EXTENDED TO MAY 16, 2016 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2014 or other tax year beginning \underline{JUL} 1, $\underline{2014}$, and ending \underline{JUN} 30, $\underline{2015}$. ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). ternal Revenue Service D Employer identification number (Employees' trust, see instructions.) Name of organization (Check box if name changed and see instructions.) Check box if address changed STUDENT UNION, INC. OF SAN JOSE 94-2830732 STATE UNIVERSITY B Exempt under section **Print** F Unrelated business activity codes Number, street, and room or suite no. If a P.O. box, see instructions. X 501(c)(3) Type 408(e) 220(e) ONE WASHINGTON SQUARE City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 532000 SAN JOSE, CA 95192-0201 529(a) C Book value of all assets F Group exemption number (See instructions.) 10,966,703. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ RENTAL Yes X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Telephone number ► 408-924-6315 J The books are in care of ► KRISTIN KELLY (B) Expenses (A) Income (C) Net Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 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 partnerships and S corporations (attach statement) 5 -36,736.1,030,168. 993.432. 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)... 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 2,100. 2,100. 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 995,532. 1,030,168. -34,636.Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) Part II (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 Repairs and maintenance 17 17 Bad debts 18 18 Interest (attach schedule) 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 22b Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Depletion 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) 28 28 Other deductions (attach schedule) 0. 29 Total deductions. Add lines 14 through 28 29 -34,636.Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1 31 -34,636.Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 33 1,000. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or -34.636. line 32

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LHA For Paperwork Reduction Act Notice, see instructions.

423711 01-13-15

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Firm's address

Phone no.

Form 990-T (2014) STATE UNIVERSITY 94-2830732 Page 3 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions) 1. Description of property ্ব) 2) (3) STATEMENT (4)Rent received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (b) From real and personal property (if the percentage (a) From personal property (if the percentage of of rent for personal property exceeds 50% or if the rent is based on profit or income) rent for personal property is more than SEE STATEMENT 10% but not more than 50%) (1) (2)(3)(4)Total 993,432 Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) 030,168. 993 here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property Gross income from or allocable to debt-(a) Straight line depreciation (b) Other deductions 1. Description of debt-financed property financed property (attach schedule) (attach schedule) (1) (2)(3)(4) 4. Amount of average acquisition debt on or allocable to debt-financed Average adjusted basis of or allocable to Column 4 divided 7. Gross income 8. Allocable deductions (column 6 x total of columns by column 5 reportable (column debt-financed property (attach schedule) property (attach schedule) 2 x column 6) 3(a) and 3(b)) % (1) % (2) % (3)(4)% Enter here and on page 1, Enter here and on page 1. Part I, line 7, column (A). Part I, line 7, column (B). 0. 0. Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 6. Deductions directly connected with income in column 5 5. Part of column 4 that is included in the controlling 1. Name of controlled organization Employer identification Net unrelated income Total of specified payments made number (loss) (see instructions) organization's gross income (1) (2) (3) (4)Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments (see instructions) made (1) (2) (3)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 (B). line 8, column (A).

