EXTENDED TO MAY 16, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

1	For th	e 2014 calendar year, or tax year beginning 0011 , 2014 and e	ending J	UN 30, 20.	LD		_
الم	Check if applicab	C Name of organization		D Employer iden	tification	number	
		STUDENT UNION, INC. OF SAN JOSE					
	Addre	STATE UNIVERSITY					
	Name chang	Doing business as		94-	-28307	732	
	Initial		Room/suite	E Telephone nun			
	Final			CENT 2 OF PROPERTY AND ADMINISTRA		4-6315	
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		0,313,744	-
	Amer	ided GAN TOGE GA 05102 0201		H(a) Is this a grou			_
F	Appli			for subordina		Yes X No	•
_	pend	SAME AS C ABOVE		H(b) Are all subordina			
1	Tax-ex	rempt status: X 501(c)(3)	r 527			ee instructions)	5
		tte: WWW.UNION.SJSU.EDU		H(c) Group exemp			
		f organization: X Corporation Trust Association Other	I Year	of formation: 198			A
-	art I	Summary	L 1041	or formation. 1902	aj ivi Otato	or logar dominino. Cz	
	1	Briefly describe the organization's mission or most significant activities: TO PR	ROVIDE	SERVICES	ייי סיי	HE.	_
Activities & Governance		STUDENTS ATTENDING SAN JOSE STATE UNIVERS			10 11		_
nar	2	Check this box if the organization discontinued its operations or dispose			t accete		_
Ver	3			1	3	1	n
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	1	_
مخ در	5	Total number of individuals employed in calendar year 2014 (Part V, line 1a)			5	11	
tie	5				6	1	_
ξ	7-	Total number of volunteers (estimate if necessary)			7a	995,533	_
A		Total unrelated business revenue from Part VIII, column (C), line 12			7a 7b		
10	D	Net unrelated business taxable income from Form 990-T, line 34	······	2 0 0		<u>-34,636</u>	•
		Contributions and grants (Dort VIII line 1h)		Prior Year	0.	Current Year	_
ne	8	Contributions and grants (Part VIII, line 1h)				0 0 0 1 4	_
Revenue	9	Program service revenue (Part VIII, line 2g)		6,058,313		6,054,814	_
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		548,604		314,294	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,554,280		1,945,807	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,161,20	_	8,314,915	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			2.	0	_
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2015 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		0.	0	_
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,888,984	0.	4,355,429	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-		0.	0	•
X	b		0.	1 110 10		4 460 045	_
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,440,16		4,469,045	
	1000	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,329,15		8,824,474	
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		-167,950		-509,559	•
Net Assets or Find Balances			Be	ginning of Current Ye		End of Year	_
SSE	20	Total assets (Part X, line 16)		11,644,520		0,966,703	
et A	21	Total liabilities (Part X, line 26)	·····- —	1,719,54		1,838,451	
2	22	Net assets or fund balances. Subtract line 21 from line 20		9,924,97	5.	9,128,252	•
_	art II	Signature Block					_
		alties of perjury, I declare that I have examined this return, including accompanying schedules			f my knowl	edge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.			_
		Signature of officer		Date	-		_
Sig				Date	listil		
He	re	KRISTIN KELLY, ASSOCIATE DIRECTOR			ES/16	2	_
		Type or print name and title	11) oto		DTINI	_
		Print/Type preparer's name Preparer's signature		Date Check		PTIN	
1		ANTONIA GOH, CPA Antonie Sol	✓ MAYL			00187374	_
	parer	Firm's name RSM US LLP		Firm's EIN	▶ 42-	-0714325	_
Use	Only	Firm's address 105 8TH AVENUE SE, SUITE 300		Sandon - 2			
_	p	OLYMPIA, WA 98501-1386	•	Phone no.		54-7244	_
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			1.3	X Yes No	•

