

TAXABLE YEAR
2013

California Exempt Organization Annual Information Return

328941 11-14-13
FORM

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) **07/01/2013**, and ending (mm/dd/yyyy) **06/30/2014**

Incorporation/Organization Name STUDENT UNION, INC. OF SAN JOSE STATE UNIVERSITY		California corporation number 1105403
Address (suite, room, or PMB no.) ONE WASHINGTON SQUARE		FEIN 94-2830732
City SAN JOSE	State CA	ZIP Code 95192-0201

A First Return Yes No

B Amended Information Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized Enter date: (mm/dd/yyyy) _____

E Check accounting method:
 (1) Cash (2) Accrual (3) Other

F Federal return filed?
 (1) 990T (2) 990 PF (3) Sch H (990)

G Is this a group filing for the subordinates/affiliates? Yes No
 If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
 If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
 If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	13,779,662.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	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 Instruction B	4	13,779,662.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	4,618,461.00
	7	Total costs. Add line 5 and line 6	7	4,618,461.00
	8	Total gross income. Subtract line 7 from line 4	8	9,161,201.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	9,329,151.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-167,950.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Christina Kelly* Title: **ASSOCIATE DIRE** Date: **5/12/15** Telephone: **408-924-6315**

Paid Preparer's Only
 Preparer's signature: *Antonia Joh* Date: **MAY 06 2015** Check if self-employed: PTIN: **P00187374**
 Firm's name (or yours, if self-employed) and address: **MCGLADREY LLP** Telephone: **42-0714325**
105 8TH AVENUE SE, SUITE 300
OLYMPIA, WA 98501-1386 Telephone: **360-754-7244**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	263,618.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	1,557,663.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 1	•	6	4,903,447.00
	7	Other income	SEE STATEMENT 2	•	7	7,054,934.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	13,779,662.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 3	•	11	200,133.00
	12	Other salaries and wages		•	12	2,837,734.00
	13	Interest		•	13	00
	14	Taxes		•	14	947,688.00
	15	Rents		•	15	1,559,447.00
	16	Depreciation and depletion (See instructions)		•	16	442,221.00
	17	Other Expenses and Disbursements	SEE STATEMENT 4	•	17	3,341,928.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	9,329,151.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		376,638.		• 3,172,317.
2 Net accounts receivable		138,704.		• 177,178.
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock STMT 5		2,677,325.		• 4,227,905.
8 Mortgage loans				•
9 Other investments STMT 6		4,998,985.		• 643,370.
10 a Depreciable assets	5,919,584.		6,953,343.	
b Less accumulated depreciation	(3,329,710.)	2,589,874.	(3,771,931.)	3,181,412.
11 Land				•
12 Other assets STMT 7		321,825.		• 242,338.
13 Total assets		11,103,351.		11,644,520.
Liabilities and net worth				
14 Accounts payable		1,042,753.		• 1,627,514.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 8		121,171.		92,033.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		9,939,427.		• 9,924,973.
22 Total liabilities and net worth		11,103,351.		11,644,520.

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	• -14,454.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year STMT 9	• 153,496.
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	153,496.
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-167,950.
Total. Add line 1 through line 5	-14,454.		

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	1
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<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
			PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	4,618,461.	0.	0.	4,903,447.
TOTAL TO FORM 199, PAGE 2, LN 6	<u>4,618,461.</u>	<u>0.</u>	<u>0.</u>	<u>4,903,447.</u>

FORM 199	OTHER INCOME	STATEMENT	2
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INCOME	42,794.
REIMBURSED EVENT COSTS	953,829.
SERVICE FEES	5,255,357.
COMMISSIONS	195,901.
REIMBURSED WAGES & BENEFITS	444,555.
STUDENT FEES	162,498.
TOTAL TO FORM 199, PART II, LINE 7	<u>7,054,934.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOSEE LAROCHELLE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	VP OF ADMIN & FINANCE 2.00	0.
BILL NANCE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	VP OF STUDENT AFFAIRS 2.00	0.
EMILY WUGHALTER ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	BOARD MEMBER 2.00	0.
NICHOLAS AYALA ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	AS PRESIDENT 2.00	0.
JOSHUA ROMERO ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	BOARD MEMBER 2.00	0.
JOEY RUTH ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	BOARD MEMBER 2.00	0.
STACY GLEIXNER ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	BOARD MEMBER 2.00	0.
ANDREW JOHNSON ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	BOARD MEMBER - VICE CHAIR 2.00	0.
TANYA KOROYAN ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	BOARD MEMBER 2.00	0.
MILTON SOLORZANO ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	BOARD MEMBER - CHAIR 2.00	0.
ERIKA JACKSON ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	BOARD MEMBER 2.00	0.

CATHY BUSALACCHI ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	EXEC. DIRECTOR-SECRETARY 40.00	200,133.
THEODORE CADY ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	EVENT DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>200,133.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
EVENT COSTS	1,034,980.
REPAIRS & MAINTENANCE	340,659.
RESERVE EXPENSES	173,120.
COMMUNICATIONS	101,811.
PENSION PLAN CONTRIBUTIONS	126,366.
OTHER EMPLOYEE BENEFITS	777,063.
LEGAL FEES	90,973.
ACCOUNTING FEES	43,079.
INVESTMENT MANAGEMENT FEES	49,909.
OTHER PROFESSIONAL FEES	78,673.
OFFICE EXPENSES	257,508.
TRAVEL	18,900.
INSURANCE	197,481.
ALL OTHER EXPENSES	51,406.
TOTAL TO FORM 199, PART II, LINE 17	<u>3,341,928.</u>

FORM 199	INVESTMENTS IN STOCK	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	2,677,325.	4,227,905.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	<u>2,677,325.</u>	<u>4,227,905.</u>

FORM 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DOUBLELINE TOTAL RETURN BD N	976,820.	0.	
FEDERATED ST INC FD CL A	693,182.	0.	
LOOMIS SAYLES STRATEGIC INC FD	573,223.	0.	
LOOMIS SAYLES INVESTMENT GRADE BD	1,002,544.	0.	
VIRTUS MULTI-SECTOR ST BD	1,753,216.	643,370.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	4,998,985.	643,370.	

FORM 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	49,237.	17,585.	
FUNDS HELD IN TRUST	121,171.	92,033.	
LETTER OF CREDIT	25,000.	25,000.	
CONSTRUCTION IN PROGRESS	126,417.	107,720.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	321,825.	242,338.	

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITORY ACCOUNTS	121,171.	92,033.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	121,171.	92,033.	

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	9
DESCRIPTION	AMOUNT		
UNREALIZED GAIN	153,496.		
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	153,496.		