TAX RETURN FILING INSTRUCTIONS

FORM 990

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:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

alendar year 2018, or fiscal year beginning	-		, 2018, and ending		30	, 20 19
▶ Do not send	to the	IRS.	Keep for your reco	ords.		

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization STUDENT UNION OF SAN JOSE

Employer identification number

94-2830732

STATE UNIVERSITY

Name and title of officer DAVID ALVES

AD ACCOUNTING & FINANCE

For ca

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	15,217,241.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	on	ĺv

X I authorize	RSM	បន	LLP		to enter my PIN	12345
				ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have
indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State
program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91755253719

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Christy Engelmann Engelmann

Digitally signed by Christy

Date: 2020.05.12 08:31:11 -07'00'

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury	▶ Do not send to the IRS. Keep for your in the IRS. Keep for your in the IRS.	2010		
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the lates	st information.		
Name of exempt organization		Employer	identification number	
STUDENT UNION				
STATE UNIVERS	ITY	94-2	830732	
Name and title of officer				
DAVID ALVES				
AD ACCOUNTING				
	Return and Return Information (Whole Dollars Only)			
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879·EO and enter the application, below, and the amount on that line for the return being filed with lank (do not enter -0-). But, if you entered -0- on the return, then ente	this form was blank, then leave	line 1b, 2b, 3b, 4b, or 5b,	
1a Form 990 check here	▶ X b Total revenue, if any (Form 990, Part VIII, column	(A), line 12) 1b	15,217,241.	
2a Form 990-EZ check he		2b		
3a Form 1120-POL check				
4a Form 990-PF check he				
5a Form 8868 check here				
		\\		
Part II Declarat	tion and Signature Authorization of Officer			
the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later th processing of the electronic payment. I have selected a	of receipt or reason for rejection of the transmission, (b) the reason of policiable, I authorize the U.S. Treasury and its designated Financial I institution account indicated in the tax preparation software for paysetitution to debit the entry to this account. To revoke a payment, I man 2 business days prior to the payment (settlement) date. I also autic payment of taxes to receive confidential information necessary to a personal identification number (PIN) as my signature for the organic electronic funds withdrawal. box only	Agent to initiate an electronic for syment of the organization's feden nust contact the U.S. Treasury Forthorize the financial institutions or answer inquiries and resolve isse	unds withdrawal (direct oral taxes owed on this inancial Agent at involved in the sues related to the	
X I authorize RS	M IIS LLP	to enter m	12345	
11 radificinze 105.	ERO firm name	to enter it	Enter five numbers, b	
is being filed with enter my PIN on As an officer of the indicated within	on the organization's tax year 2018 electronically filed return. If I have has tate agency(ies) regulating charities as part of the IRS Fed/State the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organizations this return that a copy of the return is being filed with a state agency of the return of t	te program, I also authorize the a	aforementioned ERO to	
, ,	*** THIS IS NOT A FILEABLE COPY **	** Date ►		
Omoci s signature	THIS IS NOT IT THEMBER COLL	Date		
Part III Certifica	tion and Authentication			
ERO's EFIN/PIN. Enter vo	our six-digit electronic filing identification			
The state of the s		91755253719 Do not enter all zeros		
I certify that the above nun	neric entry is my PIN, which is my signature on the 2018 electronica	ally filed return for the organization	on indicated above. I	

confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Digitally signed by Christy

> Date: 2020.05.12 07:48:44 07'00' **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Christy Engelmann Engelmann

Form 8879-EO

Form **99**0

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019 B Check if applicable C Name of organization D Employer identification number STUDENT UNION OF SAN JOSE Address change STATE UNIVERSITY Name 94-2830732 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 942 - 6320ONE WASHINGTON SQUARE (408)termi 28,805,107. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts S Amended return SAN JOSE, CA 95192-0201 H(a) Is this a group return F Name and address of principal officer: TAMSEN BURKE Yes X No for subordinates? pending SAME AS C ABOVE Yes H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.UNION.SJSU.EDU H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Association L Year of formation: 1982 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES TO THE Governance STUDENTS ATTENDING SAN JOSE STATE UNIVERSITY (SJSU). Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 400 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 12 6 Total number of volunteers (estimate if necessary) 6 1,038,122. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 0. 7b **Prior Year Current Year** 0 0. Contributions and grants (Part VIII, line 1h) Revenue 11,765,065. 9,623,015. Program service revenue (Part VIII, line 2g) 322,980. 471,291. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,726,147. 2,980,885. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,672,142. 15,217,241. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,393,541. 7,423,266. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 5,894,800. 6,377,061. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,288,341. 13,800,327. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,416,914. 1,383,801. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 200 Assets (15,328,674. 14,176,346. 20 Total assets (Part X. line 16) 3,867,826. 3,592,150. 21 Total liabilities (Part X, line 26) 10,308,520. 11,736,524. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sound lleen Signature of officer Sign DAVID ALVES, AD ACCOUNTING & FINANCE Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Digitally signed by Christy CHRISTY ENGELMANN P00745224 Paid self-employed Christy Engelmann Engelmann
Date: 2020.05.12 07:48:55 -07'00 Firm's EIN ▶ Firm's name RSM US LLP 42-0714325 Preparer Firm's address 1145 BROADWAY PLAZA, SUITE 900 Use Only Phone no. 253-572-7111 TACOMA, WA 98402-3529 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

