Form	990-T	Exempt Organization Business Income Tax Return OMB No. 1545-0687									
		(and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018.									
		For ca		<u>. 8</u> .	ZU 17						
Depar Intern	tment of the Treasury al Revenue Service	■ Go to www.irs.gov/Form990T for instructions and the latest information. ■ 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									
A [Check box if address changed		Name of organization (UNIVERSITY S	D Empl (Emp	loyer identification number ployees' trust, see uctions.)						
<u>В</u> Е	xempt under section	Print	CALIFORNIA S	2	3-7321859						
X	501(c)(3) 408(e) 220(e)	or Type Number, street, and room or suite no. If a P.O. box, see instructions. 18111 NORDHOFF STREET							E Unrelated business activity codes (See instructions.)		
	408A 530(a) 529(a)		City or town, state or prov		900099						
C Bo	ok value of all assets		F Group exemption numb G Check organization type	er (See instructions.)							
	6,840,8	07.	G Check organization type	x ► X 501(c) corp	oration	501(c) trus		ı) trust	Other trust		
H De	scribe the organization	n's prim	ary unrelated business activ	vity. ► MEMBERS.	HTPS	S, REC CEN					
			oration a subsidiary in an a		ıt-subsi	diary controlled group	?▶	Y	es X No		
			tifying number of the paren JOSEPH C. ILI			Told	phone number 🕨 8	218-	677-2251		
_			de or Business Inc		Ī	(A) Income	(B) Expense		(C) Net		
1a	Gross receipts or sale	S	269,323.			. ,	, , ,				
b	Less returns and allow	vances		c Balance	1c	269,323	•				
2	Cost of goods sold (S	chedule	A, line 7)		2						
3	Gross profit. Subtract		***************************************		3	269,323	•		269,323.		
4 a			h Schedule D)		4a						
b			art II, line 17) (attach Form		4b						
C			sts		4c						
5 6	Rent income (Schedu		ips and S corporations (atta	·	5 6						
7	,	, ,	ne (Schedule E)		7						
8			and rents from controlled or		8						
9			on 501(c)(7), (9), or (17) or	- , , , , , , , , , , , , , , , , , , ,	9						
10			me (Schedule I)		10						
11			; J)		11						
12	Other income (See ins	struction	ıs; attach schedule)		12						
			gh 12		13	269,323			269,323.		
Pa			ot Taken Elsewhere utions, deductions must								
14			rectors, and trustees (Sche					14			
15								15	258,568.		
16								16	286.		
17								17			
18								18			
19	Taxes and licenses							19	9,713.		
20			e instructions for limitation				1 266	20			
21			562) n Schedule A and elsewhere				1,266.	22b	1,266.		
22 23								23	1,200.		
24	Contributions to defe	•••••	24								
25									20,820.		
26			26								
27	Excess readership co	osts (Sc	hedule J)					27			
28	Other deductions (at	tach sch	nedule)			SEE STA	ATEMENT 1	28	41,525.		
29	Total deductions. A	dd lines	14 through 28					29	332,178.		
30			ncome before net operating					30	-62,855.		
31	Net operating loss de	eduction	(limited to the amount on	line 30)		SEE STA	ATEMENT 2	31	60 055		
32			ncome before specific dedu					32	-62,855. 1,000.		
33 34			y \$1,000, but see line 33 in: income. Subtract line 33 f					33	1,000.		
U-T	line 32	34	-62,855.								

UNIVERSITY STUDENT UNION

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE 23-7321859 Form 990-T (2017)

