **657-278-4140**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 70,773.			
b Less returns and allowances			
c Balance ▶	1c 70,773.		
2 Cost of goods sold (Schedule A, line 7)	2 18,559.		
3 Gross profit. Subtract line 2 from line 1c	3 52,214.		52,214.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7 1,385,617.	1,261,023.	124,594.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 1,437,831.	1,261,023.	176,808.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		33,004.
16 Repairs and maintenance	16		905.
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		61.
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21	230,277.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	230,000.	277.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 1	28		169,034.
29 Total deductions. Add lines 14 through 28	29		203,281.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-26,473.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-26,473.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-26,473.

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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:
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**

b Other credits (see instructions) **41b**

c General business credit. Attach Form 3800 **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

e Total credits. Add lines 41a through 41d **41e**

42 Subtract line 41e from line 40 **42** 0.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **43**

44 Total tax. Add lines 42 and 43 **44** 0.

45a Payments: A 2015 overpayment credited to 2016 **45a**

b 2016 estimated tax payments **45b**

c Tax deposited with Form 8868 **45c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

e Backup withholding (see instructions) **45e**

f Credit for small employer health insurance premiums (Attach Form 8941) **45f**

g Other credits and payments: Form 2439 Form 4136 Other Total **45g**

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 46 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 2017 estimated tax** **Refunded** **50**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
51 At any time during the 2016 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
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

Sign Here

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.

Signature of officer *[Signature]* Date *5/11/18* Title **CFO/TREASURER**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **ELSA A. ROMERO** Preparer's signature: *[Signature]* Date: **05/10/18** Check if self-employed PTIN: **P00485021**

Firm's name ▶ **ALDRICH CPAS AND ADVISORS, LLP** Firm's EIN ▶ **93-0623286**

Firm's address ▶ **7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108** Phone no. **619-810-4940**

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **RETAIL INVENTORY METHOD**

1	Inventory at beginning of year	1	3,670.	6	Inventory at end of year	6	3,322.
2	Purchases	2	18,211.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	18,559.
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	21,881.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 3	(b) Other deductions (attach schedule) STATEMENT 4	
(1) OFFICE BUILDING CP-WEST				
(2) FULLERTON	1,627,457.	230,000.	1,251,117.	
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 5	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 6	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2) 12,444,167.	14,616,654.	85.14%	1,385,617.	1,261,023.
(3)		%		
(4)		%		
Totals			1,385,617.	1,261,023.
Total dividends-received deductions included in column 8				0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 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, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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Part II **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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	ACE Cost Or Basis	Regular Depreciation	AMT Depreciation	ACE Depreciation
	CATERING MOBILE FOOD									
6	WARMERS	061713SL		5.00	17,617.	12,332.	17,617.	277.	277.	277.
	COLLEGE PARK WEST									
1	BUILDING	103112SL		39.00	8750000.	831,998.	8750000.	224,359.	224,359.	224,359.
	COLLEGE PARK WEST - START									
4	UP COSTS	103112SL		39.00	220,000.	20,919.	220,000.	5,641.	5,641.	5,641.
	TOTALS				8987617.	865,249.	8987617.	230,277.	230,277.	230,277.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING		142.	
BANK CHARGES		978.	
CONTRACTED PROFESSIONAL SERVICES		465.	
CONFERENCE AND TRAVEL		365.	
DONATIONS		273.	
DUES AND SUBSCRIPTIONS		238.	
INSURANCE		135.	
OFFICE EXPENSE		6,462.	
OTHER DIRECT COSTS		4,189.	
RENT		1,379.	
TRAINING AND TEMPORARY HELP		3,540.	
UNIFORMS AND LINEN		807.	
ADMIN FEE ALLOCATION		25,467.	
PASSIVE ACTIVITY CARRY FORWARD LOSS - SEE ATTACHED 8582		124,594.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		169,034.	

