TAX RETURN FILING INSTRUCTIONS

FORM 990-T

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 DUE OR REFUND:

NO AMOUNT IS DUE.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

| Form 990-1 | | =xempt Orgai | | | | ax Return | <u> </u> | OMB No. 1545-0687 | | |
|--|-------------|---|---------------------------|-----------|---------------------------|------------------------|------------|--------------------------------------|--|--|
| | | (and proxy tax under section 6033(e)) | | | | | | | | |
| | For ca | For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 2018 | | | | | | | | |
| Department of the Treasury Internal Revenue Service | | ■ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Pub 501(c)(3) Org | | | | | | | | |
| A Check box if address change | | Name of organization (Check box if name changed and see instructions.) STUDENT UNION OF SAN JOSE D Employer identification number (Employees' trust, see instructions.) | | | | | | | | |
| | _ | | | USE | | | | | | |
| B Exempt under section | | STATE UNIVE | | | | | | -2830732 d business activity code | | |
| X 501(c)(3) | Type | Number, street, and room | | x, see ir | nstructions. | | | tructions.) | | |
| 408(e) 220(| 9 | ONE WASHING | | | | | | | | |
| 408A530(a | 1) | City or town, state or pro | | | n postal code | | F 4 1 0 | 0.0 | | |
| 529(a) | | SAN JOSE, C | | | | | 5418 | 00 | | |
| C Book value of all assets at end of year | | F Group exemption numb | per (See instructions.) | | | | | | | |
| 15,328, | 674. | G Check organization type | e ► X 501(c) corp | poration | 501(c) trust | 401(a) | | Other trust | | |
| H Enter the number of tr | e organiza | ation's unrelated trades of t | usinesses. | <u> </u> | Describe | the only (or first) un | | | | |
| | | ONSORSHIP RE | | | If only one, | | | | | |
| describe the first in the | blank spa | ace at the end of the previou | is sentence, complete Pa | ırts I an | d II, complete a Schedule | M for each additiona | al trade o | ſ | | |
| _ business, then comple | | | | | | | | [| | |
| | | poration a subsidiary in an a | | nt-subs | idiary controlled group? | > L | Yes | X No | | |
| | | tifying number of the paren | t corporation. | | A | | | | | |
| J The books are in care | | | | | W-0000 | one number 🕨 (| | | | |
| Part I Unrelat | ed Ira | de or Business Inc | ome | | (A) Income | (B) Expenses | | (C) Net | | |
| 1a Gross receipts or s | ales | | | | | | | | | |
| b Less returns and a | lowances | | c Balance | 1c | | 2 | and a | | | |
| 2 Cost of goods sold | (Schedule | e A, line 7) | ************ | 2 | | | Samuel 8 | | | |
| 3 Gross profit. Subtr | | | | 3 | | | | | | |
| 4a Capital gain net inc | ome (atta | ch Schedule D) | *********** | 4a_ | | | | | | |
| b Net gain (loss) (For | m 4797, F | Part II, line 17) (attach Form | 4797) | 4b | | 2007,000 | | | | |
| c Capital loss deduct | on for tru | sts | | 4c | | | | - | | |
| 5 Income (loss) from | a partner | ship or an S corporation (at | tach statement) | 5 | | | | | | |
| 6 Rent income (Sche | dule C) | | A.J.24 | 6 | | | | | | |
| 7 Unrelated debt-fina | nced inco | me (Schedule E) | | 1 | | | | | | |
| 8 Interest, annuities, | oyalties, a | and rents from a controlled o | organization (Schedule F) | 8 | | | | | | |
| 9 Investment income | of a secti | on 501(c)(7), (9), or (17) or | ganization (Schedule G) | 9 | | | | | | |
| | | ome (Schedule I) | | 10 | | _ | | | | |
| 11 Advertising income | (Schedul | e J) | | 11 | | | 1 | | | |
| 12 Other income (See | instructio | ns; attach schedule) SI | CATEMENT 1 | 12 | 6,000. | | | 6,000. | | |
| 13 Total. Combine lin | es 3 throu | Jah 12 | | 13 | 6,000. | | | 6,000. | | |
| | | ot Taken Elsewher | | | | income \ | | | | |
| | | utions, deductions must irectors, and trustees (Sche | | | | | 14 | | | |
| | | | | | | | 15 | | | |
| | | | | | | | 16 | - | | |
| | | | | | | | 17 | | | |
| | | una instructions) | | | | | 18 | | | |
| | | ee instructions) | | | | | 19 | | | |
| | | a instructions for limitation | | | | | 20 | | | |
| | | e instructions for limitation | | | | | 20 | | | |
| | | 562) | | | | | 001 | | | |
| | | n Schedule A and elsewhere | | | | | 22b | | | |
| | | | | | | | 23 | | | |
| | | mpensation plans | | | | | 24 | | | |
| | | mananimanima | | | | | 25 | | | |
| | | chedule I) | | | | | 26 | | | |
| | | chedule J) | | | | | 27 | | | |
| | | hedule) | | | | | 28 | | | |
| 29 Total deductions. | Add lines | 14 through 28 | | | | | 29 | 0. | | |
| | | ncome before net operating | | | | | 30 | 6,000. | | |
| | | loss arising in tax years beg | | ry 1, 20 | 118 (see instructions) | | 31 | 6 000 | | |
| 20 Unrelated business | e tavahla i | ncome Subtract line 31 fro | m line 30 | | | | 32 | 6.000. | | |