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
7	THE STUDENT UNION OF SJSU (STUDENT UNION) IS AN AUXILIARY ORGANIZATION
_/-	IN THE CSU SYSTEM. THE PURPOSE OF THE STUDENT UNION IS TO PROVIDE
	CULTURAL, EDUCATIONAL, SOCIAL AND RECREATIONAL SERVICES TO THE CAMPUS
	COMMUNITY AND OPERATES 3 MAJOR FACILITIES AND AN ATM BUILDING.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$6,803,209 . including grants of \$) (Revenue \$7,005,088 .
	THE STUDENT UNION IS A CALIFORNIA STATE UNIVERSITY AUXILIARY
	ORGANIZATION THAT MANAGES AND MAINTAINS FOUR MAJOR FACILITIES AT THE
	SAN JOSE STATE UNIVERSITY CAMPUS. THE FACILITIES INCLUDE THE STUDENT
	UNION BUILDING, THE AQUATIC CENTER, THE EVENT CENTER BUILDING AND AN
	ATM BUILDING. REVENUE IS DERIVED FROM STUDENT FEES COLLECTED FROM THE
	PRIOR YEAR AS WELL AS REVENUES EARNED FROM VARIOUS SERVICE FEES AND
	RENTAL OF SPACE. STUDENTS INTERACT WITH THE STUDENT UNION ON A DAILY
	BASIS, EITHER THROUGH THE USE OF FACILITIES OR PARTICIPATION IN
	SPONSORED EVENTS OR A STUDENT UNION PROGRAM.
	BIONSORED EVENIS OR A STUDENT UNION PROGRAM.
4b	/o.d.
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
)	
rd	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses ▶ 6,803,209.
	Form 990 (2014)

STATE UNIVERSITY

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
)	complete Schedule G, Part III	19		X
_Ja	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) STATE UNIVERSITY

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		165	140
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		}	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			2000
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	67		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	00	х	
_	1401E. All 1 Offit 350 filets are required to complete Schedule O	38	Δ	

	990 (2014) STATE UNIVERSITY		94-2830	732	P	age §
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		-	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming			=
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	116			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За				За	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country: ▶		,			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a						
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C						
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е	1		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	_	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		. "		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	,	-		
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					

Form **990** (2014)

X

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

a Did the organization receive any payments for indoor tanning services during the tax year?

c Enter the amount of reserves on hand

STUDENT UNION, INC. OF SAN JOSE Form 990 (2014) STATE UNIVERSITY 94-2830732 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ection A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

Section C. Disclosure	Section	n C.	Disc	losure
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17 List the states with which a copy of this Form 990 is required to be filed ►	J.A	7
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exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ___ Another's website X Upon request

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

KRISTIN KELLY - 408-924-6315 ONE WASHINGTON SQUARE, SAN JOSE, CA 95192-0201

Form 990 (2014)

X

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer Officer	irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOSEE LAROCHELLE	2.00	**						•		
VP OF ADMIN & FINANCE	2.00	X						0.	0.	0
(2) RENEE BARNETT TERRY VP OF STUDENT AFFAIRS	2.00	x						0.	0.	0
(3) EMILY WUGHALTER	2.00	Λ						0.	0.	0
BOARD MEMBER	2.00	X						0.	0.	0
(4) AARON MILLER	2.00							0.	0.	
AS PRESIDENT, BOARD CHAIR		X						0.	0.	0
(5) LAURA SULLIVAN-GREEN	2.00									
BOARD MEMBER		X						0.	0.	0
(6) ROSE LEE	2.00									
BOARD MEMBER		X						0.	0.	0
(7) ADRIANE BATES	2.00									
BOARD MEMBER	_	X						0.	0.	0
(8) CHRISTIAN TIMBOL	2.00									
BOARD MEMBER, VICE CHAIR		X						0.	0.	0
(9) KAMILAH LOPEZ	2.00									_
BOARD MEMBER	2 00	X						0.	0.	0
(10) INDERPOL KAUR	2.00	х						0	0	0
BOARD MEMBER	40.00	Λ						0.	0.	0
(11) CATHY BUSALACCHI EXEC. DIRECTOR, BOARD SECRETARY	40.00			x				183,318.	0.	24 015
(12) THEODORE CADY	40.00			Λ				103,310.	0.	34,015
EVENT DIRECTOR	40.00					x		109,297.	0.	19,037
BVILL DINGERN						21		100,201.	0.	19,037