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/06	72.	0.	72.	72.
06/30/07	14,307.	0.	14,307.	14,307.
06/30/08	44,503.	0.	44,503.	44,503.
06/30/09	16,487.	0.	16,487.	16,487.
06/30/10	91,870.	0.	91,870.	91,870.
06/30/11	44,916.	0.	44,916.	44,916.
06/30/12	21,948.	0.	21,948.	21,948.
06/30/13	392,702.	0.	392,702.	392,702.
06/30/14	417,294.	0.	417,294.	417,294.
06/30/15	44,276.	0.	44,276.	44,276.
06/30/16	28,689.	0.	28,689.	28,689.
NOL CARRYOVER AVAILABLE THIS YEAR			1,117,064.	1,117,064.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		230,000.	
- SUBTOTAL -	1		230,000.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			230,000.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MANAGEMENT FEES		180,561.	
MORTGAGE INTEREST		607,402.	
REPAIRS AND MAINTENANCE		90,450.	
PROPERTY TAXES		31,923.	
WAGES, SALARIES AND BENEFITS		39,656.	
PAYROLL TAXES		2,397.	
INSURANCE		30,423.	
LEGAL AND PROFESSIONAL FEES		2,360.	
PROFESSIONAL SERVICES		102,884.	
UTILITIES		153,746.	
OFFICE EXPENSE AND OTHER SUPPLIES		9,231.	
TRAVEL		84.	
- SUBTOTAL -	1		1,251,117.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			1,251,117.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		12,444,167.	
- SUBTOTAL -	1		12,444,167.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			12,444,167.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		14,616,654.	
- SUBTOTAL -	1		14,616,654.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			14,616,654.

2016 DEPRECIATION AND AMORTIZATION REPORT

OFFICE BUILDING CP-WEST FULLERTON

E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	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
1	COLLEGE PARK WEST BUILDING	10/31/12	SL	39.00	MM	17	8,750,000.				8,750,000.	1,026,442.		224,359.	1,250,801.
3	COLLEGE PARK WEST LAND	10/31/12	L				9,500,000.				9,500,000.			0.	
4	COLLEGE PARK WEST - START UP COSTS	10/31/12	SL	39.00	MM	17	220,000.				220,000.	25,808.		5,641.	31,449.
5	COLLEGE PARK WEST - SEISMIC RETROFIT	10/31/14	NC	.000	HY		35,850.				35,850.			0.	
	* TOTAL 990-T SCH E DEPR						18505850.				18505850.	1,052,250.		230,000.	1,282,250.

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.

Attachment
Sequence No. 179

Name(s) shown on return CSU FULLERTON AUXILIARY SERVICES CORPORATION	Business or activity to which this form relates FORM 990-T PAGE 1	Identifying number 95-2081258
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
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 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in 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 line 13 of your 2015 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2016	17	277.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(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						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	277.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

CSU FULLERTON AUXILIARY SERVICES CORPORATION

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence 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) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter 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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 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?												
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 aren't more than 5% owners or related persons.

	Yes	No
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," don't complete Section B for the covered vehicles.

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 during your 2016 tax year:					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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

Identifying number

CSU FULLERTON AUXILIARY SERVICES CORPORATION

OFFICE BUILDING CP-WEST FULLERTON

95-2081258

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
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 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in 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 line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	230,000.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

	(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						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	230,000.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

CSU FULLERTON AUXILIARY SERVICES CORPORATION

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence 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) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter 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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 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?												
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 aren't more than 5% owners or related persons.

	Yes	No
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," don't complete Section B for the covered vehicles.

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 during your 2016 tax year:					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CSU FULLERTON AUXILIARY SERVICES CORPORATION	Employer identification number (EIN) or 95-2081258
	Number, street, and room or suite no. If a P.O. box, see instructions. 1121 N. STATE COLLEGE BLVD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FULLERTON, CA 92831	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CSU FULLERTON ASC

• The books are in the care of ▶ **1121 STATE COLLEGE BLVD. - FULLERTON, CA 92831**
Telephone No. ▶ **657-278-4140** Fax No. ▶ _____

- 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 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CSU FULLERTON AUXILIARY SERVICES CORPORATION	Employer identification number (EIN) or 95-2081258
	Number, street, and room or suite no. If a P.O. box, see instructions. 1121 N. STATE COLLEGE BLVD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FULLERTON, CA 92831	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CSU FULLERTON ASC

• The books are in the care of ▶ **1121 STATE COLLEGE BLVD. - FULLERTON, CA 92831**
Telephone No. ▶ **657-278-4140** Fax No. ▶ _____

- 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 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016**, and ending (mm/dd/yyyy) **06/30/2017**

Corporation/Organization name
CSU FULLERTON AUXILIARY SERVICES CORPORATION

California corporation number
0385151

Additional information. See instructions.
FEIN
95-2081258

Street address (suite or room)
1121 N. STATE COLLEGE BLVD

PMB no.

City
FULLERTON

State
CA

ZIP code
92831

Foreign country name

Foreign province/state/country

Foreign postal code

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is a federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	72,298,263.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	72,298,263.00
	5	Cost of goods sold STMT 2 STMT 1	5	13,103,984.00
	6	Cost or other basis, and sales expenses of assets sold	6	3,478,087.00
	7	Total costs. Add line 5 and line 6	7	16,582,071.00
	8	Total gross income. Subtract line 7 from line 4	8	55,716,192.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	54,859,143.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	857,049.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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.