STUDENT UNION OF SAN JOSE

	990 (2018) STATE UNIVERSITY 94-2830732 Page 2
Pai	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:
-	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? Yes X No
	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 \$ 10,831,666 · including grants of \$) (Revenue \$ 13,707,828 ·
40	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.
	DI CIDCILLE DI CILI DI CENTRE CILICIA I ILCOCATA
-	2000
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	para la
4c	(Code:) (Expenses S including grants of S) (Revenue S
	, Control of the cont
4d	Other program services (Describe in Schedule O.)
	AND AND THE PROPERTY OF THE ADDRESS AND AD
	(Expenses S including grants of S) (Revenue S) Total program service expenses ► 10 , 831 , 666 .

4e Total program service expenses ▶

Form 990 (2018) 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)?		v	
	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		21
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ 6_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
•	Schedule D, Part III	- 0		122
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?	9		х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		21
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
44				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1020202000		
a		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Ь	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			
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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,			200
	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
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

STUDENT UNION OF SAN JOSE

Form 990 (2018) STATE UNIVERSITY

Part IV Checklist of Required Schedules (continued) STATE UNIVERSITY

			Yes	No
22	10 11 21 21 21 21 21 21 21 21 21 21 21 21			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	THE AND THE PROOF OF THE PROOF			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Х	
24	Schedule J a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	A	
24	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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a 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,"			37
	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		х
28		21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	200000000	Х
	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32				37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35	Part V, line 1 a 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	000		
	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?			
	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			
	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?		Name of the last o	
(D)	Note. All Form 990 filers are required to complete Schedule 0	38	X	
Ρ.	Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V			
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0000000	Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	400 SERVICES		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	(gambling) winnings to prize winners?	10	Х	4945465

STUDENT UNION OF SAN JOSE

Form 990 (2018) STATE UNIVERSITY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Ided for the calendary year entition with or within the year covered by this return 2 a 400 b 18 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 25 Note. If the sum of filines 1 and 42 size greater than 250, you may be required to e-give inertiactions) 36 Did the organization have unrelated business gross income of \$1,000 or more during the year? 37 A law yith me during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other francial account)? 38 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 39 B Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 40 D day taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction or a prohibited tax shelter transaction at any time during the tax year? 40 B Was the organization party to a prohibited tax shelter transaction and the organization solicit any contributions that were not tax tox deductibles or antibate contributions? 40 B If "Yes," did the organization include with every solicitation an express statement that such contributions orgitis were not tax deductibles? 40 B If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles or antibate contributions? 40 B If "Yes," did the organization include with every solicitation under section 170c). 41 B If "Yes," did the organization make any text party as a contribution on party for which tights required to the fermion of the value of the goods or services products? 42 B If "Yes," indicate the number of Forms 8282 liked during the year 43 B J Was the organization receive a payment in excess of			Ponomonos	Yes	No
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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 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. 10 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b 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 X 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 X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 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? X The organization's CEO, Executive Director, or top management official 15a 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 X taxable entity during the year? 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. X Upon request Other (explain in Schedule O) Own website Another's website 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 DAVID ALVES - (408) 924-6315

95192-0201

ONE WASHINGTON SQUARE, SAN JOSE, CA

Form 990 (2018) 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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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 (Ď), (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.

Check this box if neither the organization no	or any related of	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	200 P							(D)	(E)	(F)
Name and Title	Average	,,,	not c	Pos	C) ition	1		Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	son i	s both	n an	compensation	compensation	amount of
	week		cer an	idad I	irecto	r/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	or di	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ustee	Trust		99	npen		(VV-2/1099-WIGC)		and related
	below	dual ti	nstitutional trustee	L	yoldu	st cor	_			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			3
(1) ZACHARY BIRRER	2.00									
BOARD MEMBER		X				-1000	7	0.	0.	0.
(2) SONJA DANIELS	2.00				Á	NAME OF	W			
VP STUDENT AFFAIRS	40.00	X						0.	166,482.	0.
(3) CHARLIE FAAS	2.00				1					
VP ADMINISTRATION & FINANCE	40.00	X	h		7			0.	255,722.	0.
(4) KATRINA FESTEJO	2.00				4					
BOARD MEMBER		X	-	1				0.	0.	0.
(5) ROSE LEE	2.00		- W			7	1			
BOARD MEMBER		X						0.	0.	0.
(6) ARIADNA MANZO	2.00									
AS STUDENT/PRESIDENT		X						0.	0.	0.
(7) ELLEN MIDDAUGH	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) JOSEPH SANDOVAL-RIOS	2.00								_	
BOARD MEMBER		X						0.	0.	0.
(9) EMILY WUGHALTER	2.00									
BOARD MEMBER	40.00	X						0.	135,569.	0.
(10) JEANNE TRANG	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) CATHY BUSALACCHI	40.00								~	
EXECUTIVE DIRECTOR				X				178,051.	0.	39,141.
(12) TERRENCE L. GREGORY	40.00									
STUDENT UNION OPERATIONS ASSOCIATE D						X		101,368.	0.	28,854.
(13) JOSEPH SCOTT BOKKER	40.00									
AD, RECREATION AND EVENT CENTER						X		109,090.	0.	18,304.
(14) CEDRIC J. WOOLFORK	40.00								_	
AD, ACCOUNTING AND FINANCE						X		127,083.	0.	13,170.
				1						
					_		_			