77.00	_									
							1			

	Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per week (list any	box	not c	heck ss pe	more rson	than is bot or/trus	th an	compensation	Reportable compensation from related organization	on d	an	timate nount other pensa	of
		hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	fr org an	om th anizat d relat anizati	e ion ed
			드	르	5	S.	゠゠	윤						
1b Sub-	-total								292,615.		0.	5	3,0	52.
c Tota	I from continuation sheets to Part \	/II, Section A							0.		0.			0.
	I (add lines 1b and 1c)							no re	292,615. eceived more than \$100	.000 of reportab	0 .	5	3,0	<u>52.</u>
	pensation from the organization						•			,			V	. 2
	he organization list any former office a? <i>If</i> "Yes," complete Schedule J for											3	Yes	No X
4 For a	ny individual listed on line 1a, is the s related organizations greater than \$15	sum of reportable 50,000? <i>If "Yes,</i>	le co " <i>coi</i>	mple	ensa ete S	ition Sche	anc adule	d oth	her compensation from to for such individual	the organization		4	х	
	any person listed on line 1a receive or ered to the organization? <i>If</i> "Yes," con											5		х
Section B	Independent Contractors													
	plete this table for your five highest c rganization. Report compensation for										pensa	ation f	rom	
	(A) Name and busines								(B) Description of s		C	(C omper		n
780 M2	F FUND AIN ST., HALF MOON HIP FACILITY SERVIC			01	.9			A	STAGEHAND SV	cs		29	2,1	98.
	N. 5TH ST., SAN JOS			.2				(CUSTODIAL SE	RVICES		21:	1,3	<u>49.</u>
		112											_	
	number of independent contractors,		ot lin	nited	d to	thos		ted	above) who received m	ore than				
	, and the state of											-orm 9	200 (2014)

Form 990 (2014) STATE UNIVERSITY
Part VIII Statement of Revenue

		Check if Schedule O contain	s a response	or note to any line	in this Part VIII	•••••		
)					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a		_			_
on		Membership dues						
A.		Fundraising events						
ar		Related organizations						
ΞĒ		Government grants (contribution			1			
S		All other contributions, gifts, grants, a						
the last		similar amounts not included above						_
0	a	Noncash contributions included in lines 1a-						
and Other Similar Amounts		Total. Add lines 1a-1f						
				Business Code				
2	2 a	SERVICE FEES		900099	4,095,733.	4,095,733.		
_		REIMBURSED EVENT COSTS	*	900099	1,092,128.	1,092,128.		
Revenue	C	REIMBURSED WAGES & BENEFI	TTS	900099	388,680.	388,680.		
eve	d	COMMISSIONS		900099	284,261.	284,261.		
ě	-	STUDENT FEES		900099				
	f	All other program service revenue	9		194,012.	194,012.		
		Total. Add lines 2a-2f			6 0F4 014			
	3	Investment income (including div			6,054,814.			
	3							
	4	other similar amounts) Income from investment of tax-ex			312,611.			312,611
	4			AND CONTRACTOR OF THE PARTY OF				
	5	Royalties						
	_	_	(i) Real	(ii) Personal				II
	6 a		1,872,052					
	b	Less: rental expenses	0					
			1,872,052					
	d		<u></u>		1,872,052.	876,519.	995,533.	
1	7 a	Gross amount from sales of	i) Securities	(ii) Other	17.54	11 # Bass 5 # 18g		
		assets other than inventory	2,000,512		The second			100
	b	Less: cost or other basis				5 - 5 - 2 - 3		la territoria
		and sales expenses	1,998,829		Lie Calbell			
	C	Gain or (loss)	1,683					
	d	Net gain or (loss)			1,683.			1,683
e l		Gross income from fundraising ev						- V
<u> </u>		including \$	of			=		-
		contributions reported on line 1c)			= 1			
ב		Part IV, line 18						
Other Reven	b	Less: direct expenses			-1		==	_
2		Net income or (loss) from fundrais					-	
		Gross income from gaming activity						
	Ju	Part IV, line 19						= ====
	h	Less: direct expenses			= -		-	
		Net income or (loss) from gaming						
- 1.								
	io a	Gross sales of inventory, less retu					×"	
	2	and allowances						
		Less: cost of goods sold				-	-	
-	С	Net income or (loss) from sales of	inventory					
-	100000	Miscellaneous Revenue		Business Code		_		
ď		OTHER INCOME		900099	73,755.	73,755.		
)	b						_	
	C							
		All other revenue						
- 1		Total. Add lines 11a-11d			73,755.			
		Total revenue. See instructions			70,700,			

Part IX | Statement of Functional Expenses

		er organizations must co	impiete column (A).	
			(6)	
NOTO SAME TO SAME TO SAME TO SAME SAME TO SAME TO SAME SAME SAME SAME SAME SAME SAME SAME	Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations		, i		-
and domestic governments. See Part IV, line 21				
ar				y .
	211.467.		211 467	
	211,107.		211, 407.	
	3 096 679	2 533 807	562 792	
	3,030,073.	4,333,037.	304,104.	
	1/2 012	06 102	16 720	
	170,290.	110,100.	54,110.	
	20 120		20 120	
	49,581.		49,581.	
	64.400			
	64,102.		64,102.	
4 (2)	21,747.		21,747.	
Office expenses	261,303.	214,332.	46,971.	
Occupancy				
Travel	21,326.	13,944.	7,382.	
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	526,519.	526,519.	_	
Insurance	200,632.	152,850.	47,782.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	1,174,957.	1,105,703.	69.254.	
				0 .
	0/021/1/1	0,000,2000	2,021,203.	
educational campaign and fundraising solicitation.				
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	Ab, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 734,075. Payroll taxes 170,296. Fees for services (non-employees): Management Legal 30,138. Accounting 49,581. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy 1,543,788. Travel Payments of travel or entertainment expenses or any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses in line 24e, If line 24e, mount seceeds 10% of line 25, column (A) amount, list line 24e expenses in line 24e, If line 24e amount seceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) EVENT COSTS REPAIRS & MAINTENANCE 318,920. COMMUNICATIONS 49,581.	Program service expenses Program service Program service expenses Program service Program se	Total expenses