Sign Here

Signature of officer **CFO/TREASURER** Date **05/10/18** Telephone **657-278-4140**

Preparer's signature **ALDRICH CPAS AND ADVISORS, LLP** Date **05/10/18** Check if self-employed PTIN **P00485021**

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address **7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108** Telephone **93-0623286** **619-810-4940**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	22,034,654.00	
	2	Interest	•	2	411,102.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	10,184,315.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3 •	6	4,370,649.00	
	7	Other income	SEE STATEMENT 4 •	7	35,297,543.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	72,298,263.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5 •	9	2,726,271.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6 •	11	421,493.00	
	12	Other salaries and wages	•	12	21,200,516.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	990,287.00
		15	Rents	•	15	1,070,692.00
		16	Depreciation and depletion (See instructions)	•	16	363,124.00
		17	Other Expenses and Disbursements	SEE STATEMENT 7 •	17	28,086,760.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	54,859,143.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		19,443,330.		• 10,673,368.
2	Net accounts receivable		1,773,414.		• 3,277,369.
3	Net notes receivable STMT 8		1,251,088.		• 1,213,072.
4	Inventories		2,813,547.		• 2,554,150.
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments STMT 9		9,229,880.		• 10,626,271.
10 a	Depreciable assets	49,665,669.		58,907,252.	
b	Less accumulated depreciation	(8,144,100.)	41,521,569.	(9,842,772.)	49,064,480.
11	Land		19,990,205.		• 19,990,205.
12	Other assets STMT 10		25,946,933.		• 24,640,367.
13	Total assets		121,969,966.		122,039,282.
Liabilities and net worth					
14	Accounts payable		8,487,827.		• 7,759,608.
15	Contributions, gifts, or grants payable		2,947,817.		• 3,538,961.
16	Bonds and notes payable STMT 11		1,782,983.		• 2,160,820.
17	Mortgages payable		72,486,241.		• 70,128,666.
18	Other liabilities STMT 12		5,637,660.		5,763,878.
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		30,627,438.		• 32,687,349.
22	Total liabilities and net worth		121,969,966.		122,039,282.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 2,287,513.	7	Income recorded on books this year not included in this return. STMT 13	• 1,430,464.
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	1,430,464.
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	857,049.
6	Total. Add line 1 through line 5	2,287,513.			

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 1

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		
2.	MERCHANDISE PURCHASED.		
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.	13,103,984	
6.	ADD LINES 1 THROUGH 5		13,103,984
7.	INVENTORY AT END OF YEAR		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7)		13,103,984

FORM 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	2
DESCRIPTION			AMOUNT
			13,103,984.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5			13,103,984.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PUBLICLY TRADED SECURITIES			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	3,478,087.	0.	0.
			GROSS SALES PRICE
			4,367,349.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PROPERTY & EQUIPMENT			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	0.	0.	0.
			GROSS SALES PRICE
			3,300.

TOTAL TO FORM 199, PAGE 2, LN 6	3,478,087.	0.	0.	4,370,649.
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FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
FEEES & CONTRACTS GOV AGENCIES	23,144,000.
EXTENDED EDUCATION PROGRAM	4,955,808.
UNIVERSITY SUPPORT PROGRAM	3,487,995.
ADMIN FEE SERVICES	2,675,855.
COMMISSION FEES, OTHER	1,033,885.
TOTAL TO FORM 199, PART II, LINE 7	35,297,543.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	5
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ACTIVITY CLASSIFICATION: SCHOLARSHIPS, STIPENDS, TUITION, FACULTY AWARDS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CAL STATE UNIVERSITY FULLERTON	800 STATE COLLEGE - FULLERTON, CA 92831	N/A	2,726,271.

TOTAL FOR THIS ACTIVITY	2,726,271.
-------------------------	------------

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	2,726,271.
---	------------

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	6
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
THEODORE BREMNER 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	CHAIRMAN 4.00	0.
RONALD RANGEL 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	VICE CHAIRMAN 4.00	0.
ROBERT C. HALL 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	SECRETARY 4.00	0.
DANNY KIM 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	VP ADMIN & FINANCE 4.00	0.
BERENECEA EANES 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	VP STUDENT AFFAIRS 1.00	0.
SEAN WALKER 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	ACADEMIC CHAIR 1.00	0.

