<u>TAXABLE YEAR</u> **2022** 

## California Exempt Organization Business Income Tax Return

228961 01-12-23

FORM 109

Calendar Ye	ar 20	22 or fiscal year beginning (mm/dd/yyyy) $07/01/2022$ , and ending (mm/dd/yyyy)		06/	30/2023	
and the same of th	co ( 20) -	nization name STUDENT UNION OF SAN JOSE IIVERSITY		aliforn	ia corporation number 05403	
Additional	infor	mation. See instructions.	FE	EIN O 4	2020722	
		uite/room no.) IINGTON SQUARE	PMB no.	94	-2830732	
	corpo	ration has a foreign address, see instructions.)	ZIP code 95192-	-02	01	
Foreign co	untr	r name Foreign province/state/county	Foreign po	ostal	code	
B Is this an R&TC S C Is the or audited in Final return to Enter da E Amende F Account	n edu ectior ganiz in a p urn? Disso te (m d retu ing m	ethod used: (1) Cash (2) X Accrual (3) Other L Is this a hospital?	1)?	rprise ery Are ufactur -sharir 401(a	• Yes 2 ing • Yes 2 ing, or )? • Yes 2 990	X No
G Nature of Taxable Corpora- tion	1	e or business SEE STATEMENT 9 If "Yes," attach federal Schedule H  Unrelated business taxable income from Side 2, Part II, line 30  Mult. In 1 by the avg. apport. pctg	See instr.	1 2 3	-135,992 -135,992	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30		4	133,332	00
Tax Compu- tation	6 7 8 9 10	Unrelated business taxable income from line 3 or line 4  EZ, LAMBRA, or TTA NOL carryover deduction  Net Operating Loss deduction. See General Information N  Add line 6 and line 7  Net unrelated business taxable income. Subtract line 8 from line 5  Tax 8 · 84 % x line 9. See General Information J	•	5 6 7 8 9	-135,992 -135,992	00 00 00 2 00 00
	11	Tax credits from Schedule B. See instructions		11		00
Total Tax	12 13 14	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- Alternative minimum tax. See General Information 0  Total tax. Add line 12 and line 13	•	12 13 14	C	00
Payments	15 16 17 18 19	Overpayment from a prior year allowed as a credit  2022 estimated tax payments. See instructions  Withholding (Form 592-B and/or 593). See instructions  Amount paid with extension (form FTB 3539)  Total payments and credits. Add line 15 through line 18	00 00 00 00	19		00
Use Tax/ Tax Due/	20 21 22	Use tax. See instructions Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	20 21 22		00
Overpay- ment	23 24 25	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions  Overpayment. Subtract line 14 from line 21. See instructions  Enter amount of line 24 to be applied to 2023 estimated tax	•	23 24 25		00