Form 990 (2014) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)		
_			Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,768,375.	1	683,792
	2	Savings and temporary cash investments	403,942.	2	7,824
	3	Pledges and grants receivable, net		3	, i
	4	Accounts receivable, net	177,178.	4	502,423
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	10 mg/l
	6	Loans and other receivables from other disqualified persons (as defined under		-	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			1
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	-
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	17,585.	9	69,731
	10a	Land, buildings, and equipment: cost or other			05/.02
		basis. Complete Part VI of Schedule D 10a 7,186,545.			
	b	Less: accumulated depreciation 10b 4,298,450.	3,181,412.	10c	2,888,095
	11	Investments - publicly traded securities	4,227,905.	11	4,929,009
	12	Investments - other securities. See Part IV, line 11	643,370.	12	1,644,633
	13	Investments - program-related. See Part IV, line 11	010/0/00	13	2/011/000
	14	Intangible assets		14	1, 200
	15	Other assets. See Part IV, line 11	224,753.	15	241,196
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,644,520.	16	10,966,703
	17	Accounts payable and accrued expenses	1,627,514.	17	1,729,812
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	92,033.	25	108,639
	26	Total liabilities. Add lines 17 through 25	1,719,547.	26	1,838,451
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			1/000/151
S.		complete lines 27 through 29, and lines 33 and 34.		- 1	
ဥ	27	Unrestricted net assets	9,924,973.	27	9,128,252
<u>a</u>	28	Temporarily restricted net assets	3/322/3/30	28	3,120,232
8 8		Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
, l		and complete lines 30 through 34.			
Sis		Capital stock or trust principal, or current funds		30	
SSE		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds		32	
Se		Total net assets or fund balances	9,924,973.	33	9,128,252
			7 1 7 2 2 1 7 1 7 0	~	J, 140, 4J4

STATE UNIVERSITY

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes	Pa	rt XI Reconciliation of Net Assets					
2 8,824,474. 3 Revenue less expenses. Subtract line 2 from line 1 3 -509,559. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 9,924,973. 5 Net unrealized gains (losses) on investments 5 -287,162. 6 Donated services and use of facilities 6 7 Investment expenses 7 7 8 Prior period adjustments 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 9,128,252. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XI					
2 8,824,474. 3 Revenue less expenses. Subtract line 2 from line 1 3 -509,559. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 9,924,973. 5 Net unrealized gains (losses) on investments 5 -287,162. 6 Donated services and use of facilities 6 7 Investment expenses 7 7 8 Prior period adjustments 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 9,128,252. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII							
2 8,824,474. 3 Revenue less expenses. Subtract line 2 from line 1 3 -509,559. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 9,924,973. 5 Net unrealized gains (losses) on investments 5 -287,162. 6 Donated services and use of facilities 6 7 Investment expenses 7 7 8 Prior period adjustments 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 9,128,252. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,31	4,9	15.
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Port prior period adjustments	2	Total expenses (must equal Part IX, column (A), line 25)	2	8	3,82	4,4	74.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2 Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis 6 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis 6 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis 6 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both con	3	December 1 and 1 a	3		-50	9,5	59.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XIII Financial Statements and Reporting 11 Check if Schedule O contains a response or note to any line in this Part XII 12 Accounting method used to prepare the Form 990:	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	Ç	,92	4,9	73.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XIII Financial Statements and Reporting 11 Check if Schedule O contains a response or note to any line in this Part XII 12 Accounting method used to prepare the Form 990:	5	Net unrealized gains (losses) on investments	5		-28	7,1	62.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? Were the organization's financial statements audited by an independent accountant? Were the organization's financial statements audited by an independent accountant? Were the organization's financial statements are separate basis. Were the organization's financial statements are separate basis. Were the organization's financial statements for the year were compiled or reviewed on a separate basis. Were the organization's financial statements are separate basis. Consolidated basis. Tonsolidated basis Both consolidated and separate basis. Were the organization's financial statements are separate basis. Tonsolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis. Tonsolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis. To line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? By If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	6	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash _ X Accrual Other	7	Investment expenses	7				
9 Cther changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits a set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	8	Prior period adjustments	8				
Column (B)) Part XIII Financial Statements and Reporting Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains a response or note to any line in this Part XII Statements Schedule O contains Schedule O conta	9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:			10	9	,12	8,2	252.
Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	Pa	rt XIII Financial Statements and Reporting					
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII					X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						Yes	No
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Separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		4.		
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		separate basis, consolidated basis, or both:					1
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X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Control Control Section Sectio			-24		
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?		•••••	2c	X	
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit	61.		
		Act and OMB Circular A-133?			За		X
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	ıdit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