| Part II | Total Unrelated Business Taxable Income | | | |
|---------|---|-----------------------------|---------------------|----------------------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 33 | 6,000. |
| | Amounts paid for disallowed fringes | | 34 | |
| | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | | 35 | 6,000. |
| | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | T T | | |
| | , | | 36 | |
| | lines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | | 37 | 1,000. |
| | | | 31 | 1,000. |
| | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | | | 0. |
| | | | 38 | 0. |
| Part IV | | | T 00 | 0. |
| | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | | 39 | 0. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from | | 38632 | |
| | Tax rate schedule or Schedule D (Form 1041) | | | |
| | Proxy tax. See instructions | | 41 | |
| | Alternative minimum tax (trusts only) | | 42 | |
| | Tax on Noncompliant Facility Income. See instructions | | 43 | |
| | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | 44 | 0. |
| Part V | Tax and Payments | | 989000000 | |
| 45 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a | | | |
| b | Other credits (see instructions) 45b. | | | |
| | General business credit. Attach Form 3800 45c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | |
| | Total credits. Add lines 45a through 45d | | 45e | |
| | Subtract line 45e from line 44 | | 46 | 0. |
| 47 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other | er (attach schedule) | 47 | |
| | Total tax. Add lines 46 and 47 (see instructions) | | 48 | 0. |
| 49 | 0010 1005 1 11 11 1 1 1 1 1 1 1 1 1 1 1 | | 49 | 0. |
| | Payments: A 2017 overpayment credited to 2018 | | | |
| | 2018 estimated tax payments 50b | | | |
| | Tax deposited with Form 8868 50c | | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | | | |
| | Backup withholding (see instructions) 50e | | | |
| | Credit for small employer health insurance premiums (attach Form 8941) 50f | | | |
| | | | | |
| g | Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g | | | |
| F-1 | | | 51 | |
| | Total payments. Add lines 50a through 50g | | | |
| | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | 52 | |
| | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | - | 53 | |
| | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | | | |
| | | Refunded > | 55 | |
| Part V | | | | Tv. Tv. |
| | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author | | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign counti | ТУ | | |
| | here | | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a | foreign trust? | | Х Х |
| | If "Yes," see instructions for other forms the organization may have to file. | | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year >\$ | | | |
| 0: | Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowle | the best of my know dge. | ledge and belief, i | t is true. |
| Sign | correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle AD ACCOUNTING | ³ & ۲ | May the IRS discu | iss this return with |
| Here | Jack auce 3 /13/20 FINANCE | | the preparer show | |
| | Signature of officer Date Title | | instructions)? | Yes No |
| | Print/Type preparer's name Preparer's signature Date | Check | if PTIN | |
| Paid | Christy Digitally signed by Christy | self- employe | | |
| Prepa | CUDICUV ENICET MANINI - Engelmann | | P007 | 45224 |
| Use O | nlv Firm's name ►RSM US LLP | Firm's EIN | 42- 0 | 714325 |
| 556 0 | 1145 BROADWAY PLAZA, SUITE 900 | | | |
| | Firm's address ► TACOMA, WA 98402-3529 | Phone no. | 253-572 | 2-7111 |

