Forn	990-T	1	OMB No. 1545-0047		
		For cal	(and proxy tax under section 6033(e)) endar year 2021 or other tax year beginning JUL 1, 2021 , and ending JUN 30, 202	22	2021
		1 01 001	► Go to www.irs.gov/Form990T for instructions and the latest information.	<u> </u>	
	rtment of the Treasury nal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed.		Name of organization (Check box if name changed and see instructions.) STUDENT UNION OF SAN JOSE		ployer identification number
	exempt under section	Print	STATE UNIVERSITY	-	94-2830732
X	501(c)(3) 408(e) 220(e)	Type	Number, street, and room or suite no. If a P.O. box, see instructions. ONE WASHINGTON SQUARE		oup exemption number e instructions)
	408A		City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95192-0201	F [Check box if
			ok value of all assets at end of year		an amended return.
<u>G</u>	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
<u>H</u>	Check if filing only to	o >	Claim credit from Form 8941 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		2
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
<u>L</u>				(40	8) 924-6315
Pa	art I Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4			see instructions for limitation rules)	4	0.
5			taxable income before net operating losses. Subtract line 4 from line 3	5	
6		•	ng loss. See instructions	6	0.
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from			7	1 000
8	•		rally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	1 000
10	Total deductions.			10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
Pa	enter zeroart II Tax Com	putati	on	11	0.
1	Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n:	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See ii	nstructions	4	
5	Alternative minimu	um tax (trusts only)	5	
6	Tax on noncompl	liant fa	cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.

Form **990-T** (2021)

LHA For Paperwork Reduction Act Notice, see instructions.

Part	III T	Гах and Payments						
1a	Foreig	gn tax credit (corporations attach Form 1	118; trusts attach Form 1116)	1a				
b	Other	credits (see instructions)		1b				
С	Gener	ral business credit. Attach Form 3800 (se						
d		t for prior year minimum tax (attach Form		1 1				
е	Total	credits. Add lines 1a through 1d				1e		
2	Subtra					2		0.
3	Other		4255 Form 8611 Fo	rm 8697 🛭	Form 8866			
		Other	(attach statement)			3		
4	Total	tax. Add lines 2 and 3 (see instructions).						
		n 1294. Enter tax amount here	· · · · · · · · · · · · · · · · · · ·	-		4		0.
5		nt net 965 tax liability paid from Form 96				5		0.
6a		ents: A 2020 overpayment credited to 20						
b		estimated tax payments. Check if section						
С				_				
d	Foreig	gn organizations: Tax paid or withheld at						
е	Backu	up withholding (see instructions)		6e				
f	Credit	t for small employer health insurance pre	miums (attach Form 8941)	6f				
g	Other	credits, adjustments, and payments:	Form 2439					
		Form 4136	Other Total	▶ 6g				
7	Total	payments. Add lines 6a through 6g				7		
8		ated tax penalty (see instructions). Checl			▶ □	8		
9	Tax d	ue. If line 7 is smaller than the total of lin				9		
10		payment. If line 7 is larger than the total				10		
11		the amount of line 10 you want: Credite			Refunded >	11		
Part	IV S	Statements Regarding Certain	Activities and Other Inform	ation (see	instructions)			
1	At any	y time during the 2021 calendar year, did	I the organization have an interest in	or a signatur	e or other authority	,	Yes	No
	over a	a financial account (bank, securities, or of	ther) in a foreign country? If "Yes," t	he organizatio	on may have to file			
	FinCE	N Form 114, Report of Foreign Bank and	d Financial Accounts. If "Yes," enter	the name of t	he foreign country			
	here	>						X
2	During	g the tax year, did the organization receiv	ve a distribution from, or was it the g	rantor of, or t	ransferor to, a			
	foreig	n trust?						X
	If "Yes	s," see instructions for other forms the o	rganization may have to file.					
3		the amount of tax-exempt interest receive						
4	Enter	available pre-2018 NOL carryovers here	▶ \$ <u>2,206,032</u> . Don	ot include any	post-2017 NOL ca	arryover		
	showr	n on Schedule A (Form 990-T). Don't redu	uce the NOL carryover shown here b	y any deduct	ion reported on Pa	rt I, line 4.		
5		2017 NOL carryovers. Enter available Bus		-				
	the ar	nounts shown below by any NOL claime	d on any Schedule A, Part II, line 17	for the tax ye	ar. See instruction	S.		
		Business Activi		Availat	ole post-2017 NOL			
			000	\$		483,557.		
		530	000	\$		135,126.		
6a		e organization change its method of acc	, , , , , , , , , , , , , , , , , , , ,					<u> </u>
b	If 6a is	s "Yes," has the organization described t	he change on Form 990, 990-EZ, 99	0-PF, or Form	n 1128? If "No,"			
D		n in Part V						
Part		Supplemental Information						
Provide	the ex	xplanation required by Part IV, line 6b. Al	so, provide any other additional info	rmation. See	instructions.			
	Lin	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules a	and statements, an	d to the best of my knowl	edge and belief it is t	rue	
Sign	co	rrect, and complete. Declaration of preparer (other than	n taxpayer) is based on all information of which pr	reparer has any kn	owledge.	edge and belief, it is t	rue,	
Here			1			May the IRS discuss t		with
		Signature of officer	Date FINAL	NCE		the preparer shown be		¬ " .
		T_ : _	T	Data		instructions)? X	162	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid		CITE DODICOM	CITE DODICON	04/25/	self- employed	P0056	በበማኅ	
Prepa		SUE ROBISON	SUE ROBISON	04/26/				
Use C	nly	Firm's name ► RSM US LLP	ENUE, SUITE 2800		Firm's EIN	44-07	<u>++34</u>	
		920 5TH AV Firm's address ► SEATTLE W	Dhone no	206-281-	1111			

