Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No 1545-0687				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019				
	Go to www.irs.gov/Form990T for instructions and the latest information				
Department of the Treasury Internal Revenue Service  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				
Name of organization ( Contect box in finance changed and see instructions.)	mployer identification number Employees' trust, see instructions)				
B Exempt under section   Print   CORPORATION	95-2081258				
Number, street, and room or suite no. If a P.O. box, see instructions	Inrelated business activity code See instructions )				
408(e) 220(e) 1121 N. STATE COLLEGE BLVD					
	22320				
C Book value of all assets at end of year					
114,444,856. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust					
H Enter the number of the organization's unrelated trades or businesses.   Describe the only (or first) unrelated trades or businesses.					
trade or business here  SEE STATEMENT 1 . If only one, complete Parts I-V. If m					
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional to	rade of				
business, then complete Parts III-V.  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No				
If "Yes," enter the name and identifying number of the parent corporation.	7 103 [22] 110				
J The books are in care of ▶ CSU FULLERTON AUXILIARY SERVICE COTelephone number ▶ 657	7-278-4100				
Part I Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net				
1a Gross receipts or sales 120, 289.					
b Less returns and allowances c Balance lc 120, 289.					
2 Cost of goods sold (Schedule A, line 7)  2 39,087.	01 202				
3 Gross profit. Subtract line 2 from line 1c 3 81, 202.	81,202.				
4a Capital gain net income (attach Schedule D)  4a 4					
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  46					
5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Schedule C)  6	<del></del>				
7 Unrelated debt-financed income (Schedule E) 7					
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	<del></del>				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9					
10 Exploited exempt activity income (Schedule I)					
11 Advertising income (Schedule J)					
12 Other income (See instructions; attach schedule) 12					
13 <b>Total.</b> Combine lines 3 through 12 13 81, 202.	81,202.				
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 The Secrit FD	87,003.				
	2,581.				
	17				
AND THE TOTAL PROPERTY OF THE	18 339.				
	339.				
	:0				
21 Depreciation (attach Form 4562) 22 TLess depreciation claimed on Schedule A and elsewhere on return 22	362.				
22 Depletion 22 Depletion					
24 Contributions to deferred compensation plans 2					
25 Employee benefit programs					
26 Excess exempt expenses (Schedule I)					
27 Excess readership costs (Schedule J)	27				
29 Total deductions. Add lines 14 through 28					
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)					
32 Unrelated business taxable income. Subtract line 31 from line 30  31 3	2 -106,322. Form <b>990-T</b> (2018)				

95-208	31258	Page
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J J _ J	_

Part I	I Total Unrelated Business Taxable Income					
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.			
34	Amounts paid for disallowed fringes	34				
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	0.			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
00	lines 33 and 34	36				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1 <del>-1/-</del>				
00	enter the smaller of zero or line 36	38	0.			
Part I		1				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.			
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:					
	Tax rate schedule or Schedule D (Form 1041)	40				
41	Proxy tax See instructions	41				
42	Alternative minimum tax (trusts only)	42				
	Tax on Noncompliant Facility Income. See instructions	43				
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.			
Part V		<u> </u>				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a					
	Other credits (see instructions)  45b	1				
	General business credit. Attach Form 3800 45c	1				
_	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d	1				
	Total credits. Add lines 45a through 45d	45e				
46	Subtract line 45e from line 44	46	0.			
47						
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.			
50 a	Payments: A 2017 overpayment credited to 2018 50a					
b	2018 estimated tax payments 50b	1				
c	Tax deposited with Form 8868	]				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	]				
е	Backup withholding (see instructions) 50e	]				
f	Credit for small employer health insurance premiums (attach Form 8941)  50f	]				
g	Other credits, adjustments, and payments: Form 2439	]				
	☐ Form 4136 ☐ Other ☐ Total ► <b>50g</b>					
51	Total payments. Add lines 50a through 50g	51				
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52				
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54				
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55				
Part V			<del>, , , , , , , , , , , , , , , , , , , </del>			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1 1 1			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here >		X			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<b> </b>			
50	If "Yes," see instructions for other forms the organization may have to file.		{			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	waledge and helief it	is true			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CEO/EXECUTIVE					
Here	LA LA LA DEDEGMOD	ay the into discuss the	iis retaiti witi			
		e preparer shown be structions)? X	low (see /es No			
		f PTIN				
	Print/Type preparer's name   Preparer's signature   Date   Check     self- employed	I				
Paid	TELEX & DOMEDO 1995/1KOLUA 101/08/201	P0048	5021			
Prepa	rer Fundamen ALDRICH CDAS AND ADVISORS LLD					
Use C	7676 HAZARD CENTER DRIVE, STE 1300					
		619) 810	0-4940			
823711 01			90-T (2018)			
			. ,			

