TAXABLE YEAR

California Exempt Organization Business Income Tax Return

428961 11-25-14 FORM

2014 109 Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014 06/30/2015 and ending (mm/dd/yyyy) erporation/Organization name STUDENT UNION, INC. OF SAN JOSE California corporation number 1105403 TATE UNIVERSITY FEIN Additional information. See instructions. 94-2830732 PMB no. Street address (suite/room no.) ONE WASHINGTON SOUARE City (If the corporation has a foreign address, see instructions.) State ZIP code CA 95192-0201 SAN JOSE Foreign postal code Foreign province/state/county Foreign country name X No H Is the organization a non-exempt charitable trust as A First Return Filed? described in IRC Section 4947(a)(1)? Yes X No B Is this an education IRA within the meaning of X No I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles R&TC Section 23712? _____ Yes C Is the organization under audit by the IRS or has Revitalization Zone (LARZ), Local Agency Military Base Recovery Area the IRS audited in a prior year? X No (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement X No Area (MEA) tax benefits? Yes D Final Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized J Is this organization a qualified pension, profit-sharing, or stock X No bonus plan as described in IRC Section 401(a)? Yes Enter date (mm/dd/yyyy) • Yes E Amended Return X No K Unrelated Business Activity (UBA) Code • 532000 (1) Cash (2) X Accrual (3) Other L Is this a Hospital? X No Accounting Method Used: If "Yes," attach IRS Schedule H (Form 990) G Nature of trade or business RENTAL -34,636.00 1 Unrelated business taxable income from Side 2, Part II, line 30 Taxable 2 Multiply line 1 by the average apportionment percentage _____ • 0000 % from the Schedule R, Corpora-0.00 Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions tion 3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and -34,636.00 Schedule R was not completed, enter the amount from line 1 Taxable 4 Unrelated business taxable income from Side 2, Part II, line 30 4 -34,636.00 5 Unrelated business taxable income from line 3 or line 4 6 Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction 00 Net Operating Loss deduction. See General Information N 00 8 00 8 Add line 6 and line 7 Tax -34,636.009 Net unrelated business taxable income. Subtract line 8 from line 5 Compu-Tax 8 • 8 4 % x line 9. See General Information J 00 tation 11 a New employment credit, amount generated. • a) ______ ... 11 b) Amount claimed 11b 00 c Tax credits from Schedule B. See instructions 11c 00 d Total Credits. Add line 11b and 11c 00 00 Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-Total 13 Alternative minimum tax. See General Information 0 00 Tax 0.00 Total tax. Add line 12 and line 13 00 Overpayment from a prior year allowed as a credit 2014 estimated tax payments. See instructions ______ • <u>16</u> 00 00 2014 withholding (Form 592-B and/or 593.) See instructions _____ • 17 **Payments** 18 Amount paid with extension (form FTB 3539) ______ • 18 00 Total payments and credits. Add line 15 through line 18 00 Tax due. Subtract line 19 from line 14. Pay entire amount with return 00 21 00 21 Overpayment, Subtract line 14 from line 19 Refund 22 Enter amount of line 21 to be applied to 2015 estimated tax 22 00 (Direct 23 00 Use tax. See instructions Deposit of 24 Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21 00 Refund) or a Fill in the account information to have the refund directly deposited. Routing number _____ • 24a Amount b Type: Checking ● Savings ● c Account Number 24c 00 25 Penalties and interest. See General Information M 26 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806. 27 Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result 00