	26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24				•	26		00
Defund on	1	a Fill in the account information to have the refund directly deposited. Rou	ting n	umber	• 26a				
Refund or Amount		b Type: Checking ● Savings ● C Account Number			● 26c				
Due		Penalties and interest. See General Information M				0	27		00
	28	<ul> <li>Check if estimate penalty computed using Exception B or C and atta</li> </ul>	ach fo	rm FTB 5806					
		Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line					29		00
Unrelat		usiness Taxable Income							
		ed Trade or Business Income						Ć.	
1 a Gros	ss receipt	s or gross sales311,312 b Less returns and allowances		С С	Balance	0	1c	311,312	00
		sold and/or operations (Schedule A, line 7)				•	2		00
3 Gross	profit. S	Subtract line 2 from line 1c				0	3	311,312	00
4 a Cap	ital gain	net income. See Specific Line Instructions - Trusts attach Schedule D (541)				•	4a		00
		ss) from Part II, Schedule D-1				•	4b		00
		deduction for trusts				•	4c		00
		ss) from partnerships, limited liability companies, or S corporations. See Spe							
		ıle K-1 (565, 568, or 100S) or similar schedule				•	5		00
		(Schedule C)				0	6	-31,504	
7 Unrela	ited deb	t-financed income (Schedule D)	• • • • • • • • • • • • • • • • • • • •		•••••••	•	7		00
8 Invest	ment in	come of an R&TC Section 23701g, 23701i, or 23701n organization (Schedul	e E)		••••••	•	8		00
		ities, Royalties and Rents from controlled organizations (Schedule F)					9		00
		npt activity income (Schedule G)					10		00
11 Adver	tisina in	come (Schedule H, Part III, Column A)				•	11		00
		Attach schedule				•	12		00
13 Total i	ınrelate	d trade or business income. Add line 3 through line 12				•	13	279,808	
Part II	Deduct	ions Not Taken Elsewhere (Except for contributions, deductions must be di	rectly	connected with	the unrelated I	ousin		icome.)	100
		of officers, directors, and trustees from Schedule I					14	1	00
		/ages				•	15	291,206	
						•	16		00
						•	17		00
		h schedule				•	18		00
		schedule				•	19		00
20 Contri	hutions	See instructions and attach schedule					20		00
		n (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)		21a		00	20		100
		ciation claimed on Schedule A. See instructions					21		00
22 Denlet	ion Δtt:	ach schedule	L	-10	_	•	22		00
		as to defended a superior all an along					23a		00
		enefit programs. See instructions	• • • • • • • • •				23b		00
		ons. Attach schedule S	F.F.	СТАТЕМЕ	חתי 10	•	24	124,594	$\overline{}$
		ns. Add line 14 through line 24			##.##.V		25	415,800	
26 Unrela	ted hus	iness taxable income before allowable excess advertising costs. Subtract line	25 fr	om line 12			26	-135,992	
		ising costs (Schedule H, Part III, Column B)					27	133,332	00
28 Unrela	ted hus	iness taxable income before specific deduction. Subtract line 27 from line 26					28	-135,992	_
		ction. See instructions				•	29	1,000	_
20 Unrela	tad hue	iness tavable income. Subtract line 20 from line 28. If line 28 is a loss enter	line 2	Ω		155			
30 Officia	Our pri	iness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter vacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn a TB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice to	bout o	ur privacy policy sta	atement, or go to	ftb.ca	gov/fc	orms and search for 1131 to	100
Sign	Under	rib Tist EN-SF, realisties has board Privacy Notice on Collection. To request this notice the benalties of perjury, I declare that I have examined this return, including accompanying sche mplete. Declaration of preparer (other than taxpayer) is based on all information of which pre	dules a	and statements, and	and enter form co	oae 94 y knov	8 wnei /ledge	and belief, it is true, correct,	
Here	and cor		parer h	nas any knowledge.	Date			<ul> <li>Telephone</li> </ul>	
	"	cer DIRECTOR ACC	יחד	NTTN	Date			108-924-6350	
	Prepa		Date	14 1 114	Check if self-		$\overline{}$	PTIN	
Paid		ure ▶JOLANTA TUCK, CPA		/09/24	employed			201340068	
Preparer's Use Only		name (or yours,	03	705/24	ор.о,ос				
USE UIIIY		employed)   COHNREZNICK LLP						● Firm's FEIN 22-1478099	
	and ad		1 1	200				• Telephone	
	and at	BRAINTREE, MA 02184	. т.	<b>.</b>				781-380-3520	
	May #	ne FTB discuss this return with the preparer shown above? See instructions	_					• X Yes No	
	I winy ti	10 . 15 disease the retain with the property shown above: dee list details		<del> </del>				NO	

