Form 990-T	E	exempt Orga					ax Return) [OMB No. 1545-0687	
			nd proxy tax unde						0047	
	For ca	lendar year 2017 or other tax yea	ar beginning JUL 1,	20:	$17_{_}$, and endin	, <u>JU</u>	N 30, 201	<u>8</u> .	201/	
Department of the Treasury		·	.irs.gov/Form990T for in					ŀ	Open to Public Inspection for	
Internal Revenue Service	•	Do not enter SSN numbe					tion is a 501(c)(3).		501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (T.C	D Employer identification number (Employees' trust, see instructions.)		
	<u> </u>	CALIFORNIA	ES	1	*					
B Exempt under section	Print or	AUXILIARY S	95-4016653 E Unrelated business activity codes							
X 501(c)(3) 408(e) 220(e)	Туре								instructions.)	
408(e) 220(e) 408A 530(a)		City or town, state or pro				714		┨		
529(a)		LOS ANGELES						722	320 624410	
ρ Book value of all assets		F Group exemption number	per (See instructions)	D	,,,			,, ,,	320 024410	
C Book value of all assets at end of year 44,617,8	56.	G Check organization typ	e ► X 501(c) corp	oration	501(c) trust	401(a)) trust	Other trust	
H Describe the organization	n's prim	ary unrelated business acti	vity.	SEE	STATEMEN			,		
		ooration a subsidiary in an	<u> </u>				▶ [Y	es X No	
		tifying number of the paren								
J The books are in care of						Telepho	one number 🕨 (323	343-3571	
Part I Unrelate	d Trac	de or Business Inc	ome		(A) Incom	е	(B) Expenses	3	(C) Net	
1a Gross receipts or sale	es	312,259.								
b Less returns and allo	wances		c Balance	1c	312,2					
2 Cost of goods sold (S	Schedule	A, line 7)		2	122,2					
3 Gross profit. Subtract				3	189,9	93.			189,993.	
		ch Schedule D)		4a						
		art II, line 17) (attach Form		4b						
		sts		4c						
		ips and S corporations (att		5						
6 Rent income (Schedu	,			6						
		me (Schedule E)		7 8						
		and rents from controlled o on 501(c)(7), (9), or (17) o	. , , , , , , , , , , , , , , , , , , ,	9						
		ome (Schedule I)	- '	10						
		e J)		11						
12 Other income (See in	struction	ns; attach schedule) S7	TATEMENT 3	12	188,9	67.			188,967.	
13 Total. Combine lines				13	378,9	_			378,960.	
Part II Deduction	ns No	ot Taken Elsewher								
(Except for	contrib	utions, deductions must	be directly connected	with t	he unrelated bu	siness	income.)			
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)					14		
								15	233,776.	
								16	1,088.	
								17		
								18		
19 Taxes and licenses								19		
20 Charitable contributi	ons (Se	e instructions for limitation	rules)				 0 F01	20		
21 Depreciation (attach	Form 4	562)			21		8,581.		8,581.	
		n Schedule A and elsewher						22b	0,301.	
23 Depletion24 Contributions to def	orrad oa	managian plans						23		
		mpensation plans						24 25	73,766.	
26 Excess exempt expe	uyrailis neae (Si	chedule I)						26	73,700.	
27 Excess readership c	nete (Sc	hedule J)						27		
28 Other deductions (at	tach sch	nedule)			SEE S	STAT	EMENT 4	28	143,054.	
29 Total deductions. A	dd lines	14 through 28						29	460,265.	
30 Unrelated business	axable i	ncome before net operating	loss deduction. Subtract	t line 29	from line 13			30	-81,305.	
31 Net operating loss d	eductior	(limited to the amount on	line 30)		SEE	STAT	EMENT 5	31		
32 Unrelated business	axable i	ncome before specific dedu	iction. Subtract line 31 fro	om line	30			32	-81,305.	
		y \$1,000, but see line 33 in						33	1,000.	
	taxable	income. Subtract line 33	from line 32. If line 33 is (greater	than line 32, ente	r the sm	aller of zero or			
line 32	<u></u>							34	-81,305.	