Form 990-T (2018) STATE UNIVERSITY

| Schedule A - Cost of Goods | Sold. Enter | method of inve | ntory v | aluation N/A | | | | |
|--|----------------------|--|----------|---|----------|--|--|---|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of yea | r | | 6 | |
| 2 Purchases | | | 1 | Cost of goods sold. Su | | | | |
| 3 Cost of labor | | | | from line 5. Enter here | and in F | Part I, | | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | |
| (attach schedule) | 4a | | 8 | Do the rules of section | | | | Yes No |
| b Other costs (attach schedule) | | | | property produced or a | cquired | for resale) apply to | | |
| 5 Total. Add lines 1 through 4b | | | | the organization? | | | | |
| Schedule C - Rent Income (| From Real I | Property and | d Per | sonal Property L | ease | d With Real Prop | erty) | |
| (see instructions) | | | | | | | | |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | - (| | |
| | 2. Rent receive | ed or accrued | | | | | Vo. 14 878 CV | |
| (a) From personal property (if the perconent for personal property is more 10% but not more than 50%) | centage of than | of rent for | personal | onal property (if the percentage property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) ar | connected with the connected wit | ie income in edule) |
| (1) | | | | | - Final | | | |
| (2) | | 3 | | | | | | |
| (3) | | | | | . 6 | | | |
| (4) | | | | | | | | _ |
| Total | 0. | Total | | | 0. | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | | ter | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | 0. |
| Schedule E - Unrelated Deb | t-Financed | Income (see | e instru | ctions) | | | | |
| | | | 2 | Goss income from or allocable to debt- | | Deductions directly control to debt-finance | ed property | |
| 1. Description of debt-fir | nanced property | | | financed property | (a) | Straight line depreciation (attach schedule) | | er deductions h schedule) |
| (1) | | | A | | | | | |
| (2) | | | | _ | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property n schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (column 6 | able deductions x total of columns a) and 3(b)) |
| (1) | Freite | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | S. S | | % | | | | |
| . 1.7 | | | 1 | 70 | F | nter here and on page 1. | Enter here | and on page 1. |
| | | | | | | Part I, line 7, column (A). | | 7. column (B). |
| Totals | | | | > | | 0 | | 0. |
| Total dividends-received deductions in | | | | | | | - | 0. |

Form 990-T (2018) STATE UNIVERSITY
Schedule F - Interest Annuities Boyalties and Bents From Controlled Organizations