Unrelated Business Taxable Income

Par	rt I II	Inrelated Trade or Business Income			
- A		s receipts or gross sales b Less returns and allowances c Balance	•	1c	00
		f goods sold and/or operations (Schedule A, line 7)		2	00
		profit. Subtract line 2 from line 1c		3	00
		tal gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)		4a	00
				4a 4b	20.00
		gain (loss) from Part II, Schedule D-1			00
		tal loss deduction for trusts		4c	00
		e (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions.		_	
		Schedule K-1 (565, 568, or 100S) or similar schedule		5	-36,736.00
6	Rentai	income (Schedule C)	•	6	
		ted debt-financed income (Schedule D)		7	00
		ment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)		8	00
		t, Annuities, Royalties and Rents from controlled organizations (Schedule F)		9	00
		ed exempt activity income (Schedule G)		10	00
		ising income (Schedule H, Part III, Column A)		11	2,100.00
12	Other i	ncome. Attach schedule	•	12	00
		nrelated trade or business income. Add line 3 through line 12		13	-34,636.00
		Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated			
		ensation of officers, directors, and trustees from Schedule I		14	00
		s and wages		15	00
		S		16	00
		bts		17	00
		t		18	00
19	Taxes		•	19	00
		outions		20	00
		reciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	00	74	T
		depreciation claimed on Schedule A 21b	00		00
22	Depleti	on	• •	22	00
		tributions to deferred compensation plans		23a	00
		loyee benefit programs		23b	00
24	Other o	deductions	• •	24	00
25	Total d	eductions. Add line 14 through line 24		25	00
		ted business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-34,636.00
27	Excess	advertising costs (Schedule H, Part III, Column B)	•	27	00
28	Unrela	ted business taxable income before specific deduction. Subtract line 27 from line 26	•	28	-34,636.00
	(75)	c deduction	• •	29	1,000.00
30	Unrela	ted business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30	-34,636.00
Sign	r	Under penalties of perjury, I declare that have examined this feturn, including accompanying schedules and statements, and to the best and complete. Declaration of prepare (other than tax payer) is based on all information of which preparer has any knowledge.	of my k	nowled	dge and belief, it is true, correct,
Here			1	-	
		Signature Title Date	. //	C.	Telephone
		of officer > nosten G. M. ASSOCIATE DIRECTOR	1/4		<u> 108-924-6315</u>
Paid		Preparer's Date MAY 1 1 2016 Check if sel	f		PTIN
Prep	arer's	signature MAY 1 1 ZUID employed	L		00187374
Use	Only	Firm's name (or yours,			FEIN
		if self-employed) ► RSM US LLP			12-0714325
		and address 105 8TH AVENUE SE, SUITE 300			Telephone
		OLYMPIA, WA 98501-1386			360-754-7244
		May the FTB discuss this return with the preparer shown above? See instructions		٠ (Yes No