94-2830732

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) (B) (C) (D) (E)										(F	:)
Name and title Average Po							nne	Reportable	Reportable	e Estim	ated
	hours per	box,	unles	s per	son i	s both	an	compensation	compensation		
	week	<u> </u>	er an	a a a	recto	r/trus	tee)	from	from related		
	(list any hours for	or director						the	organization (W-2/1099-MI		
	related	e or d	etee			sated		organization (W-2/1099-MISC)	(44-271099-1411	organi	
	organizations	Individual trustee	Institutional trustee		99/	mpen		(** 27 1033 141100)		and re	
	below	idual 1	ution	<u>.</u>	Key employee	sst co oyee	ia			organiz	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				

							A				
						20					
1b Sub-total								515,592.	557,7	73. 99,	469.
c Total from continuation sheets to Part VI			A3030		7			515,592.	557,7	73 00	0. 469.
d Total (add lines 1b and 1c)	ot limited to the	ose l	liste	d ab	ove) wh	o re				407.
compensation from the organization			-			7					4 es No
3 Did the organization list any former officer,	director, or tru	stee	, ke	v em	olar	vee.	or l	nighest compensated er	nployee on	16	S NO
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150			-					1.0		4 2	2
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedule	Jfc	or su	ch p	ers	on .				5	X
Section B. Independent Contractors											
 Complete this table for your five highest co the organization. Report compensation for 										pensation from	
(A)		ai Ci	i idii i	g wi	idi C	, vvi		(B)		(C)	500
Name and business	address						_	Description of s	ervices	Compensa	tion
TALENT FUND		~ A	04	^				ama amiraam arr	~~	401	204
780 MAIN ST., HALF MOON E		941	0 T :	9				STAGEHAND SV	CS	401,	394.
FLAGSHIP FACILITY SERVICE	100	11.	^					arramonaa an	2111 000	240	126
1050 N. 5TH ST., SAN JOSE		11.	۷					CUSTODIAL SE	RVICES	240,	436.
CONTEMPORARY SERVICES COR		~ ~	0.	1 2 4) E			מהמווח דשמ מהחז	TORC	177	206
17101 SUPERIOR ST., NORTH		CA	9.	13,	45		-	SECURITY SER	VICES	1//,	306.
THYSSE PRINTING SERVICES 281 W. NETHERWOOD ST., OR		т ,	521	571	5			ARCHITECT SE	SALCEG	1 2 2	261.
ZOI W. NEINERWOOD SI., OR	EGOM, W			J 1.	<u> </u>			ARCHITECT SEI	VATCED.	143,	201.
	- Latin F								41		
2 Total number of independent contractors (in \$100,000 of compensation from the organization)		ot IIM	iited	to t	nos 4		rea	above) who received mo	ore man		