Department of the Treasury
'nternal Revenue Service
ame of the organization

STUDENT UNION, INC. OF SAN JOSE

Employer identification number 94-2830732

STATE UNIVERSITY Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) SAN JOSE STATE 77-04144386 UNIV. 2,636,493

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

2,636,493.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

~ e	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(4)	(2) = 5 · ·	(0) 2012	(4) 2010	(6) 2014	(I) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to)					
	or expended on its behalf						
3	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			1			
	supported organization) included					2	
	on line 1 that exceeds 2% of the	2	F		maari ka e g		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	_					
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						-
200	organization, check this box and stor	here					
	ction C. Computation of Publ			38 (MASA)		г г	
	Public support percentage for 2014 (I					14	%
	Public support percentage from 2013					15	<u>%</u>
16 a	33 1/3% support test - 2014. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2013. If the c						
47~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
h	meets the "facts-and-circumstances"						
IJ	10% -facts-and-circumstances test more, and if the organization meets the						
	organization meets the "facts-and-circ				- 150		· .
,	Private foundation. If the organization						
	ato roundation. Il tile organizatio	II did Hot offect a l	OON OIT III 10 10, 10	a, 100, 17a, 01 170			or 990-EZ) 2014

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

20	ction A. Public Support	elow, please com	ipiete Fart II.)				
1		(a) 0010	(F) 0011	4.10010	4 0 00 10	T	
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")						
^			_				
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year				1		
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)				A STATE OF THE STA		
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6				(5) = 5 ; 5	(6)2511	(i) rotar
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the everylandicular	e final annual Alaba	d family of the s			
14	First five years. If the Form 990 is for						
Sec	check this box and stop herection C. Computation of Public	c Support Pa	rcentage				P
	Public support percentage for 2014 (lin			olumn (6)		45	
10	Public support percentage for 2014 (III	ne 6, column (1) a	IVided by line 13, c	olumn (I))		15	<u>%</u>
10	Public support percentage from 2013 ction D. Computation of Inves	tment Incom	Dorgontage	•••••		16	<u>%</u>
				- 10 (°		4= [
1/	Investment income percentage for 201	14 (line 10c, colun	nn (t) aivided by lin	e 13, column (f))		17	%
	Investment income percentage from 2					18	<u>%</u>
a	33 1/3% support tests - 2014. If the o						
/ <u>.</u>	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2013. If the c						
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	did not check a	box on line 14, 19a	, or 19b, check th			
3200	3 09-17-14				Cala	adula A /Farm OO	000 ETI 0044

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

action A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)
- (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
=	37	
1	X	
2		_X_
3a		х
3b		
3c		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		X
7		<u> </u>
8		X
9a		x
9b		_X_
9c		_X_
10a		<u> </u>
10b		

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

chedule A (Form 990 or 990-FZ) 2014	STATE	INTVERSTTV	

1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization.			uctions. All
ect	ion A - Adjusted Net Income	mpiete s	(A) Prior Year	(B) Current Year
1	Net short-term capital gain	1		(op none.)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	_	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		_
ect	ion C - Distributable Amount	ı		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 STATE UNIVERSITY