	chedule A Gost of Goods Sold and/or Operations.			N/A						
-	thod of inventory valuation (specify)						1	4		
- 1	Inventory at beginning of year							1	-	00
	Purchases							2		00
3	Cost of labor							3		00
4	a Additional IRC Section 263A costs. Attach schedule							4a		00
	b Other costs. Attach schedule						-	4b	All and a second a	00
	Total. Add line 1 through line 4b						-	5		00
6	Inventory at end of year						_	6		00
7	Cost of goods sold and/or operations. Subtract line 6 fro							7	1,, [77	7
_	Do the rules of IRC Section 263A (with respect to prope			ply to this	organı	zation?			Yes X	No
	chedule B Tax Credits. Do not claim the New Empl		100	T						
	Enter credit name			1		00				
2	Enter credit name			2		00				
3	Enter credit name	code •	•	3		00	1			
4	Total. Add line 1 through line 3. If claiming more than 3	credits, enter the total of all o	laimed cr	edits,						
	except New Employment Credit, on line 4. Enter here an	d on Side 1, line 11c						4		00
Sc	chedule K Add-On Taxes or Recapture of Tax.									
1	Interest computation under the look-back method for co	ompleted long-term contracts	. Attach f	orm FTB 3	834			1		00
2	Interest on tax attributable to installment; a Sales of o	ertain timeshares or resident	tial lots				1	2a		00
	b Method fo	or non-dealer installment obl	igations			•		2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain or							3		00
4	Credit recapture. Credit name		200			•	. [4		00
	Total. Combine the amounts on line 1 through line 4						Г	5		00
	chedule R Apportionment Formula Worksheet. Us								_	
_	rt A. Standard Method - Single-Sales Factor Formula. C				sinale	-sales factor form	ula.			
				al within an		(b) Total within		rnia	(C) Percent w	vithin
				ide Califor		(5) 10	Juino	,,,,,,	, , , , , , , , , , , , , , , , , , , ,	[(b) ÷ (a)] x 100
-	Total Sales	Description of the second	•			•				
	Apportionment percentage. Divide total sales column (_			
2	and multiply the result by 100. Enter the result here and									
D	· · · · · · · · · · · · · · · · · · ·		actor forn	aula						
Pa	rt B. Three Factor Formula. Complete this part only if the	corporation uses the three-i				(h) Total within	Califo	rnia	(0) .	
				al within an side Califor		(b) Total within	Ualliu	IIIIa	(C) Percent w	/ithin .[(b) ÷ (a)] x 100
-			0.50.00			-				[(0) - (0)] x 100
1			•			•			•	
	Payroll factor: Wages and other compensation of emplo	2	•			•			•	
	Sales factor: Gross sales and/or receipts less returns an	nd allowances	•			•		-	•	
			-					=		
5	Average apportionment percentage: Divide the factor of	5	-					-		
_	result here and on Form 109, Side 1, line 2. See instruct	tions for exceptions								
Sc	chedule C Rental Income from Real Property and	Personal Property Leased	with Real	Property						
For	rental income from debt-financed property, use Schedule D, R&TC	Section 23701g, Section 23701i, a	and Section	23701n orga	anization	ns. See instructions for	or exc	eptions	s	
1 0	Description of property				2 Rei	nt received or accrued	d		centage of rent a conal property	ttributable to
_					<u> </u>		1			0,
GL	TATEMENT 11	Victoria de la composición dela composición de la composición dela composición de la			_		+			9
<u>0</u> .	IAIBMENI II				 		\dashv			9
4 0	Complete if any item in column 3 is more than 50%, or for any item	<u> </u>	5 Comple	ete if any iter	n in colu	ımn 3 is more than 10	1% b	ut not	more than 50%	
	the rent is determined on the basis of profit or income	Tan		•		1				
	Deductions directly connected	(b) Income includible, column 2 less column 4(a)		income repo 2 x column		(b) Deductions directly with personal prope		ctea	(c) Net income column 5(a)	includible, less column 5(
	SEE STATEMENT 12	177					15"		, , ,	
_										
_										
	d solumns 4(b) and solumn 5(c). Enter here and an Side	O Doubling C							2	6 736
- 1	a columne 4(b) and column 5(c) Enter here and an Cida	U Part I ling 6							<	D / 1 P

Schedule D Unrelated	Debt-Finance	1 Income										
1 Description of debt-financed prope	rty				2 Gross income from or allocable to debt-financed		3 Deductions directly connected with or allocable to debt-financed property				iced property	
					property	ot-illiance0	(a) Straigh	t-line depr	eciation	(b) Oth	er ded	uctions
2 Nanction												
Amount of average acquisition indebtedness on or allocable to debt-financed property	indebtedness on or allocable of or allocable to		6 Debt basi percentag column 4 column 5	ge, ÷	7 Gross income reportable, column 2 x column 6		column	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6		or l	9 Net income (or loss) includible, column 7 less column	
				%			1					
				%								
				%								
Total. Enter here and on Side 2,	Part I. line 7											
					23701i, or Secti							
1 Description		2 Amount		3 Deduction	tions directly cted		estment incor 2 less colum		et-asides		1110	lance of investment come, column 4 less lumn 5
						_						
Total. Enter here and on Side 2,	Part I, line 8											
Enter gross income from memb	ers (dues, fee	s, charges, o	r similar am	ounts)								
Schedule F Interest, A	nnuities, Roya	alties and Re	nts from Co	ntrolled	Organizations							
				A	Exempt Contro	lled Organ	izations					
1 Name of controlled organizations			2 Employer Identification Number		3 Net unrelated income (loss)	4 Total of spe payments						Deductions directly connected with income in column (5)
1												
2												
3												
Nonexempt Controlled Organiz	ations											
7 Taxable Income					8 Net unrelated income (loss)		Total of specified payments made		10 Part of column (9) that is included in the controlling organization's gross income			
1												
2												
3												
4 Add columns 5 and 10												
5 Add columns 6 and 11												
6 Subtract line 5 from line 4. E	nter here and	on Side 2, Pa	art 1, line 9									
	xempt Activit			vertising	Income							
Description of exploited activity (at schedule if more than one unrelate is exploiting the same exempt active.	tach 2 G d activity byty)	iross unrelated usiness income om trade or usiness	3 Expenses connecte production	s directly d with	4 Net income fro unrelated trade or business, column 2 less column 3	from is no	s income activity that t unrelated ness income	6 Expen attribu colum	table to	Excess exemexpense, col 6 less colum but not more column 4	lumn in 5	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2.	Part I. line 10	190, 190, 190										