STUDENT UNION OF SAN JOSE

Form 990 (2018) STATE UNIVERSITY
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response o	or note to any line	e 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
s s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
		Fundraising events						
		5	1d					
, Gila		Government grants (contribution						
utions her Sin		All other contributions, gifts, grant						
	3.0	similar amounts not included abov						
를 등 등	a	Noncash contributions included in lines 1	A STATE OF THE STA					
S B		Total. Add lines 1a-1f	-				(400 pt)	
<u> </u>		Total. 7 da miles fa fi		Business Code				
	2 a	SERVICE FEES		900099	9,376,313.	9,376,313.		· · · · · · · · · · · · · · · · · · ·
Ş.	2 a			900099	1,208,374.	1,208,374.		
Ser	C	REIMBURSED WAGES & BENE	FITS	900099	510,168.	510,168.		
m S	d	covernment page		900099	461,827.	461,827.		
gra Be	u	COMMISSIONS		900099	208,383.	208,383.		
Program Service Revenue	f	All other program service rever	nue			The state of the s		
		Total. Add lines 2a-2f		•	11,765,065.		4 25	
	3	Investment income (including			7 7 20000			
	·	other similar amounts)		-	424,360.	1		424,360.
	4	Income from investment of tax		and the same of th				
	5	Royalties		20				
1	Ü	rioyanios	(i) Real	(ii) Personal		7		
	6 a	Gross rents	2,921,423.	(ii) i cicciiai				
		Less: rental expenses	0.					
		Rental income or (loss)	2,921,423.					
		Net rental income or (loss)			2,921,423.	1,883,301.	1,038,122.	ALEX CONTROL C
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	13,634,797.	(1) 5 11 15				
	h	Less: cost or other basis		400				
		and sales expenses	13,587,866.					
	c	Gain or (loss)						
		Net gain or (loss)		>	46,931.		100004400000101000000000000000000000000	46,931.
		Gross income from fundraising				Control of the contro		
venue	0 0	including \$	of					
		contributions reported on line						
Re		Part IV, line 18						
Other Re	h	Less: direct expenses						
ŏ		Net income or (loss) from fund		>			15054150-00240-000-0010-000-000-000-0	\$600,0307,9803C-96CU/3776-398G0-398G
		Gross income from gaming ac	-	F				
		Part IV, line 19						
	h	Less: direct expenses			455.6			
		Net income or (loss) from gam			y24000000000000000000000000000000000000	20000200000000000000000000000000000000	Zalieni voidu territoria concentro.	
		Gross sales of inventory, less r						
	, , ,	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales		D		Particles and an account account of the control of	220000000000000000000000000000000000000	Materials and residence to the second debt section
		Miscellaneous Revenue		Business Code		1000 7000		
Ī	11 a	OTHER INCOME		900099	59,462.	59,462.	400000000000000000000000000000000000000	
	b							
	c							
		All other revenue				2		
		Total. Add lines 11a-11d		>	59,462.			
	12	Total revenue See instructions		D	15,217,241.	13,707,828.	1,038,122.	471,291.

STUDENT UNION OF SAN JOSE

Form 990 (2018) STATE UNIVERSITY

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1, 310, 133. 958, 658. 351, 475. 10 Payroll taxes 435, 019. 311, 591. 123, 428. 11 Fees for services (non-employees): a Management b Legal 7, 410. 7, 410. c Accounting	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation ont included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1 Fees for services (non-employees): a Management 5 Legal 7 , 410	
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,310,133. 958,658. 351,475. 10 Payroll taxes 435,019. 311,591. 7,410.	
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 7,410. 7,410.	
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organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,310,133. 958,658. 351,475. 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 7,410.	
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 Deayroll taxes Management Legal A 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192. 217,192.	
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 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 7,410. 217,192.	
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persons described in section 4958(c)(3)(B) 7 Other salaries and wages 5,259,685. 3,894,882. 1,364,803. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,310,133. 958,658. 351,475. 10 Payroll taxes 435,019. 311,591. 123,428. 11 Fees for services (non-employees): a Management 7,410. 7,410.	
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 5,259,685. 3,894,882. 1,364,803. 201,237. 131,425. 69,812. 1,310,133. 958,658. 351,475. 435,019. 311,591. 123,428.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 201,237. 131,425. 69,812. 9 Other employee benefits 1,310,133. 958,658. 351,475. 10 Payroll taxes 435,019. 311,591. 123,428. 11 Fees for services (non-employees): Annagement 7,410. 7,410. b Legal 7,410. 7,410.	
section 401(k) and 403(b) employer contributions) 201,237. 131,425. 69,812. 9 Other employee benefits 1,310,133. 958,658. 351,475. 10 Payroll taxes 435,019. 311,591. 123,428. 11 Fees for services (non-employees): a Management 7,410. 7,410. b Legal 7,410. 60,110. 60,110.	
9 Other employee benefits 1,310,133. 958,658. 351,475. 10 Payroll taxes 435,019. 311,591. 123,428. 11 Fees for services (non-employees): a Management b Legal 7,410. 7,410.	
10 Payroll taxes 435,019. 311,591. 123,428. 11 Fees for services (non-employees): a Management b Legal 7,410. 7,410.	
11 Fees for services (non-employees): a Management b Legal 7,410.	
a Management b Legal 7,410. 7,410.	
b Legal 7,410. 7,410.	
60 405	
20 EF 160000	
d Lobbying e Professional fundraising services. See Part IV, line 17	
61 000	
f Investment management fees 61,072.	
column (A) amount, list line 11g expenses on Sch O.)	
12 Advertising and promotion	
13 Office expenses 397,712. 299,821. 97,891.	
14 Information technology	
15 Royalties	
16 Occupancy 2,179,791. 1,987,214. 192,577.	
17 Travel 22,420. 14,516. 7,904.	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 705,072. 705,072.	
23 Insurance 191,634. 123,132. 68,502.	
24 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.)	
a EVENT COSTS 1,475,405. 1,236,170. 239,235.	
b REPAIRS & MAINTENANCE 786,461. 763,669. 22,792.	
c COMMUNICATIONS 199,845. 182,385. 17,460.	
d PROJECT EXPENDITURES 156,245. 156,245.	
e All other expenses 130,889. 66,886. 64,003.	
25 Total functional expenses. Add lines 1 through 24e 13,800,327. 10,831,666. 2,968,661.	0.
26 Joint costs. Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here if following SOP 98-2 (ASC 958-720)	