Form 990-T	(2017)	CALIFORNIA STAT	E UNIVERSITY,	NORTHRIE	GE	23-73	321859	Page	2
Part II	I	Гах Computation							
35	Orgai	nizations Taxable as Corporations. Se	e instructions for tax computati	on.					
	Contr	olled group members (sections 1561 a	nd 1563) check here 🕨 🔲	See instructions	and:				
а	Enter	your share of the \$50,000, \$25,000, ar							
	(1)	\$ (2) \[\\$		(3) \\$					
b	Enter	organization's share of: (1) Additional							
	(2) A	dditional 3% tax (not more than \$100,0							
C		ne tax on the amount on line 34	➤ 35c	0	•				
36	Trust	s Taxable at Trust Rates. See instructi							
		Tax rate schedule or Schedule	▶ 36						
37		tax. See instructions					▶ 37		
		native minimum tax	38		_				
39	Тах о	n Non-Compliant Facility Income. Se	e 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	Foreig	gn tax credit (corporations attach Form	1118; trusts attach Form 1116)		41a				
		credits (see instructions)							
		ral business credit. Attach Form 3800							
		t for prior year minimum tax (attach Fo							
		credits. Add lines 41a through 41d					41e		
42	Subtr	act line 41e from line 40					42	0	•
43	Other	taxes. Check if from: Form 4255	Form 8611 Form	8697 🔲 Form	1 8866 <u> </u>	Other (attach schedule	e) 43		
44	Total	tax. Add lines 42 and 43					44	0	•
45 a	Paym	ents: A 2016 overpayment credited to	2017		45a				
		estimated tax payments							
		eposited with Form 8868							
		gn organizations: Tax paid or withheld a							
		up withholding (see instructions)							
f	Credi	t for small employer health insurance p	remiums (Attach Form 8941)		45f				
		credits and payments:	Form 2439						
•			Other	Total	► 45g				
46	Total	payments. Add lines 45a through 45g					46		
		ated tax penalty (see instructions). Che							_
		ue. If line 46 is less than the total of lir						0	
		payment. If line 46 is larger than the to					▶ 49	0	
							▶ 50		
Part V	′ 5	the amount of line 49 you want: Credit Statements Regarding Cer	tain Activities and Ot	her Informa	tion (se	e instructions)			
51	At an	y time during the 2017 calendar year, d	id the organization have an inter	est in or a signat	ure or other	authority		Yes No	_
	over a	a financial account (bank, securities, or	other) in a foreign country? If Y	ES, the organizat	ion may hav	ve to file			
	FinCE	N Form 114, Report of Foreign Bank ar	nd Financial Accounts. If YES, er	nter the name of t	he foreign o	country			
	here	>						X	
52	Durin	g the tax year, did the organization rece	eive a distribution from, or was i	t the grantor of, o	or transferor	to, a foreign trust?		X	
	If YES	S, see instructions for other forms the o	organization may have to file.						
53	Enter	the amount of tax-exempt interest rece	ived or accrued during the tax y	rear ▶\$					
		nder penalties of perjury, I declare that I have extrect, and complete. Declaration of preparer (or					wledge and belief, it	is true,	
Sign	100	meet, and complete. Declaration of preparer (or		mation of which pre	Jaici ilas ally	Knowledge.	May the IRS discus	es this return with	_
Here		-		EXECU	TIVE I	DIRECTOR	the preparer shows		
		Signature of officer	Date	Title			instructions)?	Yes No)
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		_
Paid		LISA M. CUMMINGS,	LISA M. CUM	MINGS,		self- employ	I		
Prepa	rer	CPA	CPA		03/14	/19		43433	
Use O		Firm's name ► COHNREZNI				Firm's EIN	▶ 22-1	478099	_
		400 CAP	ITOL MALL, SUI	TE 1200					
		Firm's address ► SACRAME	NTO, CA 95814			Phone no.	916-442	-9100	

Form **990-T** (2017)

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UNIVERSITY STUDENT UNION

Form 990-T (2017) CALIFORNIA STATE UNIVERSITY, NORTHRIDGE 23-7321859

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory v	aluation ▶ N/A					
1 Inventory at beginning of year1				Inventory at end of yea	6				
Purchases 2				7 Cost of goods sold. Subtract line 6					
3 Cost of labor 3				from line 5. Enter here	Part I,				
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)				property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
. ,	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	rty exceeds 50% or if				
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)					
			2	2. Gross income from or allocable to debt-	(-)	3. Deductions directly cor to debt-finan		perty	
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of colum 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	<u> </u>		ı	70		inter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).	
Totals						0			0.
Total dividends-received deductions in	acluded in column	 า 8					.		0.

Form **990-T** (2017)

UNIVERSITY STUDENT UNION

Form 990-T (2017) CALIFO Schedule F - Interest,	ORNIA	STATE	UNIVE	ERSITY	, NORT	HRID	GE d Organiza	tions	23-73			
Schedule F - Interest,	Amune	S, NOYali	lies, and		Controlled O			itions	see ins	structions	5)	
1. Name of controlled organization		2. Emp identific numl	cation	3. Net unre	related income 4. To		tal of specified ments made 5. Pa		p. Part of column 4 that is necluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organ	izations											
		nrelated income (loss) ee instructions)		9. Total o	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 colun Enter here and line 8, 0		1, Part I,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).		
Totals						•			0.		0.	
Schedule G - Investme	ent Incor	ne of a S	ection (501(c)(7), (9), or (17) Org	janization		-			
	cription of inco	ome			Amount of income 3. Deductions directly connected			ected	ed 4. Set-asides		5. Total deductions and set-asides	
(1)							(attach sched	iule)			(col. 3 plus col. 4)	
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
Totals				>		0.					0.	
Schedule I - Exploited (see instr	-	Activity	Income	, Other	Than Adv	ertisin	g Income					
Description of exploited activity	unrelated incom	Gross I business ne from business	3. Expedirectly co- with proco- of unre- business	onnected duction elated	4. Net inconfrom unrelated business (cominus colum gain, compute through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that ted	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(1) (2) (3) (4)												
(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).				Part I,	on page Part II, line					Enter here and on page 1, Part II, line 26.		
Totals Schedule J - Advertise	na Incor		nstructions									
Part I Income From					olidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	or (loss) (c col. 3). If a g	cising gain ol. 2 minus ain, comput nrough 7.	5. Circulate income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
Totals (carry to Part II, line (5))	>	().	0							0.	

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UNIVERSITY STUDENT UNION

Form 990-T (2017) CALIFORNIA STATE UNIVERSITY, NORTHRIDGE 23-73218

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

23-7321859

Page 5

columns 2 through 7 on a	a line-by-line basis.)	-	(10, 00	ion ponodiodi noto	a a.c,	
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 of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	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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