Schedule H Advertising Income and Excess Advertising Costs

rait i income from Periodicals Repor	ted on a	Consolidat	ed Basis									
Name of periodical	2 Gross advertising income 3 Direct advertising costs		or exc costs greate comp and 7 greate enter Part II	tising income tess advertising If column 2 is or than column 3, lete column 3 is or than column 3 is or than column 2, the excess in II, column B(b). or complete ons 5, 6, and 7.	advertising income blumn 2 is in column 3, columns 5, 6, columns 6, 6, column 3 is in column 2, xcess in lumn B(b). mplete		6 Reade costs		col sho col gre the col col Ent	olumn 5 is greater than umn 6, enter the income own in column 4, in Part III, umn A(b). If column 6 is later than column 5, subtract sum of column 6 and umn 3 from the sum of umn 5 and column 2. ter amount in Part III, umn A(b). If the amount ess than zero, enter -0		
SPONSHORSHIP	2	1,100.		0.								
Totals	2	,100.				2,100.						
D . II			Dania			<u> </u>						
Part II Income from Periodicals Repo	rteu on	a Separate	Dasis								_	
9												
1												
Part III Column A - Net Advertising In	ncome				Part	III Colum	nn B - I	Excess Advert	ising	Costs		
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b)	Enter total am column 4 or 7 Part II, cols. 4	ount from Part , and amounts and 7	l, listed in		(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals				(b) Enter total and amour	amour its liste	nt from Part I, column 4, ed in Part II, column 4
CONSOLIDATED												
PERIODICAL			2 1	L00.								
I DICTORIO			4,3									
Entertablishment and an Olds O. Dart I line do			2 1	00	Fatani	atal bass and	Oi-	Is O Deat II I'm	- 07			
Enter total here and on Side 2, Part I, line 1 Schedule Compensation of Office				100.	Enter	otal nere and	1 011 510	le 2, Part II, lir	ie Z/			
	ers, Dire			10								
1 Name of Officer		2 SSN or IT	IN	3 Title	θ			4 Percent of ti devoted to business	me (Compensation attributable to unrelated busin	ess	6 Expense account allowances
									%			
									%			
									%			
									%			
									%		\neg	
Total. Enter here and on Side 2, Part II, line	11								70		-	
		d Associatio	no only Two		form E	TD 200EF \					_	
Schedule J Depreciation (Corpora 1 Group and guideline class or		ate acquired					21(To Name of S			1	D
description of property	2 (mm/dd/yyyy)	3 Cost	or other b	basis	4 Depreciation allowed or a in prior years	llowable	5 Method o computing depreciation	g	6 Life or rate	7	Depreciation for this year
 Total additional first-year depreciation (do not ir	nclude in iter	ns below)								\perp	
2 Other depreciation:	1		ŀ									
Buildings												
Furniture and fixtures												
Transportation equipment											\top	
Machinery and other equipment											+	
											+	
Other (specify)	-		_								+	
0.00											+	
3 Other depreciation								1			+	
4 Total									_		+	
5 Amount of depreciation claimed elsewh	ere on r	eturn										
6 Balance. Subtract line 5 from line 4. Ent	er here a	and on Side	2, Part II, line	e 21a								