Par	t 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		1,338,091.	1	904,308.
	2	Savings and temporary cash investments		1,068,224.	2	2,678,047.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		290,028.	4	391,283.
	5	Loans and other receivables from current and former officers				
		trustees, key employees, and highest compensated employe	es. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B)				
		employers and sponsoring organizations of section 501(c)(9)				
"		employees' beneficiary organizations (see instr). Complete Pa		Manager and the Art Court of the Ingel of the Art I for the Manager and Art I for the Manager an	6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	_
	9			89,782.	9	131,294.
		Land, buildings, and equipment: cost or other				
	100	basis. Complete Part VI of Schedule D 10a 1	0,184,695.	\mathbf{A}		
	b	Less: accumulated depreciation 10b	7,150,919.	3,643,144.	10c	3,033,776.
	11	Investments - publicly traded securities		6,886,315.	11	7,220,271.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	,69992	7	14	
	15	Other assets. See Part IV, line 11		860,762.	15	969,695.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		14,176,346.	16	15,328,674.
	17	Accounts payable and accrued expenses		2,578,120.	17	2,171,620.
	18	Grants payable	V90355 A0397		18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Sch	95005		21	
w	22	Loans and other payables to current and former officers, dire	ctors, trustees,			
Liabilities		key employees, highest compensated employees, and disqui				
abil		Complete Part II of Schedule L		22		
ڐ	23	Secured mortgages and notes payable to unrelated third par			23	
	24	Unsecured notes and loans payable to unrelated third parties	s		24	
	25	Other liabilities (including federal income tax, payables to rela	ated third			
		parties, and other liabilities not included on lines 17-24). Com	plete Part X of	_		
		Schedule D		1,289,706.	25	1,420,530.
	26	Total liabilities. Add lines 17 through 25		3,867,826.	26	3,592,150.
		Organizations that follow SFAS 117 (ASC 958), check here	e ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.		10000		11 506 504
üÇ	27	Unrestricted net assets		10,308,520.	27	11,736,524.
Sala	28	Temporarily restricted net assets			28	
d E	29	Permanently restricted net assets			29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), che	eck here			8.0
Net Assets or Fund Balances		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	Contract Con		31	
let /	32	Retained earnings, endowment, accumulated income, or other	Department of the Control of the Con	10 200 520	32	11 726 524
2	33	Total net assets or fund balances		10,308,520. 14,176,346.	33	11,736,524. 15,328,674.
	34	Total liabilities and net assets/fund balances		14,1/0,340.	34	Form 990 (2018)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 21		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,80		
3	Revenue less expenses. Subtract line 2 from line 1	3		,41		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	,30		
5	Net unrealized gains (losses) on investments	5		1	1,0	90.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	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)) 10 1				6,5	24.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Ownercons.	Yes	No
1	Accounting method used to prepare the Form 990:					
	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?		******	2a	10000 1000 (CA)	X
	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			1000		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	CONTRACTOR OF THE PARTY OF THE
	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					
С	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?					A5905050334
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
За	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?					X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

STUDENT UNION OF SAN JOSE

2018

OMB No. 1545-0047

Open to Public Inspection

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 12, check only one box.) 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 (Form 990 or 990-EZ).) 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 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. X 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) 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN your gove (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) SAN JOSE STATE 77-0414438 2,454,484. UNIV. X

2,454,484.

0.

(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	s listed below, plea	se complete Part I	II.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				A		
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,	200000000000000000000000000000000000000	Polymer	1000			
	column (f)		8.4				
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			A STATE OF THE STA			
8	Gross income from interest,		/	A A			
	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			37			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					1.XX	
	Total support. Add lines 7 through 10				2		
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						_
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I			olumn (fl)		14	%
	Public support percentage from 2017		•	18 SE 00000000000000000000000000000000000		15	%
	33 1/3% support test - 2018. If the						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2017. If the						
D	and stop here. The organization qual						
170	10% -facts-and-circumstances test						
11 a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			E P X 11 0 00 100-0	1000 A000 B	-	
h	10% -facts-and-circumstances test						
D	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
.0	ate roundation. If the organization	dia not official a	22% 31, mile 10, 10	., , 17 u, 01 17 b		dula A /Form 000	

Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(4/2011	(5) 20.0	(0) = 0	(4) = 5 ; .	10/-0:0	C/
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	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			2			
	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				A		
	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5			haz.			
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		facility of				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,			7			
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	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				<		
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9. 10c, 11. and 12.)		Cost cost their	-		- F01(a)(2) areas	
14	First five years. If the Form 990 is fo						ization,
Sac	check this box and stop here ction C. Computation of Publi	ic Support Per	centage	***************************************	******************		
	Public support percentage for 2018 (column (fl)		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					1101	70
-	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2018. If the		7. (2.0)	on line 14, and line			
198							N 13 110€
	more than 33 1/3%, check this box at	(*)	-				and
k	33 1/3% support tests - 2017. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section 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 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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
1	X	Marine Control
2		X
3a		X
3b 3c		
4a		X
4b		
4c		**
5a		X
5b 5c		
6		X
		X
8		X
		Berne
9a		X
9b		X
9c		Λ.
	0.0000000000000000000000000000000000000	
10a		X