Sc	chedule A Cost of Goods Sold and/or Operations.							
Me	thod of inventory valuation (specify)		N/A					
1	Inventory at beginning of year					1		00
2	Purchases					2		00
3	Cost of labor				•	3		00
4	a Additional IRC Section 263A costs. Attach schedule					4a		00
	b Other costs. Attach schedule				•	4b		00
5	Total. Add line 1 through line 4b					5		00
6	Inventory at end of year					6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and	I on Side 2, P	art I, line 2			7		00
<u>-</u>	Do the rules of IRC Section 263A (with respect to property produced or acquired	d for resale) a	pply to this	organiz	zation?	L	Yes X No	
_	chedule B Tax Credits.	-						40.00
1	Enter credit name code •	· •	1		00			
	Enter credit name code •	··· °	2		00			
	Enter credit name code •	···· °	3		00	Tall San		
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of							
80	on line 4. Enter here and on Side 1, line 11					4		00
						Т., Т		
1	Interest computation under the look-back method for completed long-term contr					1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or resi					2a		00
^	b Method for non-dealer installment					2b		00
	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intan	igibles			······	3		00
					•	4		00
Sc	Total. Combine the amounts on line 1 through line 4. See instructions	da or hucinace	amounte			5		00
	rt A. Standard Method - Single-Sales Factor Formula. Complete this part only if			oinalo	calan factor formula			
ı aı	TA. Otalidate Method - Onlyte-Gales Lactor Formula. Complete this part only if	the corporation	(a)	Siligie	(b)	a	(c)	
		2000023000	tal within and side Californ		Total withir California	1	Percent within	
1	Total sales		side Callioni	ıa	California		California [(b) ÷ (a)] x 100	
	Apportionment percentage. Divide total sales column (b) by total sales column							
-	and multiply the result by 100. Enter the result here and on Form 109, Side 1, lin							
Par	rt B. Three Factor Formula. Complete this part only if the corporation uses the thr		mula				100	
10	The second of th		(a)		(b)		(c)	
		1.275 (20 m) h	tal within and side Californ		Total withir California	1	Percent within California [(b) ÷ (a)] >	
1	Property factor: See instructions				•		•	
2	Payroll factor: Wages and other compensation of employees				•		•	
	Sales factor: Gross sales and/or receipts less returns and allowances				•		•	
	Total percentage: Add the percentages in column (c)					atum.		
	Average apportionment percentage: Divide the factor on line 4 by 3 and enter the	Several and the second						
_	result here and on Form 109, Side 1, line 2. See instructions for exceptions						•	
Sc	chedule C Rental Income from Real Property and Personal Property Leas	ed with Real	Property					
For	rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701	li, and Section 2	3701n organiza	ations. S	See instructions for exce	eptions.		
1 D	Description of property			2 Rer	nt received or accrued		ercentage of rent attributat	ole to
_							ersonal property	
<u>CC</u>	OMMUNITY ROOM RENTAL				12,585	5		00%
							-	%
4.0	Complete if any item is column 2 is more than 500/ or for any item							%
4 if	Complete if any item in column 3 is more than 50%, or for any item the rent is determined on the basis of profit or income	5 Compl	ete if any item	in colu	mn 3 is more than 10%,		more than 50%	
(0)(0)	Deductions directly connected (b) Income includible, colu		income report		(b) Deductions directly co- with personal property		(c) Net income includib	
_	SEE STATEMENT 11 2 less column 4(a)		n 2 x column 3	<b>)</b> %	(attach schedule)		column 5(a) less col	umn 5(b)
	44,089 -31,5	U4						
_								
_								F 0 1
Add	d columns 4(b) and column 5(c). Enter here and on Side 2. Part I, line 6						-31,	504

022

S	chedule D	Dahi Fina	nced Income											
_	Description of debt-financed proper		icea income			g Gross income to	from or	3 Deducti	ons directly o	onnected v	with or allo	ncable to debt-fi	nanced property	_
1	Description of descriminated proper	.,				2 Gross income to allocable to del property		(a) Straig	ht-line dep n schedule)	reciation	THE OF LINE	(b) Other d	eductions schedule)	
a	0					•		•			0		-	
h	0					•				-				_
C	•					•				1.00			19	-
4	Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	of or allo	adjusted basis ocable to anced property schedule)	6 Debt basi percentag column 4 column 5	ge, ÷	7 Gross income reportable, column 2 x column	umn 6	8 Alloca colum	AU			9 Net income (or loss) includible, column 7 less column 8		
a	•	•		•	%	•		•				•		
b	•	•		•	%	•		•				•		
С	•	•		•	%	•		•				•		
	otal. Enter here and on Side 2, I	Part I, line	7									•		
S	chedule E Investment	Income o	f an R&TC Section	on 23701g,	Section 2	23701i, or Section	n 23701n	Organizat	tion			•		
1	Description		2 Amount		3 Deduc	tions directly cted	4 Net inve	stment inco 2 less colum	me, in 3 5 s	Set-aside	s		Balance of investment income, column 4 less column 5	ij.
_									_					
	otal. Enter here and on Side 2, I													
	nter gross income from membe													
5	chedule F Interest, An	nuities, R	loyalties and Rei	nts from Co	ntrolled (									_
						Exempt Contro	lled Organ	zations						
1	Name of controlled organizations		,	Employer identification number	1	3 Net unrelated income (loss)		Total of specified payments made		5 Part of column (4) that is included in the controlling organization's gross income		ded in ng n's	6 Deductions directly connected with income in column (5	
1							_							_
2	)													_
3														_
١	Vonexempt Controlled Organiza	ations				12.00 B 19.00 B 19.00								100
7	Taxable income					8 Net unrelated income (loss)	9	Total of spe payments		tha the org	rt of colu at is inclu control ganization oss incol	uded in lling on's	11 Deductions directl connected with income in column (10)	у
1								þ						_
2														_
3														_
4	Add columns 5 and 10													Ä
5	Add columns 6 and 11													
6	Subtract line 5 from line 4. Er	nter here a	ind on Side 2. Pa	rt I, line 9										_
	1 1 1 0		ivity Income, oth		ertisina	Income								_
1	Description of exploited activity (atta schedule if more than one unrelated is exploiting the same exempt activit	ach activity	2 Gross unrelated business income from trade or business	3 Expenses connected production unrelated income	directly d with n of	4 Net income fror unrelated trade or business, column 2 less column 3	from a	income activity that unrelated ess income	6 Expen attribu colum	table to	expe 6 les	ess exempt ense, column es column 5 not more thar mn 4	4 less column 7	
_							-							_