94-2830732 Page 7

Par	¹t V │ Type III Non-Functionally Integrated 5	09(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
<u> </u>	organizations, in excess of income from activity	W- VBC		
3	Administrative expenses paid to accomplish exempt purp	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	0		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sooti	on E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
<u> </u>	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013		Kerek Interes	date of the same o
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount		Latin Light 1 24	
<u>_i</u> _	Carryover from 2009 not applied (see instructions)			Tarris and the second
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years	The second policy of the second		
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			a
	any. Subtract lines 3g and 4a from line 2 (if amount			_ = "
	greater than zero, see instructions).	-1 " " " " "		=
	Remaining underdistributions for 2014. Subtract lines 3h		-	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			7
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

ame of the organization

STUDENT UNION, INC. OF SAN JOSE STATE UNIVERSITY

Employer identification number 94-2830732

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, re		
	year >	,,,	9
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		-
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		-
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		-
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
			> \$
2	If the organization received or held works of art, historical tre		
1	the following amounts required to be reported under SFAS 1		
/ a	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Da		NIVERSITY	at I II at	haviaal Ta		au Odla a		94-28			
	Organizationo mantaning e										
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following that	at are a siç	gnificant ı	use of its	collectior	item	IS
_	(check all that apply):										
a	Public exhibition	d			change progra						
b	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of				and the same of the same of the same of			_	_	_	_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the	organization	on answered	"Yes" to F	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	7	_	_
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								-		
	Did the organization include an amount on Fe						ty?	∟	Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pa	rt V Endowment Funds. Complete i		111 THY					16 700			NOT ST
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses								_		
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses									_	
g	End of year balance										
2	Provide the estimated percentage of the curr	The state of the s	e (line 1	g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
C	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shou	•									
3 a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	and administe	ered for th	e organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations								3a(ii)		
	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the		wment 1	funds.							
Pa	rt VI Land, Buildings, and Equipm					5					
	Complete if the organization answere			_							
	Description of property	(a) Cost or o basis (investr			t or other (other)	3 5	cumulate reciation	d	(d) Book	valu	e
1a	Land					=					
	Buildings										
C	Leasehold improvements	4,986,				2,9	36,80	09.	2,049		
d	Equipment	2,200,	114.			1,3	61,64	41.	838	3,4	73.
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)				2,888	3,0	<u>95.</u>

Schedule D (Form 990) 2014

				-
STAT	TI F	NTVF	RS	TTY

Schedule D (Form 990) 2014 STATE UNIVER	RSITY		94-	-2830732 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
Financial derivatives				
,_) Closely-held equity interests				
(3) Other				
(A) VIRTUS MULTI-SECTOR ST BD	884,633.		EAR MARKET	
(B) TCW T/R BOND FD-I	760,000.	END-OF-Y	EAR MARKET	VALUE
(C)				
(D)				
(E)				
(G)				
(H)	1 644 622			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,644,633.			
	- F 000 D-+ IV II 4	14 - O E 000 I	D-+ V II 40	
Complete if the organization answered "Yes" t	(b) Book value		aπ x, line 13. aluation: Cost or end	of-year market value
	(b) Book value	(c) Wellion of v	aldation. Cost of cha	or year market value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			•	
(9)				and the same of th
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	1d. See Form 990,	Part X, line 15.	
(a) [[]	Description			(b) Book value
(1)		37730.39		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶	
Part X Other Liabilities.				
Complete if the organization answered "Yes" t			990, Part X, line 25.	
1. (a) Description of liability		b) Book value		
(1) Federal income taxes		100 (20		
(2) DEPOSITORY ACCOUNTS		108,639.		
(3)			- =	
(4)				

108,639. tal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

(6) (7)