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		200	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			200
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	nadenoscos.	Soundario
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	_		
	ADDRESS OF THE PARTY OF THE PAR	#1000000000000000000000000000000000000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		2017/02/03/03	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		v	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•	X	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Λ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		X
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
-				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). X The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	rustions	í	
2 2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	Х	202200000
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	MANUSCO !	X
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a	THE PERSON NAMED IN	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	3b		- Long-Carried

STUDENT UNION OF SAN JOSE

Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY

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	rrt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	1 2000,02 rage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in P	art VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must com	nplete S	ections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_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		
Sec	tion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	a1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	A		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	7	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	W 19		
	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		
Sec	tion C - Distributable Amount			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		
7	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-		A	
	able cause required- explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2018			
a	From 2013	A		
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	The state of the s		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.		V	
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
	Excess from 2017			(41, 010)
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 STATE UNIVERSITY

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SECTION E, LINE 2A						
THE STUDENT UNION OF SAN JOSE STATE UNIVERSITY OPERATES THREE MAJOR						
FACILITIES (STUDENT UNION BUILDING, AQUATIC CENTER AND EVENT CENTER).						
THE STUDENT UNION OPERATES THESE FACILITIES WHICH BENEFITS THE						
STUDENTS, FACULTY, STAFF AND ALUMNI OF THE SAN JOSE STATE UNIVERSITY.						
THE STUDENT UNION DOES NOT CARRY OUT ANY ACTIVITIES THAT HAS NOT BEEN						
APPROVED BY THE ADMINISTRATIVE OFFICERS OF THE UNIVERSITY.						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

STUDENT UNION OF SAN JOSE STATE UNIVERSITY

Employer identification number 94-2830732

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Complete if the		
5	organization answered Tes on Form 550, Fare FV, Inte	(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 w	witing that the assets held in donor advi	eed funds		
3	are the organization's property, subject to the organization's ea	17			
6	Did the organization inform all grantees, donors, and donor ad				
O	for charitable purposes and not for the benefit of the donor or				
	_	donor advisor, or for any other purpose			
Pai					
1	Purpose(s) of conservation easements held by the organization		, are re, mile ??		
•	Preservation of land for public use (e.g., recreation or ed		storically important land area		
	Protection of natural habitat	KINES.	rtified historic structure		
		reservation of a ce	rulled historic structure		
0	Preservation of open space Complete lines 2a through 2d if the organization held a qualifie	ad concernation contribution in the form	of a consequation easement on the last		
2		ed conservation contribution in the long	Held at the End of the Tax Year		
	day of the tax year.				
a	Total number of conservation easements Total acreage restricted by conservation easements				
d	Number of conservation easements on a certified historic structure.	eture included in (a)			
C	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired affi	ESSE YESEN	2004 - 2004		
a	12.15	V0500L 2000F			
•	listed in the National Register Number of conservation easements modified, transferred, relea	**************************************			
3		ased, extinguished, or terminated by the	e organization during the tax		
	year	wast in located			
4	Number of states where property subject to conservation ease Does the organization have a written policy regarding the period	1000000	•		
5	violations, and enforcement of the conservation easements it h	14444			
•	Staff and volunteer hours devoted to monitoring, inspecting, h				
6		landling of violations, and emorcing con	servation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, and enforcing conserve	ation assements during the year		
7	\$ \$	ing of violations, and emorcing conserva	ation easements during the year		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	//b)////R)/i)		
0	•	70 0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	include, if applicable, the text of the footnote to the organization				
	conservation easements.	on's infancial statements that describes	the organization 3 accounting for		
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.		
Section 1	Complete if the organization answered "Yes" on Form 9				
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art		
14					
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.				
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art, historical		
b	treasures, or other similar assets held for public exhibition, edu				
	•	academ, or research in fartherance of pe	Sale Service, provide the following amounts		
	relating to these items:		*		
	(i) Revenue included on Form 990, Part VIII, line 1				
•	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	avea as other similar assets for financia			
2			ai gain, provide		
_	the following amounts required to be reported under SFAS 116				
a	Revenue included on Form 990, Part VIII, line 1		Factor Control		
b	Assets included in Form 990, Part X		······································		