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/07	235,779.	18,000.	217,779.	217,779.
06/30/08	216,676.	0.	216,676.	216,676.
06/30/09	157,508.	0.	157,508.	157,508.
06/30/10	219,267.	0.	219,267.	219,267.
06/30/11	338,776.	0.	338,776.	338,776.
06/30/12	329,986.	0.	329,986.	329,986.
06/30/13	220,140.	0.	220,140.	220,140.
06/30/14	124,648.	0.	124,648.	124,648.
06/30/15	34,636.	0.	34,636.	34,636.
06/30/16	175,853.	0.	175,853.	175,853.
06/30/17	97,419.	0.	97,419.	97,419.
06/30/18	73,344.	0.	73,344.	73,344.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,206,032.	2,206,032.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization STUDENT UNION OF SAN JOSE

STATE UNIVERSITY

B Employer identification number
94-2830732

C Unrelated business activity code (see instructions) ► 710000

D Sequence: 1 of 2

<u>E</u> Describe the unrelated trade or business ▶ART, ENTERTAINMENT & RECREATION Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 43,491. **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 43,491. 43,491. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 43,491. **Total.** Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	63,676.
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions		
8	Less depreciation claimed in Part III and elsewhere on return	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 2	14	18,070.
15	Total deductions. Add lines 1 through 14	15	81,746.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-38,255.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-38,255.
1114	For Denominals Deduction Act Nation and instructions	Cabadi	In A /Farm 000 T) 0004

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

⊃ac	ie	1

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on •		Page Z
1	Little mot	nod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part Part					
1	Description of property (property street address, city, s		-		
	A	, Lin 6646). 611661(1	ra adar doo. ooo moar		
	В 🗆				_
	c				_
	D				_
		Α Ι	В	С	
2	Rent received or accrued		_	-	
а	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	,		•	•	
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	and on Part I. line 6. co	olumn (A)	0.
	Deductions directly connected with the income		, ,		
4	in lines 2(a) and 2(b) (attach statement)				
	, , , , , , , , , , , , , , , , , , , ,			<u>.</u>	
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Parl	I, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	10			0.