| | | | Exempt | Controlled O | ganizati | ons | | | | |
|--|--|--------------------------------|--|---|--|---|------------------------------------|---|----------------|--|
| Name of controlled organizal | identif | Employer identification number | | Net unrelated income (loss) (see instructions) | | 4. Total of specified payments made | | 5. Part of column 4 that is included in the controlling organization's gross income | | 6. Deductions directly connected with income in column 5 |
| 1) | | | | | | | | | | |
| 2) | | | | | | | | | | |
| | | ., | | | | | | | | |
| 3) | | | | | | | | | | |
| 4) | · | | | | | | | | | |
| onexempt Controlled Organi | T | | | | | | | | | |
| 7. Taxable Income | Net unrelated incor (see instruction | | 9. Total | of specified payr made | nents | in the controllingross | mn 9 that ing organ s income | is included ization's | 11. De with | ductions directly connect income in column 10 |
| 1) | | | | | | | | | _ | |
| 2) | | | | | | | | | | |
| 3) | | | | | | | | | | |
| 4) | | | | | | | | | | |
| otals | | | | | | Add colun Enter here and line 8, o | | 1, Part I. | | dd columns 6 and 11. Iere and on page 1, Part I Iine 8, column (B). |
| chedule G - Investme | | Section | 501(c)(7 | "), (9), or (| 17) Org | anization | <u> </u> | 0. | | |
| | ructions) | | | 2. Amount of | income | 3. Deductio | | 4. Set- | | 5. Total deduction and set-asides |
| | S. P. OI OI MOUNTE | | | Z. Zillount of | | (attach sched | | (attach s | chedule) | (col. 3 plus col. |
| 1) | | | | | - | | | | | |
| 2) | | | | | | | | | | |
| 3) | | | | | | | | | | |
| 4) | | | | | | | | | | |
| at to | | | | Enter here and Part I, line 9, co | on page 1, lumn (A). | | | | | Enter here and on pag Part I, line 9, column (|
| chedule I - Exploited | Exempt Activity | Incom | e, Other | Than Adv | | g Income | | | | |
| (see instru 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | directly with pr of un | openses connected oduction related ss income | 4. Net incomfrom unrelated business (cominus columgain, compute through | trade or lumn 2 n 3). If a e cols. 5 | 5. Gross inco from activity is not unrelat business inco | that ted | 6. Exp attribut colui | able to | 7. Excess exempl expenses (column 6 minus column 5, but not more than column 4). |
| 1) | | | | | | | | | | |
| 2) | | | | | | | | | | |
| 3) | | | | | | | | | | |
| 4) | | | | | | | | | | |
| +) | Enter here and on page 1, Part I, line 10, col. (A). | page | ere and on 1, Part I, , col. (B). | | | | | | | Enter here and on page 1. Part II. line 26. |
| tals | 0. | | 0. | | | (a) | | | | |
| chedule J - Advertisi | | instruction | | | | | | | | |
| Part I Income From | Periodicals Rep | orted o | n a Con | solidated | Basis | | | | | |
| 1. Name of periodical | 2. Gross advertising income | adv | 3. Direct vertising costs | 4. Advert or (loss) (co col. 3). If a ga cols. 5 th | ol. 2 minus iin, comput | 5. Circulatincome | | 6. Read | | 7. Excess readersh costs (column 6 minu column 5. but not mo than column 4). |
| 1) | | | | | | | | | | |
| 2) | | | | | | | | | | |
| 3) | | | | | | | | | | |
| 4) | | | | | | | | | | |
| | 1 | 1 | | Process (2000) 100 (2000) 100 (2000) | | 1606 | | | | |
| , | | | | | 100 mm 100 m | | | | | |

Form 990-T (2018) STATE UNIVERSITY 94-28307 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | _ | | _ | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |
| Schedule K - Compensation | n of Officers, D | Directors, and | Trustees (see in | nstructions) | | |

| 8 | 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|-----|---------|----------|--|---|
| (1) | | | % | |
| (2) | | | % | |
| (3) | | | % | |

(4) 0. Total. Enter here and on page 1, Part II, line 14



| FORM 990-T | OTHER INCOME | STATEMENT 1 |
|------------------------------|--------------|-------------|
| DESCRIPTION | | AMOUNT |
| SPONSORSHIP REVENUE | | 6,000. |
| TOTAL TO FORM 990-T, PAGE 1, | LINE 12 | 6,000. |

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 2 |
|-------------|-------------------|----------------|------------|-------------|
| | | LOSS | | |
| | | PREVIOUSLY | LOSS | AVAILABLE |
| TAX YEAR | LOSS SUSTAINED | APPLIED | REMAINING | THIS YEAR |
| 06/30/07 | 235,779. | 0. | 235,779. | 235,779. |
| 06/30/08 | 216,676. | 0. | 216,676. | 216,676. |
| 06/30/09 | 157,508. | 0. | 157,508. | 157,508. |
| 06/30/10 | 219,267. | 0. | 219,267. | 219,267. |
| 06/30/11 | 338,776. | 0. | 338,776. | 338,776. |
| 06/30/12 | 329,986. | 0. | 329,986. | 329,986. |
| 06/30/13 | 220,140. | 0. | 220,140. | 220,140. |
| 06/30/14 | 124,648. | Q. | 124,648. | 124,648. |
| 06/30/15 | 34,636. | 0. | 34,636. | 34,636. |
| 06/30/16 | 175,853. | 0. | 175,853. | 175,853. |
| 06/30/17 | 97,419. | 0. | 97,419. | 97,419. |
| 06/30/18 | 73,344. | 0. | 73,344. | 73,344. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 2,224,032. | 2,224,032. |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY 2

2018

Department of the Treasury Internal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

948,892.