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	t III Organizations Maintaining C	Ollections of Art His	torical Treasures o		2030/32 Page 2
3	Using the organization's acquisition, accession	on, and other records, chec	ck any of the following tha	t are a significant use of	its collection items
	(check all that apply):		1		
a	Public exhibition	d	Loan or exchange progr		
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization's co				Part XIII.
5	During the year, did the organization solicit or				
SD VAN	to be sold to raise funds rather than to be ma				Yes No
Pal	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ne organization answered	"Yes" on Form 990, Part	IV, line 9, or
1.	Is the organization an agent, trustee, custodia		contributions or other on	aata nat inaludad	
ıa	on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII a				
					Amount
С	Beginning balance			1c	
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on Fo				Yes No
	If "Yes," explain the arrangement in Part XIII.	1000 100 INCHO 100 00 10000-10 100 10000-10 10104-000 1000111	VSSSA		
Par					
Cincipal			Prior year (c) Two year	9000h	ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance	A	A .		
2	Provide the estimated percentage of the curre	ent year end halance (line 1	I a (column (a)) held as:		
a	Board designated or quasi-endowment	V000000	rg, column (a)) nela as.		
b	Permanent endowment	%			
	Temporarily restricted endowment				
C	The percentages on lines 2a, 2b, and 2c shou				
20			at are held and administa	rad for the argonization	
Sa	Are there endowment funds not in the posses	ssion of the organization th	at are nelu and administe	red for the organization	Vaa Na
	by:				Yes No
					200
		in a list of a constant as 6			
	If "Yes" on line 3a(ii), are the related organizate				3b
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		tunas.		
I GI	10000000		V line 11e Cae Form 000	N Dort V line 10	
	Complete if the organization answered				(n D - 1 - 1
,	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
	Buildings				
С	Leasehold improvements		5,142,494.	4,226,006.	916,488.
	Equipment		5,042,201.	2,924,913.	2,117,288.
	Other				
Total	. Add lines 1a through 1e. (Column (d) must ed	nual Form 990. Part X. colu	mn (B), line 10c.)		3,033,776.

STATE UNIVERSITY

		STUDE	NT UNI
Schedule D	(Form 990) 2018	STATE	UNIVE
Part VII	Investments -	Other Secu	rities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			3
(5)			
(6)			
(7)			
(8)			2010/12
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) FUNDS HELD IN TRUST			66,186.
(2) LETTER OF CREDIT			25,000.
(3) CONSTRUCTION IN PROGRESS	- Committee		634,713.
(4) DEFERRED INFLOWS OF RESOUR	CES		243,796.
(5)			· · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	>	969,695.
Part X Other Liabilities.	100		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEPOSITORY ACCOUNTS	66,186.	
(3) OPEB LIABILITY	876,658.	
(4) DEFERRED INFLOW OF RESOURSES	477,686.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,420,530.	

2. 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 STATE UNIVERSITY

Par	Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			г	15 220 221
1				1	15,228,331.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	11 000		
a	Net unrealized gains (losses) on investments	2a	11,090.		
b	Donated services and use of facilities	2b			
C .	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			11,090.
e	Add lines 2a through 2d			2e 3	15,217,241.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************	3	13,211,241.
4	Investment expenses not included on Form 990, Part VIII, line 7b	1 40 1			
a	Other (Describe in Part XIII.)	4a 4b			
b	A NAME OF TAXABLE PARTY.			4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,217,241.
	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Wit	h Expenses per F		
2000.00	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		end Ammedia americana su il a serso e		
1	Total expenses and losses per audited financial statements			1	13,800,327.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	\$44209000A		2e	0.
3	Subtract line 2e from line 1			3	13,800,327.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	7		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	13,800,327.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal info	rmation.		
DλI	T X, LINE 2:				
IAI	I A, DINE Z.				
NO	FORMAL FOOTNOTE RELATED TO ASC 740 WAS INCI	JIDED	IN THE AUD	TTE	D
210					
FIN	ANCIAL STATEMENTS AS NO ASC 740 LIABILITIES	E EXI	STED AT YEA	R E	ND.
НОМ	EVER, MANAGEMENT HAS ADOPTED THE PROVISIONS	S OF	ASC 740 AS	REQ	UIRED BY
C A 7	P AND EXAMINES ITS TAX POSITIONS ANNUALLY.	7 m m	ישב באוז רב ת	םם.	VΓλD
GAF	F AND EXAMINES ITS TAX FOSTITIONS ANNOADDIT.	AI I	THE BIND OF I	1115	ILAN
MAN	AGEMENT DETERMINED AND ITS AUDITORS CONFIRM	MED I	HAT NO ASC	740	
LIA	BILITIES EXISTED AT YEAR END.				