Page :

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r age o
			_			E	xempt Contro	lled Org	ganization	s .	
	Name of controlle organization	d	2. Employer identification number			al of specified nents made that is included controlling org tion's gross in		included olling orga	in the aniza-	6. Deductions directly connected with income in column 5	
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>											
	'. Taxable Income	۱ ،	Net unrelated		Controlled Or otal of specif		1	of colur	mn O	44	Doductions directly
,	. Taxable income	in	come (loss) e instructions)		yments mad		10. Part of column 9 that is included in the controlling organization's gross income		n the ation's	connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here line 8, c	and on	Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	ructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1 -1						A del ana accepta in
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part	VIII Exploited E	vemnt /	Activity Income,	Other 1	Than Adve	0.	Income	:			0.
1	Description of exploite		Cuvity income,	Julei I	man Auve	ı uəni		see ins	uucuons)		
2	Gross unrelated busin	•	e from trade or busi	nece Ente	r here and or	n Dart I	line 10. colum	- (Δ)		2	
3	Expenses directly con					,	•	. , .		-	
-										3	
4	Net income (loss) from										
	`					•				4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2021

	dule A (Form 990-T) 2021					Page 4
Part 1	IX Advertising Income Name(s) of periodical(s). Check box if reportin	a two or m	acro poriodicale on	a consolidated bas	io	
'	A Production A Pro	ig two or ii	iore periodicais on	a consolidated bas	ilS.	
	В 🗆					
	c 🗆					
	D					
Enter	amounts for each periodical listed above in the	correspon	ding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	11, column (A)		>	0.
а		_				
3	Direct advertising costs by periodical	L				
а	Add columns A through D. Enter here and on	Part I, line	11, column (B)		>	0.
		_				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	I				
	line 4 showing a loss or zero, do not complete					
_	lines 5 through 7, and enter zero on line 8	Г				
5 6	Readership costs Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is less	ss				
	than line 6, enter zero	1				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr			total or zero here a	nd on	
	Part II, line 13				>	0.
Part	X Compensation of Officers, Dir	ectors,	and Trustees	(see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
<u>(2)</u>					%	
(3) (4)					%	
(4)	l				70	
Tota	I. Enter here and on Part II, line 1					0.
Part						
	11	o in loti doti	5110)			

FORM 990-T	(A)	OTHER DEDUCTION	ONS	STATEMENT 2
DESCRIPTIO	N			AMOUNT
	 CRATIONS EXPENSE CATED EXPENSES			6,604. 11,466.
TOTAL TO S	CHEDULE A, PART II	, LINE 14		18,070.
990-T SCH	A POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20	441,167. 42,390.	0. 0.	441,167. 42,390.	441,167. 42,390.
NOL CARRYC	VER AVAILABLE THIS	YEAR	483,557.	483,557.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

ZUZ I

Department of the Treasury Internal Revenue Service

Name of the organization

STATE UNIVERSITY

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

STUDENT UNION OF SAN JOSE

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

94 - 2830732

<u>c</u> ს	Inrelated business activity code (see instructions) > 53000	D Sequence: 2	Sequence: 2 of 2		
E D	escribe the unrelated trade or business ROOM RENTAL/	AV			
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6	400.	1,234.	-834.
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	400.	1,234.	-834.
1	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion				
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)			14	
15	T			4-	0.
16	Unrelated business income before net operating loss deduction. Su				<u> </u>
	column (C)		,	, I	-834.
17	Deduction for net operating loss. See instructions			17	0.
 18	Unrelated business taxable income. Subtract line 17 from line 16				-834.
	For Paperwork Reduction Act Notice, see instructions.				A (Form 990-T) 202