Total. Enter here and on Side 2, line 10

## Schedule H Advertising Income and Excess Advertising Costs

Name of periodical	2 Gro	SS	3 Direct		4 Advertising income	5 Circu	ulation	6 Read	ership	7 If	column 5 is greater than
Trume of periodical	adv	ertising ome	advertising costs		or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	inco	me	costs		co sh co gr th co co En	lumn 6, enter the income own in column 4, in Part III lumn A(b). If column 6 is eater than column 5, subtrai e sum of column 6 and lumn 3 from the sum of lumn 5 and column 2. ter amount in Part III, lumn A(b). If the amount less than zero, enter -0
a •	•		•			0		•			
b •	•		•			•		•			
С	•		•		the track and the	•		•			
Totals	•		•		•	•		•		•	
Part II Income from Periodicals Rep	orted o	n a Separate	Basis								
d •	•		•		•	•		•		0	
е •	•		•		•	•		•		•	
f •	•		•		•	•		•		0	
Part III Column A - Net Advertising I	ncome						xcess Adverti	sing Co			
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(	<ul> <li>Enter total am columns 4 or Part II, colum</li> </ul>	7, and amount I		(a) Enter "consolidated names of non-cons	d periodic olidated	cal" and/or periodicals		(b) Enter t	otal amou nounts list	nt from Part I, column 4, ed in Part II, column 4
•		)			•				0		
					•				•		
•	1,4										
•					•				•		
tenter total here and on Side 2, Part I, line 1	-	•				on Side	e 2, Part II, lind	e 27	•		
Enter total here and on Side 2, Part I, line 1 Schedule I Compensation of Office	1 6	)	Trustees		• Enter total here and	on Side	e 2, Part II, lind	e 27	_		
	1 6	)		3 Title		on Side	e 2, Part II, line 4 Percent of tim devoted to business	ne 5	_	to	6 Expense account allowances
Schedule I Compensation of Office	1 6	rectors, and		3 Title		on Side	4 Percent of tim devoted to business	ne 5	Compensati	to	
Schedule I Compensation of Office	1 6	rectors, and		3 Title		on Side	4 Percent of tim devoted to business	ne 5	Compensati	to	
Schedule I Compensation of Office	1 6	rectors, and		3 Title		on Side	4 Percent of time devoted to business	ne 5	Compensati	to	
Schedule I Compensation of Office	1 6	rectors, and		3 Title		on Side	4 Percent of tim devoted to business	% % %	Compensati	to	
Schedule I Compensation of Office	1 6	rectors, and		3 Title		on Side	4 Percent of tim devoted to business	% % % %	Compensati	to	
Schedule I Compensation of Officen  Name of officer  Total. Enter here and on Side 2, Part II, line	1 eers, Di	rectors, and		3 Title		on Side	4 Percent of tim devoted to business	% 5 % % %	Compensati	to	
Schedule I Compensation of Officent 1 Name of officer	1 deers, Di	rectors, and 2 SSN or IT	IN		Enter total here and	on Side	4 Percent of tim devoted to business	% 5 % % %	Compensati	to	
Schedule I Compensation of Officent Name of officer  Total. Enter here and on Side 2, Part II, line	1 deers, Di	rectors, and 2 SSN or IT	ns only. Trus		Enter total here and	llowable	4 Percent of tim devoted to business	% % % % %	Compensati	to	
Schedule I Compensation of Office  Name of officer  Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corpora 1 Group and guideline class or	1 deers, Di	2 SSN or IT  Association  Date acquired (mm/dd/yyyy)	ns only. Trus	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Schedule I Compensation of Office  Name of officer  Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corporal Group and guideline class or description of property	1 deers, Di	2 SSN or IT  Association  Date acquired (mm/dd/yyyy)	ns only. Trus	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corpora Group and guideline class or description of