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Name of the organization

STUDENT UNION OF SAN JOSE STATE UNIVERSITY

Questions Regarding Compensation

Employer identification number 94-2830732

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 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 (such as maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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. Written employment contract Compensation committee X Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? 5a X Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported on 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 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2018

STATE UNIVERSITY

Schedule J (Form 990) 2018

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

94-2830732

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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) Breakdown of \	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in Column (b) reported as deferred on prior Form 990
(1) SONJA DANIELS	Ξ	0	0	0	0	0	0	0
VP STUDENT AFFAIRS		165,14	0	1,338.	0	0	166,482.	0
(2) CHARLIE FAAS	Ξ	0	0	0	0.	0	0	0
VP ADMINISTRATION & FINANCE	€		0	1,458.	0	0	255,722.	0
(3) CATHY BUSALACCHI	Ξ	178,051.	0.	0.	17,805.	21,336.	217,192.	0
EXECUTIVE DIRECTOR	Ξ		0	0	0	0	0	0
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	€							
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Schedule J (Form 990) 2018

STUDENT UNION OF SAN JOSE STATE UNIVERSITY

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2018

Part III Supplemental Information

94-2830732

									Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information. STUDENT UNION OF SAN JOSE

Name of the organization Employer identification number STATE UNIVERSITY 94-2830732 FORM 990, PART VI, SECTION B, LINE 11B: 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 WWW.UNION.SJSU.EDU. THE STATEMENT OF NET ASSETS IS PRINTED IN THE CAMPUS

NEWSPAPER WITH A NOTE AT THE BOTTOM OF THE POSTING STATING THAT FULL

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization STUDENT UNION OF SAN JOSE STATE UNIVERSITY	Employer identification number 94-2830732
OFFICE, ROOM 1026, OR ONLINE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

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

2018

OMB No. 1545-0047

Open to Public Inspection

▶ Attach to Form 990.

Employer identification number 94-2830732 Go to www.irs.gov/Form990 for instructions and the latest information. STUDENT UNION OF SAN JOSE STATE UNIVERSITY

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Direct controlling 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. End-of-year assets (e) Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) 8 × entity? Yes Direct controlling status (if section Public charity 501(c)(3)) LINE 6 Exempt Code section Legal domicile (state or foreign country) CALIFORNIA PROVIDE PUBLIC HIGHER Primary activity EDUCATION SAN JOSE STATE UNIVERSITY - 77-0414438 Name, address, and EIN of related organization ONE WASHINGTON SQUARE SAN JOSE, CA 95192

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

Schedule R (Form 990) 2018

94-2830732

Page 2

STUDENT UNION OF SAN JOSE STATE UNIVERSITY

Schedule R (Form 990) 2018

Part III 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.

(j) (k) General or Percentage managing ownership				re related	Section 512(b)(13) controlled entity?	Yes			Schedule B (Form 990) 2018
(j) General or managing partner?				ie or moi	(h) Percentage ownership				R (Form
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Share of Percend-of-year own	200			Schedule
(h) Disproportionate allocations?				Part IV, line 34,	Share of total income				
(g) Share of end-of-year assets				Form 990, F					
(f) Share of total income			>	vered "Yes" on	(e) Type of entity (C corp., S corp., or trust)				
		40		tion ansv	ntrolling :y				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				the organizar	(d) Direct controlling entity				
Predon (relate excluded sectio				in plete if	(c) Legal domicile (state or foreign	country)			
(d) Direct controlling entity				-	(b) Primary activity				
Legal domicile (state or foreign country)				is a Corpo	Prim				
(b) Primary activity				ganizations Taxable a poration or trust durin	Z				
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				832162 10-02-18

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				×	Yes No
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 rela	ted organizations listed i	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				ا	×
d Loans or loan guarantees to or for related organization(s)				19	×
				,	>
e Loans or loan guarantees by related organization(s)				9	٩
f Dividends from related organization(s)				+	×
					>
				51	4 ;
h Purchase of assets from related organization(s)				4	×
i Exchange of assets with related organization(s)				÷	×
j Lease of facilities, equipment, or other assets to related organization(s)		To the second		ij	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
	nization(s)			£	×
	on(s)			f	×
o Sharing of paid employees with related organization(s)				9	×
	7000				
p Reimbursement paid to related organization(s) for expenses				10	×
				-	×
(a) and					×
				= ,	:
ام,				SL	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete this	s line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1) SAN JOSE STATE UNIVERSITY	K	2,396,062.	BOOK VALUE		
SAN JOSE STATE INTVERSITY	Д	58.422.	BOOK VALITE		
	1	5			
(3) SAN JOSE STATE UNIVERSITY	Q	2,568,964.	BOOK VALUE		
(4)					
(9)					
(9)					
832163 10-02-18			Schedule	Schedule R (Form 990) 2018	90) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a telated organization. See instructions regarding exclusion for certain investment partitions.	structions regalating excita	Sion for certain inve	Stiller partilers lips.	3	(4)	[2]	14	15	5	
(a)	: :	· .	(n) .	Are all		(6)	E ,		3	(¥)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated,	5 partners sec. 501(c)(3)	Share of total	Share of end-of-year	tionate allocations?	Uspropor Code V-UBI General or Percentage funda amount in box 2 managing ownership	General or managing nartner?	Percentage ownership
		country)	sections 512-514)	Yes No	_	assets	Yes No	(Form 1065)	Yes No	
									_	
				_						
			~	A.						
									-	
							1		+	
				1						
								Schedule	R (Forn	Schedule R (Form 990) 2018
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	information for responses to questions on Schedule R. See instructions.	
		KAN-TIDA WALLES
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