1				2	3
DESCRIPTION OF	PROPERTY		CTIVITY NUMBER	RENT RECEIVED	PCT ATTRIBUTABLE TO PERSONAL PROF
ROOM RENTAL/AV		_	2	33,170.	100.00%
	4A DEDUCTIONS	4B INCOME		5A 5B INCOME DEDUCT	5C IONS NET INCOME
		33,17	0.	-	
1				2	3
DESCRIPTION OF	PROPERTY		CTIVITY NUMBER	RENT RECEIVED	PCT ATTRIBUTABLE TO PERSONAL PROF
AQUATIC CENTER			3	83,690.	100.00%
	4A DEDUCTIONS	4B INCOME		5A 5B INCOME DEDUCT	5C IONS NET INCOME
	278,700.	-195,01	0.		
1			CTIVITY	2 RENT	3 PCT ATTRIBUTABLE
DESCRIPTION OF	PROPERTY		NUMBER	RECEIVED	TO PERSONAL PROF
SPORT CLUB			4	19,190.	100.00%
	4A DEDUCTIONS	4B INCOME		5A 5B INCOME DEDUCT	5C IONS NET INCOME
	100,913.	-81,72	3.		
1				2	3
DESCRIPTION OF	PROPERTY		CTIVITY NUMBER	RENT RECEIVED	PCT ATTRIBUTABLE TO PERSONAL PROF
TM/ECBO		_	5	54,774.	100.00%
	4A DEDUCTIONS	4B INCOME		5A 5B INCOME DEDUCT	5C TIONS NET INCOME

DESCRIPTION OF PROPERTY ARENA INCOME	PERTY		TIVITY IMBER 6	2 RENT RECEIVED	ТО	3 PCT ATTRIBUTABL TO PERSONAL PRO 100.00%		
TOTALS	4A DEDUCTIONS 545,807. 1,030,168.	4B INCOME 256,801	GROSS	SA INCOME DED	5B UCTIONS	5C NET INCOM	E	
TOTAL TO FORM 109,		C (COL 4B + C		ENTAL PROPE	RTY	-36,7	36.	
DESCRIPTION			ACTIVI:		NT	TOTAL		
	-	- SUBTOTAL -	3	10	8,700.	278,7 100,9		
	_	SUBTOTAL -	5		4,748.	104,7	48.	
TOTAL TO FORM 109,	- COMEDIN E	SUBTOTAL -	6			1,030,1		