property  1 Total additional first-year depreciation	1 deers, Di	2 SSN or IT  Association  Date acquired (mm/dd/yyyy)	ns only. Trus	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corpora Group and guideline class or description of property  1 Total additional first-year depreciation 2 Other depreciation: Buildings	14tions a	2 SSN or IT  Association  Date acquired (mm/dd/yyyy)	ns only. Trus	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Schedule I Compensation of Office  Name of officer  Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corpora Group and guideline class or description of property  1 Total additional first-year depreciation 2 Other depreciation: Buildings Furniture and fixtures	1 deers, Di	2 SSN or IT  Association  Date acquired (mm/dd/yyyy)	ns only. Trus	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Schedule I Compensation of Office  Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corpora I Group and guideline class or description of property  1 Total additional first-year depreciation 2 Other depreciation: Buildings Furniture and fixtures Transportation equipment	14 tions a 2	2 SSN or IT  Association  Date acquired (mm/dd/yyyy)	ns only. Trus	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Schedule I Compensation of Office    Name of officer	14 tions a 2	2 SSN or IT  Association  Date acquired (mm/dd/yyyy)	ns only. Trus	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Compensation of Office  Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corpora Group and guideline class or description of property  1 Total additional first-year depreciation 2 Other depreciation: Buildings Furniture and fixtures Transportation equipment	14 tions a 2	2 SSN or IT  Association Date acquired (mm/dd/yyyy)	ns only. Trus	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corpora  Group and guideline class or description of property  1 Total additional first-year depreciation 2 Other depreciation: Buildings Furniture and fixtures Transportation equipment Machinery and other equipment Other (specify)	14tions a	rectors, and 2 SSN or IT  and Association  Date acquired (mm/dd/yyyy)  include in itel	ns only. Trus 3 Costo ms below)	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for
Schedule I Compensation of Office  Total. Enter here and on Side 2, Part II, line Schedule J Depreciation (Corpora Group and guideline class or description of property  1 Total additional first-year depreciation 2 Other depreciation: Buildings Furniture and fixtures Transportation equipment Machinery and other equipment Other (specify)	14tions a	rectors, and 2 SSN or IT  Association  Date acquired (mm/dd/yyyy)  include in itel	ns only. Trus 3 Cost of	ets use f	Enter total here and  orm FTB 3885F.)  4 Depreciation allowed or a	llowable	4 Percent of tim devoted to business  5 Method of computing	% % % % %	Compensati attributable unrelated bu	to	allowances  Depreciation for

022 3645224 Form 109 2022 Side 5

CA 109	NATURE O	OF TRADE	OR BUSINESS	STATEMENT 9

COMMUNITY BOWLING CENTER FEES
COMMUNITY RECREATION MEMBERSHIP FEES
COMMUNITY ROOM RENTAL
EVENT CENTER

TO FORM 109, PAGE 1

CA 109 OT	THER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
DIRECT OPERATIONS OTHER EXPENSES DIRECT OPERATIONS		30,369. 393. 93,832.
TOTAL TO FORM 109, PAGE 2, LINE 2	24	124,594.

CA 109	DEDUCTIONS	DIRECTLY	CONNECTED	WITH	RENTAL	PROPERTY	STATEMENT	11
DESCRIPTI	ION			ACTIV NUMB		AMOUNT	TOTAL	
DIRECT LA						38,806. 5,283.		
		- \$	SUBTOTAL -		1		44,0	89.
TOTAL TO	FORM 109, SC	HEDULE C,	LINE 4A				44,0	89.