Form 990-T (2018) CORPORATION

		<del></del>				· · · · ·	
Schedule A - Cost of Good	s Sold. Enter		ory valuation 🕨 RET	AIL INVENTORY	ME	THOD	
1 Inventory at beginning of year	1 ]	2,437.	6 Inventory at end of yea	ar	6	3,7	712.
2 Purchases	2	40,362.	7 Cost of goods sold. Si	ubtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4a Additional section 263A costs			line 2		7	39,0	)87 <u>.</u>
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to			
5 Total. Add lines 1 through 4b	5	42,799.	the organization?				X
Schedule C - Rent Income	(From Real	Property and	Personal Property	Leased With Real P	roper	ty)	
(see instructions)							
1. Description of property							
(1)							
(2)				· · · · · · · · · · · · · · · · · · ·			
(3)							
(4)							
	2. Rent receiv	ed or accrued		0(0)0-4-4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for pe	d personal property (if the percent resonal property exceeds 50% or if is based on profit or income)	age   ' ' columns 2/a		ected with the income (attach schedule)	ın
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.		-	
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter	•	(b) Total deductions  Enter here and on page 1			
here and on page 1, Part I, line 6, column		<u> </u>		Part I, line 6, column (B)	<u> </u>		<u>0.</u>
Schedule E - Unrelated Det	ot-Financed	Income (see I	nstructions)				
			2. Gross income from	<ol> <li>Deductions directly of to debt-fine</li> </ol>			
1. Description of debt-fit	nanced property		or allocable to debt-	(a) Straight line depreciation	ΤĖ	(b) Other deduction	ns
5553. p.15., 5. 5551	nanoca property		financed property	(attach schedule)		(attach schedule)	i
(1)					$\perp$		
(2)					+		
(3)							
(4)				_	-		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8, Altocable deduct (column 6 x total of co 3(a) and 3(b))	olumns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			•		0.		0.
Total dividends-received deductions in	cluded in column	18	•		<b>•</b>		0.
					<del></del>		

Form 990-T (2018) CORPORATION

Schedule F - Interest,	Annuities	, Roya	ties, a	·				zatio	<b>ns</b> (see ins	structio	ns)	
				Exempt (	Controlled O	rganızatı	ons					
1. Name of controlled organizat	tion	2. Em Identifi num	cation	3. Net unr (loss) (see	related income e instructions)	4. Tot payr	al of specified nents made	ınclud	rt of column 4 led in the cont ation's gross	trolling	6. Deductio connected w in colu	vith income
(1)								ļ				
(2)	<del> </del>											
(3)												
(4)						<del>                                     </del>						
Nonexempt Controlled Organi	zations			<b></b>		<b>_</b>		L				
7. Taxable Income	1	elated incon	ne (loss)	9 Total	of specified pay	ments	10. Part of colu	mn 9 tha	at is included	11. 0	eductions direc	tly connected
		instructions			made		in the controll		nization's		th income in co	
(1)												
(2)												
_(3)												
(4)												
							Add colun Enter here and line 8, c		e 1, Part I, A)		Add columns 6 a here and on pa line 8, column	ge 1, Part I, ı (B)
Totals						<b>&gt;</b>			0.			0.
Schedule G - Investme (see insti		ne of a	Section	501(c)(	7), (9), or	(17) Or	ganization	1				
1. Desc	ription of incom	е			2. Amount of	income	<ol> <li>Deduction directly connected (attach scheool)</li> </ol>	cted	4. Set- (attach s	asides schedule)	and	il deductions set-asides i plus col 4)
(1)												
(2)	<u>.</u>											
(3)												
(4)												
		· · · · · · · · · · · · · · · · · · ·			Enter here and Part I, line 9, co							and on page 1, 9, column (B)
Totals				<b>&gt;</b>		0.						0.
Schedule I - Exploited (see instru	•	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	<del>)</del>				
	, ,		3. Ex	penses	4. Net incon	ne (loss)	5 .				7. Exce	ess exempt
Description of exploited activity	2. Gro unrelated b income trade or bu	usiness from	directly of with pro of uni	connected oduction related s income	from unrelated business (co minus colum gain, comput through	olumn 2 in 3) If a e cols 5	5. Gross inco from activity to its not unrelate business inco	that ted	attribut	penses table to mn 5	expens 6 minus but not	es (column s column 5, more than umn 4)
(1)				-		İ						
(2)												
(3)												
(4)												
	Enter here page 1, F line 10, co	Part I,	page 1	re and on I, Part I, col (B)		•			•		on	here and page 1, I, line 26
Totals		0.		0.								0.
Schedule J - Advertisi	ng Incom	e (see ii	nstruction	ns)	•							
Part I Income From	Periodica	ils Rep	orted o	n a Con	solidated	Basis						
1. Name of periodical	á	2. Gross advertising income		3 Direct ertising costs	or (loss) (co	tising gain of 2 minus ain, comput nrough 7	5. Circulate income		6. Read cost		costs (colu column 5, t	readership mn 6 minus out not more dumn 4)
(1)												
(2)											7	
(3)											1	!
(1) (2) (3) (4)								-			1	
···						-					1	
Totals (carry to Part II, line (5))	▶	(	o.l	0								0.