II Cost of Goods Sold Enter method	d of inventory valuation			
Inventory at beginning of year	•		1	
, , , , , , , , , , , , , , , , , , , ,				
Additional section 263A costs (attach statement)				
, , , , , , , , , , , , , , , , , , , ,			_	
				Yes No
A ROOM RENTAL/AV				SE, CA 95
D		_		
	Α	В	С	D
	_			
	0.			
	400			
. ,	400.			
	400			
Add lines 2a and 2b, columns A through D	400.			
Total deductions. Add line 4 columns A through D. Enter	here and on Part I, line	e 6, column (B)	>	1,234
Unrelated Debt-Financed Income (see	instructions)			1,234
Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city	instructions)			1,234
Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	instructions)			1,234
Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	instructions)			1,234
Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	instructions)			1,234
Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A	instructions)			1,234 D
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C D C C C C C C C C C C C C C C C C	instructions) r, state, ZIP code). Chec	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C D C C C C C C C C C C C C C C C C	A A	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C Description of allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)	A A	B B	c C	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	A A	ck if a dual-use. See	instructions.	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	A A %	B B	instructions.	
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	A A %	B B	instructions.	D
Description of debt-financed property (street address, city A B C C C C C C C C C C C C C C C C C C	A A %	B B	instructions.	D
	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter her Do the rules of section 263A (with respect to property pro V Rent Income (From Real Property and P Description of property (property street address, city, stat A ROOM RENTAL/AV B C D Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property (if the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for r W Rent Income (From Real Property and Personal Property Description of property (property street address, city, state, ZIP code). Check if a A ROOM RENTAL/AV ONE WASH B C D Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued. Add line 2c columns A through D. Enter here and Deductions directly connected with the income	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the or cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the or cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the or cost of goods. The cost of goods and property Leased with Research Pro	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Went Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A ROOM RENTAL/AV ONE WASHINGTON SQUARE, SAN JO Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) O the real and personal property (if the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Peductions directly connected with the income

Part	VI Interest, Annu	ities, Ro	yalties, and Re	ents fron	n Control	led Or	ganizations	S (see	e instruct	ions)	Page 3
	·						Exempt Contro	`			
	Name of controlled organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made sometiments made controlling orgation's gross inc		t of colur included Illing orga	nn 4 in the aniza-	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)				<u> </u>		<u> </u>					
	Tayabla Ingome	0.1		1	Controlled Or	•		of oolum	an O	44	Doductions directly
,	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded in	n the ation's		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						>			0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instrı	uctions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A alal a						A del passo unito in
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	,					here and on Part I,
Totals					line 9, colu	ımn (A) • 0					line 9, column (B)
Part	VIII Exploited E	xemnt 4	ctivity Income	Other T	l Than Δdve		Income	ooo inat	ructions)		0.
1	Description of exploite			, Other I	Hall Adve	, uoni	g moonie (SEE 11151	ructions)		
2	Gross unrelated busine	•		ness Ente	r here and o	n Part I	line 10 colum	n (A)		2	
3	Expenses directly con						•				
_	line 10, column (B)		•					,		3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expens	ses. Subtr	act line 5 from line 6	S, but do no	ot enter more	e than th	ne amount on I	ine			
	4. Enter here and on P	art II, line	12							7	

Schedule A (Form 990-T) 2021

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals or	a consolidated basis.		
	A 🔲				
	В 🗆				
	c 🗆				
	D				
Ct					
Enter a	amounts for each periodical listed above in the	_			
		A	В В	С	D
2	Gross advertising income	•			
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		▶	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		▶	0.
4	Advertising gain (loss). Subtract line 3 from lir	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir	1			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
'					
	line 5, subtract line 6 from line 5. If line 5 is les	l l			
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	l l			
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through D. Enter the gr	reater of the line 8a, columns	total or zero here and	on	•
	Part II, line 13			on >	0.
a Part	Part II, line 13			_	0.
	Part II, line 13			_	0. 4. Compensation
	Part II, line 13		(see instructions)	>	
	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	3. Percentage	4. Compensation
	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	3. Percentage of time devoted	4. Compensation attributable to
Part	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
(1) (2)	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2)	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name	ectors, and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
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(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1	ectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

990-T SCH A	A POST-	2017 NET OPERATING	LOSS DEDUCTION	STATEMENT 4	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/19 06/30/20	40,132. 94,994.		40,132. 94,994.	40,132. 94,994.	
NOL CARRYO	VER AVAILABLE TH	135,126.	135,126.		

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 5
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT LABOR DIRECT OPERATION INDIRECT ADMIN E	-			358. 81. 795.	
		- SUBTOTA	L – 2		1,234.
TOTAL TO FORM 99	0-т, schedui	LE A, PART	IV, LINE 4		1,234.