2 Anounts included on line 1 but not on Form 990, Part VIII, line 12: a Not unrealized gains (losses) on investments b Consted services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) c Add lines 2a through 2d 2		s	1	8,027,753
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 2 2 2 28 7,162 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 5 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Fart XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' to Form 990, Part I, line 12a. Total expenses and losses per audited financial statements Complete if the organization answered 'Yes' to Form 990, Part I, line 12a. Total expenses and losses per audited financial statements 1 1 8,824,474 2 Amounts included on line 1 but not no Form 990, Part IX, line 25: a Donated services and use of facilities D Prior year adjustments 2	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 2 2 2 28 7,162 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 5 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Fart XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' to Form 990, Part I, line 12a. Total expenses and losses per audited financial statements Complete if the organization answered 'Yes' to Form 990, Part I, line 12a. Total expenses and losses per audited financial statements 1 1 8,824,474 2 Amounts included on line 1 but not no Form 990, Part IX, line 25: a Donated services and use of facilities D Prior year adjustments 2	a Net unrealized gains (losses) on investments	2a -287	,162.	
Comparison of priory year grants 2c 2d 2d 2d 2d 2d 2d 2d			7	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) 5 S 8, 314, 915 Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 Donated services and use of facilities c Other losses 2 Dec				
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" to Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Nutract line 2e from line 1 3 Nutract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 6 S Total expenses. Add lines 3 and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part I, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: NO FORMAL FOOTNOTE RELATED TO ASC 740 WAS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS AS NO ASC 740 LIABILITIES EXISTED AT YEAR END. HOWEVER, MANAGEMENT HAS ADOPTED THE PROVISIONS OF ASC 740 AS REQUIRED BY GAAP AND EXAMINES ITS TAX POSITIONS ANNUALLY, AT THE END OF THE YEAR				
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 2a 0 Other (Describe in Part XIII) c Add lines 2a through 2d 2a 0 Other Security of Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 11: a Investment expenses and the Security line 1: b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: NO FORMAL FOOTNOTE RELATED TO ASC 740 WAS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS AS NO ASC 740 LIABILITIES EXISTED AT YEAR END. HOWEVER, MANAGEMENT HAS ADOPTED THE PROVISIONS OF ASC 740 AS REQUIRED BY GAAP AND EXAMINES ITS TAX POSITIONS ANNUALLY. AT THE END OF THE YEAR MANAGEMENT DETERMINED AND ITS AUDITORS CONFIRMED THAT NO ASC 740			2e	-287,162
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 Revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 Revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 Revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) Long lete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and uses per audited financial statements 2				8,314,915
b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total evenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1			333	
b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total evenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1.54	
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Royal January (Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 2b 0 Cither (Describe in Part XIII.) e Add lines 2a through 2d 2 2c 0 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 8, 824, 474 Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: NO FORMAL FOOTNOTE RELATED TO ASC 740 WAS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS AS NO ASC 740 LIABILITIES EXISTED AT YEAR END. HOWEVER, MANAGEMENT HAS ADOPTED THE PROVISIONS OF ASC 740 AS REQUIRED BY GAAP AND EXAMINES ITS TAX POSITIONS ANNUALLY. AT THE END OF THE YEAR MANAGEMENT DETERMINED AND ITS AUDITORS CONFIRMED THAT NO ASC 740		(C.1)(1) - ((1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)		
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			4c	0 .
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IVI, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: NO FORMAL FOOTNOTE RELATED TO ASC 740 WAS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS AS NO ASC 740 LIABILITIES EXISTED AT YEAR END. HOWEVER, MANAGEMENT HAS ADOPTED THE PROVISIONS OF ASC 740 AS REQUIRED BY GAAP AND EXAMINES ITS TAX POSITIONS ANNUALLY. AT THE END OF THE YEAR	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 12.)	5	8,314,915
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVI, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 8,824,474 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: NO FORMAL FOOTNOTE RELATED TO ASC 740 WAS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS AS NO ASC 740 LIABILITIES EXISTED AT YEAR END. HOWEVER, MANAGEMENT HAS ADOPTED THE PROVISIONS OF ASC 740 AS REQUIRED BY GAAP AND EXAMINES ITS TAX POSITIONS ANNUALLY. AT THE END OF THE YEAR MANAGEMENT DETERMINED AND ITS AUDITORS CONFIRMED THAT NO ASC 740	Part XII Reconciliation of Expenses per Audited Financial	Statements With Expens	es per Retu	rn.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Part XIII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: NO FORMAL FOOTNOTE RELATED TO ASC 740 WAS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS AS NO ASC 740 LIABILITIES EXISTED AT YEAR END. HOWEVER, MANAGEMENT HAS ADOPTED THE PROVISIONS OF ASC 740 AS REQUIRED BY GAAP AND EXAMINES ITS TAX POSITIONS ANNUALLY. AT THE END OF THE YEAR MANAGEMENT DETERMINED AND ITS AUDITORS CONFIRMED THAT NO ASC 740 MANAGEMENT DETERMINED AND ITS AUDITORS CONFIRMED THAT NO ASC 740				
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LIABILITIES EXISTED AT YEAR END.				
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury rnal Revenue Service ame of the organization

► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. STUDENT UNION, INC. OF SAN JOSE

Employer identification number 94-2830732

STATE UNIVERSITY Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use		1	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		-	
		4.		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		-		-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		=	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
			_	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6 a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

STUDENT UNION, INC. OF SAN JOSE

STATE UNIVERSITY

Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

94-2830732

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdov	wn of W-	2 and/or 1099-MIS	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	F
(A) Name and Title	(i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denemis	(a)-(i)(a)	In column (B) reported as deferred in prior Form 990
(1) CATHY BUSALACCHI	(1) 183,31	318.	0	0.	15,04	18,966.	217,33	
EXEC. DIRECTOR, BOARD SECRETARY	(ii)	0	0	0.	0	0.	0 •	0
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	(ii)							
	(3)							
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STUDENT UNION, INC. OF SAN JOSE STATE UNIVERSITY

