TAXABLE YEAR 2020

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

Calendar Year	2020 or fiscal year beginning (mm/dd/yyyy) $07/01/2020$, and ending (i	mm/dd/yyy	v)	06,	/30/2021 .		
Corporation/Organization name California corporation number							
STUDEN	T UNION OF SAN JOSE						
	UNIVERSITY		1105	403			
Additional information. See instructions.							
			94-2	8305	732		
Street address (s	suite or room)		PMB no.				
	SHINGTON SQUARE						
City		State	ZIP code				
SAN JO	SE	CA	9519	2-02	201		
Foreign country name Foreign province/state/county Foreign postal code							
	, tog., p		J . P				
A Eirot rotu	rn Yes X No I Did the organization have	any chanc	oc to ite	auidalin	100		
	rmation return? engaged in political activi				01g? • Yes X No		
	ACTIVITY IN THE PROPERTY OF TH						
	(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyyy) (mm/dd/yyyyyy) (mm/dd/yyyyy) (mm/dd/yyyyyy) (mm/dd/yyyyyy) (mm/dd/yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy						
					162 22 100		
	eturn filed? (1) • X 990T (2) • 990PF (3) • Sch H (990) M Did the organization file F Other 990 series report taxable income?				• X Yes No		
	group filing? See instructions • Yes X No N Is the organization under						
ii yes, v	what is the parent's name? O Is federal Form 1023/102				[] 165 [ZL] NO		
y -	Date filed with IRS						
Part I	complete Part I unless not required to file this form. See General Information B and C.						
<u> </u>				1	19,760,430 00		
				2	The state of the s		
	Gross dues and assessments from members and affiliates Gross contributions of the grounds and similar amounts received.			3	1,514,421 00		
	3 Gross contributions, gifts, grants, and similar amounts received	DIMI.	.	3	1,314,421 00		
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B			4	21,274,851 00		
and			00	4	21,274,031 00		
Revenues	5 Cost of goods sold 5 6 Cost or other basis, and sales expenses of assets sold 6 10,4	187 91	12 00				
	6 Cost or other basis, and sales expenses of assets sold 6 LU, 4	101,5	02 00	7	10,487,902 00		
	7 Total costs. Add line 5 and line 6			8	10,786,949 00		
	8 Total gross income. Subtract line 7 from line 4			9	12,506,838 00		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		(0.0)0.000	10	-1,719,889 00		
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			11	1,713,003 00		
	11 Total payments			70.600	- Control		
	 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 			12	00		
Filles For			2	14	00		
Filing Fee	, , , , , , , , , , , , , , , , , , , ,			15	00		
	15 Penalties and Interest. See General Information J						
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	ts, and to the	best of m	y knowled	dge and belief,		
Sign			knowledge.				
Here	Signature of officer AD ACCOUNTING	Date			• Telephone (408) 924-6315		
	of officer Date				• PTIN		
	Preparer's signature Clay 4/26/22	Check i	f ployed >		P01247672		
Signature					FUIZ4/0/Z Firm's FEIN		
Paid	ald Firm's name						
Use Only employed 30 SOUTH WACKER DR, SUITE 3300							
					312-634-3400		
)			_ T				
	May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No		

STUDENT UNION OF SAN JOSE STATE UNIVERSITY

Receipts from

6

14

15

2 Net accounts receivable 3 Net notes receivable 4 Inventories 5 Federal and state government obligations 6 Investments in other bonds 7 Investments in stock 8 Mortgage loans 9 Other investments 10 a Depreciable assets **b** Less accumulated depreciation Land Other assets Total assets

Accounts payable Contributions, gifts, or grants payable Bonds and notes payable

17 Mortgages payable Other liabilities 19 Capital stock or principal fund

20 Paid-in or capital surplus. Attach reconciliation ... 21 Retained earnings or income fund

22 Total liabilities and net worth

Other

Sources

Expenses

Disburse-

Schedule L

Liabilities and net worth

16

ments

Assets 1 Cash

and

Part II Organizations with gross receipts of more than \$50,000 an amount of gross receipts - complete Part II or furnish subs

ATE UNIVERSITY				94-2	830732
nizations with gross receipts of nt of gross receipts - complete					028951 12-22-2
		SEE PART	II SUBSTITU	TE ATT	PACHMENT
Gross sales or receipts from a	III business activities. See ins	tructions	•	1	C
				2	C
				3	C
				4	C
				5	C
Gross amount received from s	sale of assets (See Instruction	ns)	•	6	C
1200				7	C
		1 through line 7. Enter here and		8	C
Contributions, gifts, grants, ar	nd similar amounts paid		•	9	C
Contributions, gifts, grants, and similar amounts paid Disbursements to or for members					C
Compensation of officers, directors, and trustees					0 c
Other salaries and wages					C
Interest					C
Taxes					C
Rents					C
Depreciation and depletion (See instructions)					C
				17	C
Total expenses and disbursen				18	C
Balance Sheet		of taxable year		d of taxable y	year
	(a)	(b)	(c)		(d)
				•	
receivable				•	
ceivable				•	
				•	
state government obligations				•	
in other bonds		7116 1117		•	
in stock				•	
ins				•	
nents				•	
le assets					
mulated depreciation	()	()	
				•	
				•	
et worth					
yable				•	
a street and believe to be to be to				2003250	

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Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

			_		
1	Net income per books	•	7	Income recorded on books this year	
2	Federal income tax	•		not included in this return	•
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged	
4	Income not recorded on books this year	•		against book income this year	•
	Expenses recorded on books this year not		9	Total. Add line 7 and line 8	
	deducted in this return	•	10	Net income per return.	
6	Total. Add line 1 through line 5			Subtract line 9 from line 6	

3652204 Side 2 Form 199 2020 022

7A 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
SMALL BUSINESS ADMINISTRATION	409 THIRD STREET SOUTHWEST WASHINGTON, DC 20416	02/09/21	1,514,421.	
TOTAL INCLUDED ON LINE 3			1,514,421.	