# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

# FOR THE YEAR ENDING JUNE 30, 2019

# PREPARED FOR:

STUDENT UNION OF SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201

### PREPARED BY:

RSM US LLP 1145 BROADWAY PLAZA, SUITE 900 TACOMA, WA 98402-3529

### AMOUNT OF TAX:

**BALANCE DUE OF \$225** 

# MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

### MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

# RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

### SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

(For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P O. Box 903447 Sacramento. CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento. CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

Check if:

STUDENT UNION OF SAN JOSE STATE UNIVERSITY Name of Organization	Change of address  Amended report		
List all DBAs and names the organization uses or has used			
ONE WASHINGTON SQUARE	State Charity Registration Number CT 047135		-
Address (Number and Street)  SAN JOSE, CA 95192-0201	Corporation or Organization No. 1105403		
City or Town, State, and ZIP Code			•
(408) 942-6320 DAVID.ALVES@SJSU.EDU E-mail Address	Federal Employer ID No. 94-2830732		-
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departr			
Gross Annual Revenue Fee Gross Annual Revenue	Fee Gross Annual Revenue	Fee	
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	ASSESSMENT	\$150 \$225 \$300	
PART A - ACTIVITIES			
For your most recent full accounting period (beginning 07/01/20	18 ending 06/30/2019 ) list:		
Gross Annual Revenue \$ 15,217,241 Noncash Contributions \$ Program Expenses \$ 10,831,666	0 Total Assets \$ 15,32 13,800,327	8,674	-
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD (			_
Note: All questions must be answered. If you answer "yes" to any of the ques			_
providing an explanation and details for each "yes" response. Please re	eview RRF-1 instructions for information required.	Yes No	 o
During this reporting period, were there any contracts, loans, leases or other fi and any officer, director or trustee thereof, either directly or with an entity in w			
any financial interest?	mentally such effect, director of trustee had	x	2
During this reporting period, was there any theft, embezzlement, diversion or r or funds?	nisuse of the organization's charitable property	Х	[
3. During this reporting period, were any organization funds used to pay any pen	alty, fine or judgment?	X	_
During this reporting period, were the services of a commercial fundraiser, fun commercial coventurer used?	draising counsel for charitable purposes, or	Х	[
5. During this reporting period, did the organization receive any governmental fur	nding?	Х	_
6. During this reporting period, did the organization hold a raffle for charitable pu	rposes?	X	[
7. Does the organization conduct a vehicle donation program?		X	
Did the organization conduct an independent audit and prepare audited finance generally accepted accounting principles for this reporting period?	sial statements in accordance with	х	
9. At the end of this reporting period, did the organization hold restricted net ass	ets, while reporting negative unrestricted net assets?	X	-
I declare under penalty of perjury that I have examined this report, including ac and belief, the content is true, correct and complete, and I am authorized to sign		wledge	
Day Oly DAVID ALVES	AD ACCOUNTING & 5/(3)	/20	
Signature of Authorized Agent Printed Name	Title Date		

# A COPY OF THE FEDERAL RETURN HAS BEEN ATTACHED TO THIS STATE RETURN