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2014
Open to Public Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

STUDENT UNION, INC. OF SAN JOSE

Employer identification number 94-2830732

STATE UNIVERSITY FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, BOARD MEMBERS HAVE TO SIGN A CONFLICT OF INTEREST STATEMENT. FORM 990, PART VI, SECTION B, LINE 15: ALL VOTING DIRECTORS OF THE BOARD SERVE ON A VOLUNTARY, PART-TIME BASIS, RECEIVE NO COMPENSATION, DO NOT MAKE CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS, AND DO NOT HAVE ACCESS TO EXPENSE ACCOUNTS OR OTHER ALLOWANCES. THE EXECUTIVE DIRECTOR OF THE CORPORATION SITS ON THE BOARD AND IS A NON-VOTING MEMBER. TO DETERMINE THE EXECUTIVE DIRECTOR'S SALARY, THE ORGANIZATION USES THE SERVICES OF AN INDEPENDENT CONSULTANT WHO REVIEWS COMPARABLE SALARY DATA AND MAKES RECOMMENDATIONS TO THE BOARD. FORM 990, PART VI, SECTION C, LINE 18: ACCESS TO THE 990 IS AVAILABLE UPON REQUEST. THE PUBLIC IS ADVISED TO GO TO THE EVENT CENTER ADMINISTRATIVE OFFICE, ROOM 1026, FOR A COPY OF THE DOCUMENT. FORM 990, PART VI, SECTION C, LINE 19: THE STUDENT UNION MAKES ITS GOVERNING DOCUMENTS AND ANNUAL FINANCIAL STATEMENTS AVAILABLE ONLINE TO THE PUBLIC THROUGH ITS WEBSITE AT

FINANCIALS WITH NOTES ARE AVAILABLE IN THE EVENT CENTER ADMINISTRATIVE

 $\sqrt{ ext{ewspaper}}$ with a note at the bottom of the posting stating that $ext{full}$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

WWW.UNION.SJSU.EDU.

THE STATEMENT OF NET ASSETS IS PRINTED IN THE CAMPUS

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990.

2014

....B No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶Information about Schedule R (Form 990) and its instructions is at www./rs.gov/form990.

Open to Public Inspection

(g) Section 512(b)(13) controlled No **Employer identification number** × entity? Direct controlling Yes 94-2830732 entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. $\boldsymbol{\Xi}$ Direct controlling entity End-of-year assets status (if section 501(c)(3)) e Public charity LINE 6 Total income Exempt Code Ē section 115 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) CALIFORNIA STUDENT UNION, INC. OF SAN JOSE PROVIDE PUBLIC HIGHER Primary activity Primary activity EDUCATION STATE UNIVERSITY SAN JOSE STATE UNIVERSITY - 77-0414438 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity ONE WASHINGTON SQUARE 95192 Name of the organization SAN JOSE, CA Part II Part

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2014

STUDENT UNION, INC. OF SAN JOSE

Schedule R (Form 990) 2014 STATE UNIVERSITY

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

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94-2830732

General or Percentage managing ownership Yes No 9 Code V-UBI amount in box me 20 of Schedule E.K-1 (Form 1065) Disproportionate allocations? Yes No 3 Share of end-of-year assets (g) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>Q</u> Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

Section 512(b)(13) controlled entity?			
Seci Seci 512(contra enti			
(h) Section Section (i) Section (12.12) Controlled outrolled entity?			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Type of entity (C corp., S corp, or trust)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2014

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STUDENT UNION, INC. OF SAN JOSE STATE UNIVERSITY

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Schedule R (Form 990) 2014

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	9
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1 a		×
b Gift, grant, or capital contribution to related organization(s)				1 b		×
S				10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				*		×
g Sale of assets to related organization(s)				19		×
				두		×
				;		×
j Lease of facilities, equipment, or other assets to related organization(s)				F	×	
k Lease of facilities, equipment, or other assets from related organization(s)				*	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			-		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lion(s)			f		×
				9		×
p Reimbursement paid to related organization(s) for expenses				6	×	
q Reimbursement paid by related organization(s) for expenses				1d	×	
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	rolved		

1,927,825.BOOK VALUE

708,668.BOOK VALUE

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(2) SAN JOSE STATE UNIVERSITY

(1) SAN JOSE STATE UNIVERSITY

(3) SAN JOSE STATE UNIVERSITY

(4) SAN JOSE STATE UNIVERSITY

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×

1,215,029.BOOK VALUE

0.BOOK VALUE

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