Form 990-T (2018) CORPORATION

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.	1			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)				<ul> <li>Enter here and on page 1, Part II, line 27</li> </ul>
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		<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT	1	
BUSINESS ACTIVITY				

CATERING, BUILDING LEASE OFF CAMPUS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ADVERTISING BANK CHARGES CONTRACTED PROFESSIONAL SET CONFERENCE AND TRAVEL DONATIONS DUES AND SUBSCRIPTIONS INSURANCE OFFICE EXPENSE OTHER DIRECT COSTS RENT TRAINING AND TEMPORARY HELE UNIFORMS AND LINEN ADMIN FEE ALLOCATION		455. 2,568. 1,650. 426. 1,090. 716. 767. 9,884. 7,510. 5,109. 6,027. 6,083. 54,954.
TOTAL TO FORM 990-T, PAGE	1, LINE 28	97,239.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
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.
06/30/17	26,473.	0.	26,473.	26,473.
06/30/18	30,759.	0.	30,759.	30,759.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,174,296.	1,174,296.
				<del></del>

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

Officiated frade of business

2018

OMB No 1545-0687

ENTITY

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

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

Name of the organization CSU FULLERTON AUXILIARY SERVICES CORPORATION

Employer identification number 95-2081258

532000 Unrelated business activity code (see instructions) ▶ UNRELATED DEBT FINANCED INCOME Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 10 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 3 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 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 -49,276.1,402,571. 1,451,847. 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 12 Other income (See instructions, attach schedule) 1,402,571. 1,451,847. 13 Total. Combine lines 3 through 12 13

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	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 535,747.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a 535,747.	22b	0.
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)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-49,276.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		.,
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-49,276.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018) CSU FULLERTON AUXILIARY SERVICES

		Page
001	250	

· CORPORATI						95-208	125	8	
Schedule A - Cost of Good	s Sold. Enter	method of invento	ory valuation	<b></b>					
1 Inventory at beginning of year	1			y at end of year		<del></del>	6	ĺ	
2 Purchases	2		7 Cost of goods sold. Subtract line 6			ine 6	<u> </u>	1	
3 Cost of labor	3			5. Enter here a					
4a Additional section 263A costs		<del></del>	line 2	, or E11101 11010 1		u,	7	1	
(attach schedule)	4a			ules of section 2	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b				•	for resale) apply to			+-
5 Total. Add lines 1 through 4b	5			nization?	cquirco	rior result, apply to			-
Schedule C - Rent Income	1 - 1	Property and			0256	ed With Real Pro	nar	h/\	Ь
(see instructions)	(FIOIII Neai	riopeity and	reisonai	rioperty i	_eas	eu With Near Fre	pen	·y)	
(see instructions)									
1 Description of property									
(1)									<del></del>
(2)									
(3)									· · · · · ·
(4)	<del></del>		<del></del>						
(4)	2. Rent receive	ed or accrued	· · · · · · · · · · · · · · · · · · ·			1			
(a) From personal property (if the per			d personal proper	ty (if the percentag	ae	3(a) Deductions directly			e in
rent for personal property is more 10% but not more than 50%	than	of rent for per	rsonal property ex is based on profit	ceeds 50% or if	<b>J</b> -	columns 2(a) al	10 2(0)	(attach schedule)	
	,	merent	is based on prom	. or income;					
(1)									
(2)						-			
(3)									
(4) Total		Total							<del></del>
	0/a) and 0/b). Fac			<del></del>		(b) Total deductions.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter				Enter here and on page 1,			
Schedule E - Unrelated Deb		Incomo (see in				Part I, line 6, column (B)			
Schedule E - Officiated Der	n-rinanceu	income (see in	istructions)	<del>- 1</del>		3. Deductions directly con	nactad	Lwith or allocable	
			2. Gross in	come from		to debt-finance	ed pro	perty	
Description of debt-financed property			or allocable financed		(a) Straight line depreciation (b) Other deduc			(b) Other deduction	ns
			1 ' ' '	ar	(attach schedule)	\ -	(attach schedule	, <b></b>	
WORLDER BUILDING	OD MECH			-	<u>ي</u> .	ratement 6	51	ATEMENT	
(1) OFFICE BUILDING	CP-WEST		1 77	12 020		E3E 747		1 200	(70
(2) FULLERTON			1,//	2,938.		535,747	•	1,299,4	± / 9 ·
(3)							+		
(4)							+		
Amount of average acquisition debt on or allocable to debt-financed		adjusted basis	6 Column by colu	4 divided		7. Gross income reportable (column		8. Allocable deduction 6 x total of c	
property (attach schedule)	debt-finar	nced property	5, 55.6			2 x column 6)		3(a) and 3(b))	
STATEMENT 8	STATEN	iENT' 9							
(1)		1 2 2 1 2		%		4 4 6 6	┷		
(2) 11,995,000.	15,	163,012.	7	9.11%		1,402,571	•	1,451,8	347.
(3)				%					
(4)				%					
STATEMENT 4	STATEM	IENT 5				nter here and on page 1, art I, line 7, column (A)		Enter here and on pa Part I, line 7, column	-
Totals				<b>▶</b>		1,402,571	.	1,451,8	347.
Total dividends-received deductions in	cluded in column	8				<u> </u>	.		0.
								Form 000-1	(2018)

