State Charity Registration Number: CT 047135

STUDENT UNION, INC. OF SAN JOSE
STATE UNIVERSITY

ONE WASHINGTON SQUARE
Address (Number and Street)
SAN JOSE, CA 95192-0201

Gross Receipts Fee
Less than $25,000 0
Between $25,000 and $100,000 $25

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

<table>
<thead>
<tr>
<th>Gross Annual Revenue Fee</th>
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<tbody>
<tr>
<td>Between $100,001 and $250,000 $50</td>
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<tr>
<td>Between $250,001 and $1 million $75</td>
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<tr>
<td>Between $1,000,001 and $10 million $150</td>
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<tr>
<td>Between $10,000,001 and $50 million $225</td>
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<tr>
<td>Greater than $50 million $300</td>
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Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 1105403
Federal Employer I.D. No. 94-2830732

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2017 ending 06/30/2018) list:

Gross annual revenue $ 12,672,142. Total assets $ 14,176,346.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof directly or with an entity in which any such officer, director or trustee had any financial interest? Yes | No | X

2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? X

3. During this reporting period, did non-program expenditures exceed 50% of gross revenue? X

4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. X

5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. X

6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. X

7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. X

8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. X

9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? X

Organization’s area code and telephone number (408) 924-635

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

CEDRIC WOOLFORK ASSOCIATE DIRECTOR

Signature of authorized officer Printed Name Title Date

RRF-1 (08/2017)