GREG SAKS 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	VP ADVANCEMENT 1.00	0.
BILL MEYER 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	PROFESSOR 1.00	0.
ROSALINA DAVIS 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	COMMUNITY MBR 4.00	0.
HARPREET BATH 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	ASI PRESIDENT 1.00	0.
MICHAEL BADAL 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	ASI VP FINANCE 1.00	0.
GARY AU 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	ASI VP FINANCE 1.00	0.
ZEKE LUNA 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	COMMUNITY MBR 1.00	0.
THERESA HARVEY 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	COMMUNITY MBR 1.00	0.
LORI GENTLES 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	VP H/R 1.00	0.
ANIL PURI 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	DEAN MCBE 4.00	0.
MILDRED GARCIA 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	PRESIDENT 1.00	0.
AMIR DABIRIAN 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	VP IT 1.00	0.
DALE MERRILL 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	DEAN THEATER & ART 1.00	0.

DAVID FORGUES 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	VP H/R 1.00	0.
STEPHEN STAMBOUGH 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	PROFESSOR 1.00	0.
SUDARSHAN KURWADKAR 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	PROFESSOR 1.00	0.
FRANK MUMFORD 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	EXECUTIVE DIRECTOR 40.00	230,948.
TARIQ MARJI 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	CHIEF FINANCIAL OFFICER 40.00	190,545.
ANTHONY LYNCH 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	DIRECTOR OF CAMPUS DINING 40.00	0.
CHARLES D. KISSEL 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	ASSOCIATE EXECUTIVE DIRECT 40.00	0.
JAMES ALEXANDER 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	BUILDING DIRECTOR 40.00	0.
KIMBERLY BALL 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	BOOKSTORE DIRECTOR 40.00	0.
ROSARIO BORROMEO 1121 N. STATE COLLEGE BLVD FULLERTON, CA 92831	HR DIRECTOR 40.00	0.

TOTAL TO FORM 199, PART II, LINE 11

421,493.

FORM 199	OTHER EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
SPONSORED PROGRAMS		3,505,338.	
COMMUNITY OUTREACH		823,129.	
RESEARCH SUPPORT		519,553.	
COMMISSION/ROYALTIES		416,182.	
RENTAL EXPENSES		7,729,952.	
UNRELATED DEBT FINANCE RENTAL EXPENSES		1,261,023.	
PENSION PLAN CONTRIBUTIONS		28,337.	
OTHER EMPLOYEE BENEFITS		3,941,679.	
MANAGEMENT FEES		30.	
LEGAL FEES		1,763.	
ACCOUNTING FEES		78,501.	
OTHER PROFESSIONAL FEES		6,002,700.	
ADVERTISING AND PROMOTION		240,008.	
OFFICE EXPENSES		2,128,509.	
TRAVEL		594,798.	
INSURANCE		197,037.	
ALL OTHER EXPENSES		618,221.	
TOTAL TO FORM 199, PART II, LINE 17		28,086,760.	

FORM 199	NET NOTES RECEIVABLE	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET		1,251,088.	1,213,072.
TOTAL TO FORM 199, SCHEDULE L, LINE 3		1,251,088.	1,213,072.

FORM 199	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EQUITY SECURITIES		6,545,593.	7,430,049.
MUTUAL FUNDS		2,479,639.	2,823,319.
CORPORATE DEBT SECURITIES		204,648.	372,903.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		9,229,880.	10,626,271.

FORM 199	OTHER ASSETS	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,826,220.	1,468,683.	
ANNUITY AND LIFE ESTATE INVESTMENTS	328,769.	329,349.	
CAPITAL LEASE RECEIVABLE	23,140,000.	22,160,000.	
GOODWILL	241,292.	241,291.	
OTHER CURRENT ASSETS	410,652.	441,044.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	25,946,933.	24,640,367.	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ESCROW ACCOUNT LIABILITIES	1,782,983.	2,160,820.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	1,782,983.	2,160,820.	

FORM 199	OTHER LIABILITIES	STATEMENT	12
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ANNUITY & UNITRUST PAYABLE	244,692.	251,103.	
POST RETIREMENT BENEFIT	4,049,152.	3,327,438.	
ALLOWANCE FOR GRANT PAYMENTS RECEIVED DUE TO RELATED ORGANIZATION	877,891.	924,224.	
	465,925.	1,261,113.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	5,637,660.	5,763,878.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	13
DESCRIPTION		AMOUNT	
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS		1,430,464.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		1,430,464.	

FORM 199	FUND BALANCES	STATEMENT 14
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	30,543,361.	32,609,103.
TEMPORARILY RESTRICTED ASSETS	84,077.	78,246.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	30,627,438.	32,687,349.