Form 990-T (2017)

Part I	<u> </u>	Tax Computation	.~ /			JJ 40	1003			
35		nizations Taxable as Corporations. See in	structions for tax computation							
00	-		· —		and.					
а	Controlled group members (sections 1561 and 1563) check here Get instructions and: Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):									
•	(1) \$ (2) \$ (3) \$									
b										
_		organization's share of: (1) Additional 5% dditional 3% tax (not more than \$100,000)								
С		ne tax on the amount on line 34	35c			0.				
36	Trust	s Taxable at Trust Rates. See instructions	om:							
		36								
37		Tax rate schedule or Schedule D y tax. See instructions	37							
38		and the second s					38			
39	Tax o	n Non-Compliant Facility Income. See in					39			
40	Total	. Add lines 37, 38 and 39 to line 35c or 36,	whichever applies				40			0.
Part I	V	Tax and Payments								
41a	Forei	gn tax credit (corporations attach Form 11	18; trusts attach Form 1116)		41a					
b	Other	credits (see instructions)			41b					
С	Gene	ral business credit. Attach Form 3800			41c					
d		t for prior year minimum tax (attach Form					_			
е		credits. Add lines 41a through 41d								
42	Subtr	act line 41e from line 40	<u></u>				42			0.
43	Other	taxes. Check if from: Form 4255	Form 8611	97 Form	1 8866 0	ther (attach schedule)	43			
44							44			0.
		ients: A 2016 overpayment credited to 20					_			
		estimated tax payments					_			
		eposited with Form 8868					_			
		gn organizations: Tax paid or withheld at s					_			
		up withholding (see instructions)					_			
		t for small employer health insurance prem			45f		_			
g		credits and payments:	Form 2439							
			Other							
46		payments. Add lines 45a through 45g								
47		nated tax penalty (see instructions). Check								
48		lue. If line 46 is less than the total of lines					48			0.
49 50		payment. If line 46 is larger than the total		nt overpaid	······	_	49			0.
50 Part \		the amount of line 49 you want: Credited Statements Regarding Certa		ar Informa	tion (see in	Refunded structions)	50			
51		y time during the 2017 calendar year, did t							Vaa	No.
31		a financial account (bank, securities, or oth	•	•		•			Yes	No
		:N Form 114, Report of Foreign Bank and F	, -	-	-					
	here		manda Addunts. II 120, ditto	i tilo liallio oi t	no foreign coun	iti y				х
52		g the tax year, did the organization receive	a distribution from or was it t	he grantor of c	or transferor to	a foreign trust?				X
02		S, see instructions for other forms the orga		no grantor oi, c	n transferor to,	a foreign tract				
53		the amount of tax-exempt interest receive	*	ır ▶ \$						
-	Ur	nder penalties of perjury, I declare that I have exami	ned this return, including accompany	ing schedules and			ledge and l	pelief, it is true,		
Sign	co	rrect, and complete. Declaration of preparer (other	than taxpayer) is based on all informa	ation of which prep	parer has any knov		Man 22 27	0 -11 ** *	- A	.tate
Here				EXECU'	TIVE DI		,	S discuss this re er shown below		ith
		Signature of officer	Date	Title				s)? X Yes		No
	•	Print/Type preparer's name	Preparer's signature		Date	Check	if PTI	N		
Paid						self- employe	d			
Prepa	arer	JAN ROSATI	JAN ROSATI		02/20/1			000479	85	
Use (Firm's name ► MACIAS GIN		LLP		Firm's EIN	▶ 6	8-0300	45	7
-55		3000 S S	REET, SUITE 3	00						
		Firm's address > SACRAMENT	O, CA 95816			Phone no.	916-	928-46	00	
								- 00	ΛТ.	

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory v	aluation ► N/A					
1 Inventory at beginning of year		0.		Inventory at end of yea			6		0.
2 Purchases		122,266.		Cost of goods sold. Subtract line 6					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2			7	122,26	56.
(attach schedule)	4a		8	8 Do the rules of section 263A (with respect to				Yes	No
b Other costs (attach schedule)	4b			property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5	122,266.		the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	perty)		
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				O/a) Dadostiana dinast			
(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	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	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 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 in	nstru	ctions)					
			2	. Gross income from		3. Deductions directly cor to debt-finan			
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	e adjusted basis allocable to unced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductio (column 6 x total of colu 3(a) and 3(b))	
(1)				%			+		
(2)				%					
(3)				%			\top		
(4)				%					
. ,	•			70		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (B	
Totals						0			0.
Totals Total dividends-received deductions in							-		0.