TAXABLE YEAR

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

CALIFORNIA FORM
3805Q

2022

Attach to For	rm 100, Form 100	W, Form 100S,	or Form 109.					
Corporation na	ıme						California corporation number	
STATE	UNIVERS	ITY						
STUDEN	NOINU T	OF SAN	JOSE				1105403	
				on was a(n): 🍳 🔲 C			FEIN	
				ted liability company (elec	-		94-2830732	2
If the corpor	ation previously f	iled California ta	x returns under another c	orporate name, enter the	corporation name and Ca	difornia corporation	n number:	
•								
				see instructions, Gener	al Information C, Combi	ned Reporting.		
			does not have a current y		•			
				line 15; or Form 109, line			125 000	1
2 2022 46	s a positive numbe	od in line 1 Ente	r an a positive number			1 _	135,992	1 00
2 Subtract	t line 2 from line	1 If zero or less	anter -0- and see instruc	tione		<sup>2</sup> _	135,992	00
				ed in line 3 4			100,002	1 00
				ess included in line 3 4				
								00
5 General	NOL. Subtract lin	e 4c from line 3				<u></u> 5	135,992	
6 Current	year NOL. Add lin	e 2, line 4c, and	line 5. See instructions			◎ 6	135,992	2 00
							•	100
Part II NOL	L carryover and d	isaster loss carı	yover limitations. See ir	structions.				
						(g) Available bala	ance	
1 Net inco	ome - Enter the an	nount from Form	100, line 18; Form 100W	, line 18; Form 100S, line	e 15 less line 16;			
or Form	109, line 2; (but i	not less than -0-	)				0	
Prior Year N								
(a)	(b) Code - See	(c)	(d)	(e)	(f)		(h)	
Year of	instructions	Type of NOL -	Initial loss -	Carryover	Amount used		Carryover to 20	
loss		See below *	See instructions	from 2021	in 2022		col. (e) minus co	l. (f)
2 🖲				<b>o</b>			<u> </u>	
			SEE S	TATEMENT 12				
•				<b>O</b>			•	
•	1							
	-			<u> </u>			9	
•				•			•	
Current Year	r NOLe			0				
bullelli leal	INOLS					0.000	col. (d) minus col.	(f)
3 2022		DIS					See instructions	
O LULL		Dio						
4 2022		GEN	135,992				135,9	92
		_						
2022								
2022								
2022								
* Type of NO	DL: General (GEN)	, New Business	(NB), Eligible Small Busir	ness (ESB), or Disaster (D	IS).			
Part III 202	22 NOL deduction							
	e amounts in Part		**			<b>◎</b> 1 _		00
				yover deduction here and	d on Form 100, line 21;			
			9. Form 109 filers enter -			2		00
			152	line 19; Form 100W, line				
line 17;	or Form 109, line	7				◎ ₃ _		00

CA 38	05Q		PRIOR YEAR NOLS		STATEMENT 12
(A) YEAR	(B) CODE (D) LOSS	(C)TYPE OF NOL (E)C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G)AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2008		GEN			
2009	157,508.	152,508. GEN	0.	0.	152,508.
0010	219,267.	219,267.	0.	0.	219,267.
2010	338,776.	GEN 338,776.	0.	0.	338,776.
	329,986.	GEN 329,986.	0.	0.	329,986.
2012	220,140.	GEN 220,140.	0.	0.	220,140.
2013	220,110.	GEN	•	0.	220,140.
2014	124,648.	124,648. GEN	0.	0.	124,648.
	34,636.	34,636.	0.	0.	34,636.
2015	175,853.	GEN 175,853.	0.	0.	175,853.
2016		GEN			_
2017	97,419.	97,419. GEN	0.	0.	97,419.
	73,344.	73,344.	0.	0.	73,344.
2018	475,299.	GEN 475,299.	0.	0.	475,299.
2019		GEN			110/2001
2021	131,284.	131,284. GEN	0.	0.	131,284.
707T	39,089.	39,089.	0.	0.	39,089.
TOTAL	S	2,412,249.	0.		2,412,249.