CALIFORNIA FORM

3805Q

Attach to	Form 100, Form 10	0W, Form 100S,	or Form 109.				California corporation number
	E UNIVERS	ITY					
TUD	ENT UNION	, INC.	OF SAN JOSE			and the same of th	1105403
					Corporation 🖲 🔲 S	Corporation	FEIN
			50 5 5 60	ecting to be taxed as a co			94-2830732
If the corp	ooration previously	filed California tax	k returns under another o	corporate name, enter the	corporation name and C	alifornia corporatio	on number:
	oration le include	l in a combined	report of a unitary group	eas instructions Gans	ral Information C, Comb	ined Reporting	
			does not have a current		rai illiorillation o, comb	med Reporting.	
				line 15; or Form 109, line	2.		
						1 _	34,636.00
							00
							34,636.00
					la		
			5) (2)		lb		
							34,636.00
							34,636.00
					ars 2012 and/or 2013, cor		31/000100
			pleting Part I, lines 7-9 b				
				ount from Part III, line 3,	column (f)	● 7	00
8 2014	NOL carryback use	d to offset 2013	net income. Enter the am	ount from Part III, line 3,	column (h)	● 8 _	00
9 2014	NOL carryover to 2	015. Add line 7 a	and line 8, then subtract t	he result from line 6. See	instructions.	⊚ 9	34,636.00
Election 1	o waive carryback						
Part II I	the corporation is el instructions. Contin NOL carryover and on ncome (loss) - Ente	ecting to carry ar ue with Part II, No disaster loss car r the amount fron	n NOL forward instead of DL carryover and disaste ryover limitations. See n Form 100, line 18; Forn	carrying it back in the pro r loss carryover limitation instructions. n 100W, line 18; Form 10	evious two years. Once the state of the stat	e election is made II, NOL carryback. (g) Available ba	
(but	not less than -0-); o	r Form 109, line	2				0.
Prior Yea							
Year loss	of Code - See	(c) Type of NOL - See below *	(d) Initial loss	(e) Carryover from 2013	(f) Amount used in 2014		(h) Carryover to 2015 col. (e) - col. (f)
2 💿				•			•
•			SEE S	TATEMENT 13			•
•				•			•
•				•			•
Current Y	ear NOLs						
3 2014		DIS				=	col. (d) - col. (f) See instructions.
4 2014		GEN	34,636.	=		^	34,636.
2014							
2014				-		_	
2014						_	
Real Transition	IOI O L (OEN)	Name Designate /A	B), Eligible Small Busine	(CCD) Discreter (DI	C)		

7521144

	00-									The same of the same
Part III	NOL carry	/back								
1 2012	2 Net inco	me - Ente	r the amou	nt from 2	012 Form 100, line 2	23; Form 100W, line	23; Form 100S			
										0.
2 2013	Net inco	me - Ente	r the amou	nt from 2	013 Form 100, line 2	23; Form 100W, line	23; Form 100S,			
										0.
(a)	(b)	(c)	(d)	8	(e)	20	12	20	13	(j)
Year of	Code -	Type of NOL-	Initia	al	Carryback limitations	(f)	(g)	(h)	(i)	Carryover to 2015
Loss	See Instruct- ions	See below*	loss	3	75% of col. (d)	Carryback used - See instructions	After carryback col. (e) minus col. (f)	Carryback used - See instructions	After carryback col. (g) minus col. (h)	col. (d) - (col. (f) + col. (h))
3 2014		GEN	34	,636	34,636	0	34,636	0	34,636	34,636
2014										
2014										
2014										
2014										
* Type o	f NOL: Ge	eneral (GE	N), New Bu	siness (N	IB), Eligible Small Bu	siness (ESB), or NOI	_ attributable to a qua	alified disaster loss (D	OIS).	
Part IV	2014 NOI	L deducti	on							
										5
1 Tota	I the amo	unts in Pa	art II, line 2,	column	(f)				◎ 1	00
2 Ente	r the tota	l amount	from line 1	that repr	esents disaster loss o					
									2	00
					here and on Form 10					
		rm 109, li	_						⊚ ₃	0.00

439272 / 12-22-14 199 7522144 FTB 3805Q 2014 Side 2

FORM	3805Q	PRIO	STATEMENT 13			
YEAR	(B) CODE (D) LOSS	(C)TYPE OF NOL (E)C/O AMOUNT	(F) AMOUNT IN CURRENT	USED YEAR	(G)AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2006	235,779.	GEN 235,779.		0.	0.	235,779.
2007	216,676.	GEN 216,676.		0.	0.	216,676.
2008	157,508.	GEN 157,508.		0.	0.	157,508.
2009	219,267.	GEN 219,267.		0.	0.	219,267.
2010	338,776.	GEN 338,776. GEN		0.	0.	338,776.
2012	329,986.	329,986. GEN		0.	0.	329,986.
2013	220,140.	220,140. GEN		0.	0.	220,140.
	124,648.	124,648.		0.	0.	124,648.
TOTAI	LS	1,842,780.		0.		1,842,780.