Form	990-T	Exempt Organization Business Income Tax Return OMB No. 1545-0687								
	(and proxy tax under section 6033(e))									
		For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017.								
Depar	tment of the Treasury	Information about Form 990-T and its instructions is available at www.irs.gov/form990t.								
	Al Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). ☐ 501(c)(3) Organizations Only							
A _	Check box if address changed		Name of organization (Check box if name changed and see instructions.) UNIVERSITY STUDENT UNION Demployer identification number (Employees trust, see instructions.)							
D E		Drint	CALIFORNIA			יז מעיים ווע עי	CF		3-7321859	
	kempt under section 501(c)(3)	Print or		n or suite no. If a P.O. box		-	GE	E Unrela	ated business activity codes	
[25	408(e) 220(e)	Туре	18111 NORDH		, 566 111	su ucuons.		(See ir	nstructions.)	
	408A 530(a)			vince, country, and ZIP or	foreign	nostal code		1		
]529(a)		NORTHRIDGE,					900	099	
C Boo		F Grou	up exemption number (See	instructions.)	>					
at e	5,686,322.	G Ched	up exemption number (See	X 501(c) corporation	ı [501(c) trust	401(a) trust		Other trust	
H De	scribe the organizatior	ı's prima	ary unrelated business acti	vity. MEMBERS	HIPS	, REC CENTI		AND	CATERING	
			oration a subsidiary in an				> [Ye		
			tifying number of the parer							
J Th			JOSEPH C. IL			Telepho	one number 🕨 8	18-	677-2251	
Pa	rt I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses	3	(C) Net	
	Gross receipts or sale		269,838.			252 222				
b	Less returns and allow			c Balance	1c	269,838.				
2			A, line 7)		2	060 030			0.60 0.20	
3	Gross profit. Subtract				3	269,838.			269,838.	
			h Schedule D)		4a					
			art II, line 17) (attach Forn		4b					
			sts		4c					
5			ips and S corporations (at	·	5					
6	Rent income (Schedu	, .			6					
			ne (Schedule E)		7					
8			and rents from controlled o	- , , , , , , , , , , , , , , , , , , ,	8					
9			on 501(c)(7), (9), or (17) o		9					
			me (Schedule I)		10					
			; J)		11					
			ns; attach schedule) gh 12		13	269,838.			269,838.	
	rt II Deductio	ns No	ot Taken Elsewher	'e (See instructions fo					200,000.	
			utions, deductions mus				income.)			
14	Compensation of off	icers di	rectors, and trustees (Sch	edule K)				14		
15								15	219,424.	
16								16	6,086.	
17								17	<u>, </u>	
18								18		
19								19	7,111.	
20	Charitable contributi	ons (Se	e instructions for limitation	rules)				20		
21	Depreciation (attach	Form 45	562)			21	471.			
22			Schedule A and elsewher					22b	471.	
23	Depletion							23		
24	Contributions to defe	erred co	mpensation plans					24		
25								25	28,936.	
26			chedule I)					26		
27	27 Excess readership costs (Schedule J)							27 28		
28	28 Other deductions (attach schedule) SEE STATEMENT 1								32,038.	
29	Total deductions. A	dd lines	14 through 28					29	294,066.	
30			ncome before net operating					30	-24,228.	
31			(limited to the amount on					31	04 000	
32			ncome before specific ded					32	-24,228.	
33			y \$1,000, but see line 33 ir					33	1,000.	
34			income. Subtract line 33		_			,,	-24,228.	
0.5.5			work Daduction Act Notice					34	Form 990-T (2016)	
02370	1 11-22-1/ LMA FC	n raper	work Reduction Act Notice	, 5CC 1115H UCHUIIS.					FULLING TO (2016)	