Name of the organization

STUDENT UNION OF SAN JOSE STATE UNIVERSITY

Employer identification number 94-2830732

713940 Unrelated business activity code (see instructions) ENTERTAINMENT & RECREATION Describe the unrelated trade or business Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 948,892. 1a Gross receipts or sales 948,892. **b** Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 948,892 948,892 Gross profit. Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

13

948,892.

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | | |
|----|---|----------------------------|-----------|------------|
| 15 | Salaries and wages | 15 | 806,353. | |
| 16 | Repairs and maintenance | | | |
| 17 | Bad debts | | 1 | |
| 18 | Interest (attach schedule) (see instructions) | | | |
| 19 | Taxes and licenses | | | |
| 20 | Charitable contributions (See instructions for limitation rules) | | | |
| 21 | Depreciation (attach Form 4562) | | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | | 22b | |
| 23 | Depletion | | 23 | |
| 24 | Contributions to deferred compensation plans | | | |
| 25 | Employee benefit programs | | | |
| 26 | Excess exempt expenses (Schedule I) | | | |
| 27 | Excess readership costs (Schedule J) | | | |
| 28 | Other deductions (attach schedule) | | 28 | 583,706. |
| 29 | Total deductions. Add lines 14 through 28 | | | 1,390,059. |
| 30 | Unrelated business taxable income before net operating loss deduction. Sub | tract line 29 from line 13 | 30 | -441,167. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after Jar | nuary 1, 2018 (see | | |
| | instructions) | | 31 | |
| 32 | Unrelated business taxable income. Subtract line 31 from line 30 | S PURE DE VENEROS D | -441,167. | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

13

Total. Combine lines 3 through 12

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY

OMB No. 1545-0687

3

2018

Department of the Treasury Internal Revenue Service (99)

6

10

11

12

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

4c

5

6

7

8

9 10

11

12

83,231

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

(C) Net

-40,132

Name of the organization STUDENT UNIO

c Capital loss deduction for trusts

Rent income (Schedule C)

Unrelated debt-financed income (Schedule E)

organization (Schedule G)

Exploited exempt activity income (Schedule I)

Other income (See instructions; attach schedule)

Income (loss) from a partnership or an S corporation (attach

Interest, annuities, royalties, and rents from a controlled organization (Schedule F)

Investment income of a section 501(c)(7), (9), or (17)

Advertising income (Schedule J)

STUDENT UNION OF SAN JOSE STATE UNIVERSITY

Employer identification number 94-2830732

123,363.

531190 Unrelated business activity code (see instructions) Describe the unrelated trade or business ► ROOM RENTAL/AV Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b

Total. Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | | |
|----|---|-----------------------------|-----|----------|
| 15 | Salaries and wages | | | |
| 16 | Repairs and maintenance | | | |
| 17 | Bad debts | | 1 | |
| 18 | Interest (attach schedule) (see instructions) | | | |
| 19 | Taxes and licenses | | 1 1 | |
| 20 | Charitable contributions (See instructions for limitation rules) | | | |
| 21 | Depreciation (attach Form 4562) | | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | |
| 23 | Depletion | | 23 | |
| 24 | Contributions to deferred compensation plans | | 24 | |
| 25 | Employee benefit programs | | | |
| 26 | Excess exempt expenses (Schedule I) | | 26 | |
| 27 | Excess readership costs (Schedule J) | | 27 | |
| 28 | Other deductions (attach schedule) | | | |
| 29 | Total deductions. Add lines 14 through 28 | | 29 | 0. |
| 30 | Unrelated business taxable income before net operating loss deduction. Sub | stract line 29 from line 13 | 30 | -40,132. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after Jar | nuary 1, 2018 (see | | |
| | instructions) | | 31 | |
| 32 | Unrelated business taxable income. Subtract line 31 from line 30 | | | -40,132. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018)