Form **990-T** (2017)

Form 990-T (2017) AUXILIARY SERVICES, INC. 95-4016653 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** Employer 3. Net unrelated income Total of specified 5. Part of column 4 that is 6. Deductions directly 1. Name of controlled organization identification (loss) (see instructions) included in the controlling organization's gross income nnected with income in column 5 number (1) (2)(3)(4)Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 8. Net unrelated income (loss) Part of column 9 that is included 11. Deductions directly connected with income in column 10 9. Total of specified payments (see instructions) made (1) (2)(3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A). line 8, column (B). 0 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions 3. Deductions Set-asides and set-asides (col. 3 plus col. 4) 1. Description of income 2. Amount of income directly connected (attach schedule) (attach schedule) (1) (2)(3) (4)Enter here and on page 1, Enter here and on page Part I, line 9, column (A) Part I. line 9. column (B). 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross from unrelated trade or Gross income directly connected Expenses expenses (column 1. Description of unrelated business business (column 2 from activity that with production attributable to 6 minus column 5, exploited activity income from minus column 3). If a is not unrelated of unrelated column 5 but not more than trade or business gain, compute cols. 5 through 7. column 4). business income (1) (2)(3)(4)Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col. (A). page 1, Part I, line 10, col. (B). on page 1, Part II, line 26 0. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis **4.** Advertising gain or (loss) (col. 2 minus 7. Excess readership 2. Gross 5. Circulation 3. Direct 6. Readership costs (column 6 minus advertising 1. Name of periodical col. 3). If a gain, compute cols. 5 through 7. costs advertising costs income column 5, but not more income than column 4). (1) (2)(3)(4)

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Totals (carry to Part II, line (5))

0

0

Form 990-T (2017) AUXILIARY SERVICES, INC.

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 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.		

Form **990-T** (2017)

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

PROVIDES HOSPITALITY SERVICES TO EXTERNAL USERS OF THE UNIVERSITY PROVIDES CHILD CARE SERVICES
LEASE INCOME FROM RENTAL OF LAND FOR THE USE OF BILL BOARD ADVERTISEMENT

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

ELECTION TO RELINQUISH NET OPERATING LOSS CARRYBACK PERIOD: PURSUANT TO CODE SEC. 172(B)(3),
THE TAXPAYER HEREBY ELECTS TO RELINQUISH
THE ENTIRE CARRYBACK PERIOD WITH RESPECT
TO THE NET OPERATING LOSS INCURRED
IN IT'S TAX YEAR.

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION THE TAXPAYER IS MAKING THE DEMINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990-T	OTHER	INCOME	STATEMENT 3
DESCRIPTION			AMOUNT
CHILD CARE FEES			188,967.
TOTAL TO FORM 990-T, PAGE	1, LINE 12		188,967.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 4
DESCRIPTION			AMOUNT
ADMIN. FEES LINEN/UNIFORM EXPENSES PROFESSIONAL DEVELOPMENT SUPPLIES UTILITIES/PHONES ADVERTISING/MARKETING OTHER EXPENSES SPACE RENTAL BANK CHARGES DUES AND SUBSCRIPTIONS DUPLICATING / PRINTING MISCELLANEOUS AUDIT & LEGAL EQUIPMENT PAPER & PLASTIC PERMITS & LICENSES PARKING FACILITIES CHARGES BUILDING COST & RECOVERY			25,875. 3,959. 1,600. 37,206. 6,149. 335. 2,706. 1,812. 6,751. 398. 21. 316. 9,954. 601. 9,651. 858. 1,331. 336. 33,195.
TOTAL TO FORM 990-T, PAGE	1, LINE 28		143,054.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	1,123,765.	0.	1,123,765.	1,123,765.
06/30/11	135,473.	0.	135,473.	135,473.
06/30/12	161,558.	0.	161,558.	161,558.
06/30/13	56,836.	0.	56,836.	56,836.
06/30/14	19,822.	0.	19,822.	19,822.
06/30/15	13,200.	0.	13,200.	13,200.
06/30/16	32,174.	0.	32,174.	32,174.
06/30/17	38,464.	0.	38,464.	38,464.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,581,292.	1,581,292.