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Totals

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Schedule G - Investme (see inst	ent Income of a tructions)	Section 5	i01(c)(7), (9), or (17) Org	ganizat	ion				
1. Description of income				2. Amount of income	uctions connected schedule) 4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)					(attaon o	onoddioj			(GOIL O PIGO GOIL 4)	
(2)										
									1	
(3)										
(4)										
				Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).	
Totals			▶	0.					0.	
Schedule I - Exploited (see instr		/ Income,	Other	Than Advertising	ng Inco	me				
		9 -	200.000	4. Net income (loss)	12:0				7. Excess exempt	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directly con- with produ of unrela business in	nected ection ted	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		related		Expenses tributable to column 5	expenses (column 6 minus column 5, but not more than column 4).	
(4)				unough 7.						
(1)				-						
(2)									-	
(3)	ļ									
(4)			-							
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,						Enter here and on page 1, Part II, line 26.	
Totals	0.		0.						0.	
Schedule J - Advertis	ing Income (see	instructions)	(
Part I Income From	Periodicals Rep	orted on	a Cons	solidated Basis						
1. Name of periodical	2. Gross advertising income		Direct sing costs			6. Readership costs			7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) SPONSHORSHIP	2,10	0.	0			0.		0.		
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	▶ 2,10	0.	0	2,100					0.	
Part II Income From	Periodicals Rep	orted on	a Sepa	rate Basis (For e	ach perio	dical liste	d in Pa	ırt II, fill in		
columns 2 through	n 7 on a line-by-line ba	asis.)							volume of the second	
1. Name of periodical	2. Gross advertising income	advertising				irculation 6. Readers costs		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)								0.000		
	▶ 2,10	0	0						0.	
Enter here and on page 1, Part I, pag		on Enter h	ere and on 1, Part I, 1, col. (B).	•					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	▶ 2,10	0.	0						0.	
Schedule K - Compen	sation of Office	rs, Direct	ors, an	d Trustees (see	instructio	ns)				
1. Name				3. Percent of 4. Com				ensation attributable elated business		
(1)							%			
3)							%			
							%			
<u>(3)</u>										
(4)	5 . 11 11				-		<u>%</u>		0.	

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FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/07 06/30/08 06/30/09 06/30/10 06/30/11 06/30/12 06/30/13	235,779. 216,676. 157,508. 219,267. 338,776. 329,986. 220,140.	0. 0. 0. 0. 0.	235,779. 216,676. 157,508. 219,267. 338,776. 329,986. 220,140.	235,779. 216,676. 157,508. 219,267. 338,776. 329,986. 220,140.
06/30/14 NOL CARRYOV	124,648. ER AVAILABLE THIS	0. YEAR	1,842,780.	1,842,780.

DESCRIPTION OF PROPER	TY		·IVITY			
DOOM DENIMAL /AII		NU	MBER			
ROOM RENTAL/AV			2			
A. FROM PERSONAL	IS > 10%	В.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B			
1. DESCRIPTION OF PROPER	TY	ACTIVITY NUMBER				
AQUATIC CENTER			3			
A. FROM PERSONAL	IS > 10%	в.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B			
		83,690.	278,700.			
1. DESCRIPTION OF PROPER SPORT CLUB	<u>TY</u>	ACTIVITY NUMBER 4				
2. RE A. FROM PERSONAL IF % OF RENT BUT LESS TH	IS > 10%	OR ACCRUED B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC. 19,190.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B			

1,030,168.

							•))						
DESCRIP:	1. FION OF	PROPERTY							TIVITY UMBER				
TA CBO									5				
	IF % O	2. RENT A. PERSONAL PR OF RENT IS LESS THAN	ROPEF > 10	YT	FROM	I REA	B. L AND PE IF % OF BASED (RENT ON INC.	CONNEC	3. PION DIRECTI CTED WITH II DL. 2A OR 21	NC. B		
							54,774	± •		104,740	•		
1. DESCRIPTION OF PROPERTY										TIVITY UMBER			
ARENA II	NCOME								6				
	IF % C	2. RENT A. PERSONAL PR PERSONAL P P PERSONAL P P PERSONAL P P P P P P P P P P P P	ROPEF > 10	YTS	FROI PROI	M REA	B. L AND PI IF % OI BASED (F RENT	CONNE	3. FION DIRECTION OF A STATE OF A	NC. B		
							802,608	8.		545,807	•		
TOTALS			_		=		993,432	2.	_	1,030,168	<u>.</u>		
FORM 99	0-Т	DEDUCT	ONS	CONN	ECTED	WITH	RENTAL	INCOME		STATEMENT	3		
DESCRIP	TION						CTIVITY NUMBER	AMO	DUNT	TOTAL			
				- S U	BTOTAI	<u> -</u>	3 4 5	1	0. 278,700. L00,913. L04,748.	278,7 100,9 104,7	13.		
					BTOTA		6	į	545,807. 0.	545,8			

TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3