| Schedule A - Cost of Goods | s Sold. Enter | method of inver | tory valuation | | |
|--|----------------------|--|---|---|---|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | ar | 6 |
| 2 Purchases | 1 - 1 | | 7 Cost of goods sold. Si | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | and in Part I, | |
| 4 a Additional section 263A costs | | | line 2 | | 7 |
| (attach schedule) | 4a | | 8 Do the rules of section | | Yes No |
| b Other costs (attach schedule) | 4b | | property produced or a | acquired for resale) apply to | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | l Personal Property L | eased With Real Prope | erty) |
| | | | | | |
| 1. Description of property | | | - MARKET | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | 1919 | | |
| (4) | 0 Dent | | | | |
| (a) From personal property (if the per | | ed or accrued | and personal property (if the percenta | 3(a) Deductions directly of | connected with the income in |
| rent for personal property in the per 10% but not more than 50%) | e than | of rent for p | personal property (if the percental personal property exceeds 50% or if nt is based on profit or income) | columns 2(a) and | d 2(b) (attach schedule) |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Total | 0. | Total | | ₹0. | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | | | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | 0. |
| Schedule E - Unrelated Deb | | | instructions) | | |
| | | | 2. Goss income from | Deductions directly conn to debt-finance | |
| Description of debt-fit | nanced property | | or allocable to debt- financed property | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | | |
| (2) | | | * Top Lagrent | | |
| (3) | | | | | |
| (4) | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property a schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | _ | | % | | |
| (2) | | | % | | |
| (3) | | | % | | |
| (4) | | | % | | |
| | | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Totals | | | b | 0. | 0. |
| Total dividends-received deductions in | | | | . | 0. |

| STATE UNI | | | | 94-283 | 30732 |
|--|-----------------------|---|---|--|---|
| Schedule A - Cost of Goods | Sold. Enter | method of inver | ntory valuation | | |
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | ar | 6 |
| 2 Purchases | 2 | | 7 Cost of goods sold. S | ubtract line 6 | |
| 3 Cost of labor | 3 | | from line 5. Enter here | and in Part I, | |
| 4a Additional section 263A costs | | | line 2 | | 7 |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (with respect to | Yes No |
| b Other costs (attach schedule) | 4b | | property produced or a | acquired for resale) apply to | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | |
| Schedule C - Rent Income (| From Real I | Property and | d Personal Property L | eased With Real Prop | perty) |
| (see instructions) | | | | | |
| 1. Description of property | | | | | |
| (1) ROOM RENTAL/AV | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | 2. Rent receive | ed or accrued | | | |
| (a) From personal property (if the per | centage of | (b) From real | and personal property (if the percenta | age 3(a) Deductions direct columns 2(a) | tly connected with the income in and 2(b) (attach schedule) |
| rent for personal property is more 10% but not more than 50%) | tnan | | personal property exceeds 50% or if nt is based on profit or income) | SEE STA | TEMENT 3 |
| (1) | 0. | | 83,2 | 31. | 123,363. |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Total | 0. | Total | < 83 / 2 | 31. | |
| (c) Total income. Add totals of columns | | | | (b) Total deductions. Enter here and on page 1, | |
| here and on page 1, Part I, line 6, column | ı (A) | | 83,2 | Part I, line 6, column (B) | ▶ 123,363. |
| Schedule E - Unrelated Deb | t-Financed | Income (see | instructions) | | |
| | | | | 3. Deductions directly co | nnected with or allocable nced property |
| | | | Gross income from or allocable to debt- | (a) Straight line depreciation | (b) Other deductions |
| 1. Description of debt-fir | nanced property | | financed property | (attach schedule) | (attach schedule) |
| | | | | | _ |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | _ |
| (4) | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-finar | adjusted basis Ilocable to nced property a schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 × total of columns 3(a) and 3(b)) |
| (1) | | | % | | |
| (2) | | | % | | |
| (3) | | | % | | |
| (4) | | | % | | |
| | | 30 | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1. Part I. line 7, column (B). |
| Totals | | | > | | |
| Total dividends-received deductions in | cluded in column | 8 | | | Form 000 T (2019) |

| FORM 990-T (M) | DEDUCTIONS | CONNECTED | WITH | H RENTAL | INCOME | STATEMENT 3 |
|--------------------------------|--------------|-------------|-------|-------------------|--------------------|-------------|
| DESCRIPTION | | | P | CTIVITY NUMBER | AMOUNT | TOTAL |
| DIRECT LABOR DIRECT OPERATIONS | 5 | - SUBTOTAL | Б - | 1 | 115,493. 7,870. | 123,363. |
| TOTAL TO FORM 990 |)-т, schedui | LE C, COLUN | MIN 3 | | | 123,363. |