FORM 990-T (M)	SCHEDULE E - UNRELATED AVERAGE ACQUI	INCOME	STATEMENT	4
		ACTIVITY		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
OFFICE BUILDING CP-WEST FULLERTON	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		12,150,000. 12,150,000. 12,150,000. 12,150,000. 11,917,500. 11,917,500. 11,917,500. 11,917,500. 11,917,500. 11,917,500. 11,917,500. 11,917,500.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		143,940,000.
AVERAGE AQUISITION DEBT		11,995,000.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T (M) SCHEDULE E - UNRELATED D  AVERAGE ADJUSTED		INCOME	STATEMENT	
DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVITY NUMBER		
OFFICE BUILDING CP-WEST FULLERTON		1	- AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST AVERAGE ADJUSTED BASIS OF PROPERTY LAST			15,392,7 14,933,2	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR T	HE YEAR		15,163,0	12.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN	5			
FORM 990-T (M) SCHEDULE E - DEPRECIATION	ON DEDUCTION		STATEMENT	6
	ACTIVITY NUMBER	AMOUNT	TOTAL	
DESCRIPTION	NOMBER			
DESCRIPTION  DEPRECIATION  - SUBTOTAL -	1	535,747.	535,7	47.
DEPRECIATION	1	535,747.	535,74	
DEPRECIATION - SUBTOTAL -	1 3(A)	535,747.		47.
DEPRECIATION - SUBTOTAL - TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	1 3(A)	535,747.	535,7	
DEPRECIATION - SUBTOTAL - TOTAL OF FORM 990-T, SCHEDULE E, COLUMN  FORM 990-T (M) SCHEDULE E - OTHER	1 3(A)  DEDUCTIONS  ACTIVITY		535,74 STATEMENT TOTAL	77
DEPRECIATION  - SUBTOTAL -  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN  FORM 990-T (M) SCHEDULE E - OTHER  DESCRIPTION  ADMINISTRATIVE FEES MORTGAGE INTEREST REPAIRS AND MAINTENANCE PROPERTY TAXES WAGES, SALARIES AND BENEFITS PAYROLL TAXES INSURANCE TAXES AND LICENSES PROFESSIONAL SERVICES UTILITIES OFFICE EXPENSE AND OTHER SUPPLIES	1 3(A)  DEDUCTIONS  ACTIVITY NUMBER	AMOUNT  190,314. 537,428. 121,259. 31,100. 25,593. 1,443. 37,255. 2,641. 172,700. 170,780. 8,200.	535,7	77

FORM 990-T (M) AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION DEBT - SUBTOTAL -	- 1	11,995,000.	11,995,00	00.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		11,995,00	00.
FORM 990-T (M) AVERAGE ADJUSTED ALLOCABLE TO DEBT-F			STATEMENT	9
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BASIS - SUBTOTAL -	- 1	15,163,012.	15,163,01	L2.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		15,163,01	L2.