Form 990-T			UNIVERSITY, NORTH	RID	GE	23-7	321859		Page 2
Part II	I	Tax Computation							
35	Orgai	nizations Taxable as Corporations. See in	nstructions for tax computation.						
	Controlled group members (sections 1561 and 1563) check here See instructions and:								
а	Enter								
	(1)	\$ (2) \$							
b	Enter								
		- , ,							
С	(2) Additional 3% tax (not more than \$100,000)								0.
		s Taxable at Trust Rates. See instructions							
		Tax rate schedule or Schedule D	·				▶ 36		
37		tax. See instructions	37						
38							, 		
		n Non-Compliant Facility Income. See in							
		. Add lines 37, 38 and 39 to line 35c or 36							0.
Part I	/ -	Tax and Payments	, which over applied				10		
	_	gn tax credit (corporations attach Form 11	18: trusts attach Form 1116)		41a				
		credits (see instructions)							
	Gene	ral business credit. Attach Form 3800			41c				
4	Credi	t for prior year minimum tax (attach Form	8801 or 8827)		41d				
		credits. Add lines 41a through 41d					410		
									0.
42	Othor	act line 41e from line 40 taxes. Check if from: Form 4255	Eorm 9611 Form 9607		0066	Othor (awash sahad	42		
									0.
		tax. Add lines 42 and 43					44		
		ents: A 2015 overpayment credited to 20							
D	2016 estimated tax payments 45b								
C	c Tax deposited with Form 8868 45c d Foreign organizations: Tax paid or withheld at source (see instructions) 45d								
		ip withholding (see instructions)							
		t for small employer health insurance pren			. 45f				
g		credits and payments:	Form 2439						
		Form 4136			► 45g				
46	Total	payments. Add lines 45a through 45g					46		
		ated tax penalty (see instructions). Check							
		ue. If line 46 is less than the total of lines							0.
		payment. If line 46 is larger than the total		aid			49		0.
Dort V	Enter	the amount of line 49 you want: Credited Statements Regarding Certa	to 2017 estimated tax		ion /	Refunded	▶ 50		
					`	•			
51		y time during the 2016 calendar year, did t	•	•		•			<u>res No</u>
		a financial account (bank, securities, or oth			-				
		N Form 114, Report of Foreign Bank and F	-inancial Accounts. If YES, enter the nan	ne of the	e foreign c	ountry			
	here	·						— <u> </u>	X
52		g the tax year, did the organization receive	· · · · · · · · · · · · · · · · · · ·	or of, or	transferor	to, a foreign trust?			X
		S, see instructions for other forms the orga	•						
53		the amount of tax-exempt interest receive	<u> </u>						
Sign		der penalties of perjury, I declare that I have exam rrect, and complete. Declaration of preparer (other					nowledge and belie	et, it is true,	
Here			1				May the IRS dis	scuss this re	turn with
пеге)		ECUT	'IVE I	DIRECTOR	the preparer sh		
		Signature of officer	Date Title				instructions)?	X Yes	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid		LISA M. CUMMINGS,	LISA M. CUMMINGS	- 1		self- emplo			
Prepa	rer	CPA	CPA	0	2/22	•		00434	
Use O		Firm's name ► COHNREZNICI				Firm's EIN	<u>√ ▶ 22-</u>	-1478	<u>099 </u>
	,		TOL MALL, SUITE 12	00					
		Firm's address SACRAMEN'	Phone no.	<u>916-44</u>	12-91	00			

Schedule A - Cost of Goods Sold. Ent	er method of inver	ntory va	luation > N/A					
Inventory at beginning of year1			6 Inventory at end of year 6					
				ubtract line 6				
3 Cost of labor 3			from line 5. Enter here					
4a Additional section 263A costs			line 2			7		
(attach schedule) 4a							Yes	No
b Other costs (attach schedule) 4b					acquired for resale) apply to			
F Takal Add Page 4 November 45			the organization?					
Schedule C - Rent Income (From Rea (see instructions)	l Property and	d Pers	onal Property L	ease	d With Real Prop	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	eived or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) a	/ connec nd 2(b) (cted with the income in attach schedule)	l
(1)								
(2)								
(3)								
(4)								
Total 0	Total			0.				
(c) Total income. Add totals of columns 2(a) and 2(b). 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-Finance	d Income (see	instruc	tions)					
		,	Gross income from		Deductions directly con to debt-finance			
1. Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-	age adjusted basis or allocable to inanced property tach schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
•		•	-		nter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (
Totals					0			0.
Total dividends-received deductions included in colu			_			<u> </u>		0.

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9	Page	4
9	Page	4

				Exempt	Controlled O	rganizati	ions					
1. Name of controlled organiza	tion	2. Employer identification number (los		3. Net uni (loss) (see	let unrelated income s) (see instructions) 4. 7		ayments made ii		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organ	izations									•		
7. Taxable Income		unrelated incom see instructions		9. Total	of specified pays made	ments	10. Part of column in the controllingross	mn 9 tha ing orgai s income	nization's	11 . Dowit	eductions directly connected h income in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, o		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals						▶			0.		0.	
Schedule G - Investme	ent Incor	ne of a S	Section	501(c)(7	7), (9), or (17) Org	ganization					
(see inst	ructions)						3. Deductio	ne			5. Total deductions	
1 . Desc	cription of inco	ome			2. Amount of	income	directly conne (attach sched	ected	4. Set-	asides schedule)	and set-asides (col. 3 plus col. 4)	
(1)							(attaon sonce	iuio)			(coi. o pias coi. +)	
(2)												
(3)												
(4)												
(4)					Enter here and	on nage 1					Enter here and on page 1	
					Part I, line 9, co	lumn (A).					Part I, line 9, column (B).	
Schedule I - Exploited	Evemnt	Activity	Incom	► • Other	Thon Adv	0.	na Incomo				0.	
(see instri	-	Activity	IIICOIII	e, Other	man Au	rei tisii	ig illcome					
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly with pr of un	xpenses connected roduction irelated ss income	4. Net inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												
	page 1	re and on 1, Part I, col. (A).	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.	
Totals Advertisi	na Inga	0.		0.							0.	
Schedule J - Advertisi			nstructio	,		D ' -						
Part I Income From	Periodic	als Repo	orted o	n a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compu nrough 7.			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(2)												
(4)												
		,).	0							0.	
Totals (carry to Part II, line (5))	▶		J •	0	•				1		000 =	

UNIVERSITY STUDENT UNION

23-7321859

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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.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	n of Officers. I	Directors, and	Trustees (see in	structions)		•

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.

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