

2013 California Exempt Organization Business Income Tax Return

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

Corporation/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 Filed? [] Yes [X] No
B Is this an education IRA within the meaning of R&TC Section 23712? [] Yes [X] No
C Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No
D Final Return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized (attach explanation)
E Amended Return [] Yes [X] No
F Accounting Method Used: (1) [] Cash (2) [X] Accrual (3) [] Other
G Nature of trade or business RENTAL
H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? [] Yes [X] No
I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? [] Yes [X] No
J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? [] Yes [X] No
K Unrelated Business Activity (UBA) Code 532000
L Is this a Hospital? [] Yes [X] No

Table with 27 rows and 3 columns: Description, Line Number, Amount. Includes sections for Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, and Refund (Direct Deposit of Refund) or Amount Due.

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2	2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3	3 Gross profit. Subtract line 2 from line 1c			3	00
4	4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
	b Net gain (loss) from Part II, Schedule D-1			4b	00
	c Capital loss deduction for trusts			4c	00
5	5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	00
6	6 Rental income (Schedule C)			6	-124,648.00
7	7 Unrelated debt-financed income (Schedule D)			7	00
8	8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9	9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10	10 Exploited exempt activity income (Schedule G)			10	00
11	11 Advertising income (Schedule H, Part III, Column A)			11	00
12	12 Other income. Attach schedule			12	00
13	13 Total unrelated trade or business income. Add line 3 through line 12			13	-124,648.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	14 Compensation of officers, directors, and trustees from Schedule I			14	00
15	15 Salaries and wages			15	00
16	16 Repairs			16	00
17	17 Bad debts			17	00
18	18 Interest			18	00
19	19 Taxes			19	00
20	20 Contributions			20	00
21	a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00		
	b Less: depreciation claimed on Schedule A	21b	00	21	00
22	22 Depletion			22	00
23	a Contributions to deferred compensation plans	23a	00		
	b Employee benefit programs	23b	00		
24	24 Other deductions			24	00
25	25 Total deductions. Add line 14 through line 24			25	00
26	26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	-124,648.00
27	27 Excess advertising costs (Schedule H, Part III, Column B)			27	00
28	28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			28	-124,648.00
29	29 Specific deduction			29	1,000.00
30	30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			30	-124,648.00

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	<i>Justin A. Kelly</i>	Title	ASSOCIATE DIRECTOR	Date	5/2/15	Telephone	408-924-6315
	Preparer's signature	<i>Antonia Goh</i>	Date	MAY 06 2015	Check if self-employed	<input type="checkbox"/>	PTIN	P00187374
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	MCGLADREY LLP 105 8TH AVENUE SE, SUITE 300 OLYMPIA, WA 98501-1386			FEIN	42-0714325	Telephone	360-754-7244
	May the FTB discuss this return with the preparer shown above? See instructions							<input checked="" type="checkbox"/> Yes

Schedule A Cost of Goods Sold and/or Operations.

Method 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 on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits. Do not claim the New Jobs Credit on Schedule B.

1	Enter credit name	code	1	00	
2	Enter credit name	code	2	00	
3	Enter credit name	code	3	00	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Jobs Credit, on line 4. Enter here and on Side 1, line 11c			4	00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%

STATEMENT 10

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected SEE STATEMENT 11	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property	(c) Net income includible, column 5(a) less column 5(b)

columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 **-124,648.**

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation	(b) Other deductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income 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.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
Totals						

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income 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.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-

Part III Column A - Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7
Enter total here and on Side 2, Part I, line 11	

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (MM/DD/YYYY)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

FORM 109 SCHEDULE C - RENTAL INCOME FROM REAL PROPERTY AND STATEMENT 10
 PERSONAL PROPERTY LEASED WITH REAL PROPERTY

1	ACTIVITY NUMBER	2 RENT RECEIVED	3 PCT ATTRIBUTABLE TO PERSONAL PROP
DESCRIPTION OF PROPERTY			
BOWLING CENTER	1	200.	100.00%

4A DEDUCTIONS	4B INCOME	5A GROSS INCOME	5B DEDUCTIONS	5C NET INCOME
		200.		

1	ACTIVITY NUMBER	2 RENT RECEIVED	3 PCT ATTRIBUTABLE TO PERSONAL PROP
DESCRIPTION OF PROPERTY			
ROOM RENTAL/AV	2	26,835.	100.00%

4A DEDUCTIONS	4B INCOME	5A GROSS INCOME	5B DEDUCTIONS	5C NET INCOME
		26,835.		

1	ACTIVITY NUMBER	2 RENT RECEIVED	3 PCT ATTRIBUTABLE TO PERSONAL PROP
DESCRIPTION OF PROPERTY			
AQUATIC CENTER	3	58,146.	100.00%

4A DEDUCTIONS	4B INCOME	5A GROSS INCOME	5B DEDUCTIONS	5C NET INCOME
282,522.	-224,376.			

1	ACTIVITY NUMBER	2 RENT RECEIVED	3 PCT ATTRIBUTABLE TO PERSONAL PROP
DESCRIPTION OF PROPERTY			
SPORT CLUB	4	23,421.	100.00%

4A DEDUCTIONS	4B INCOME	5A GROSS INCOME	5B DEDUCTIONS	5C NET INCOME
231,631.	-208,210.			

1	ACTIVITY	2	3
DESCRIPTION OF PROPERTY	NUMBER	RENT RECEIVED	PCT ATTRIBUTABLE TO PERSONAL PROP
TM/ECBO	5	42,983.	100.00%

4A	4B	5A	5B	5C
DEDUCTIONS	INCOME	GROSS INCOME	DEDUCTIONS	NET INCOME
97,303.	-54,320.			

1	ACTIVITY	2	3
DESCRIPTION OF PROPERTY	NUMBER	RENT RECEIVED	PCT ATTRIBUTABLE TO PERSONAL PROP
ARENA INCOME	6	700,577.	100.00%

4A	4B	5A	5B	5C
DEDUCTIONS	INCOME	GROSS INCOME	DEDUCTIONS	NET INCOME
365,354.	335,223.			
976,810.	-124,648.			

TOTALS				
TOTAL TO FORM 109, SCHEDULE C (COL 4B + COL 5C)				-124,648.

FORM 109 DEDUCTIONS DIRECTLY CONNECTED WITH RENTAL PROPERTY STATEMENT 11

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
- SUBTOTAL -	3	282,522.	282,522.
- SUBTOTAL -	4	231,631.	231,631.
- SUBTOTAL -	5	97,303.	97,303.
- SUBTOTAL -	6	365,354.	365,354.
TOTAL TO FORM 109, SCHEDULE C, LINE 4A			976,810.

2013

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

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

STATE UNIVERSITY
STUDENT UNION, INC. OF SAN JOSE

1105403

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation S Corporation
 Exempt Organization Limited Liability Company (electing to be taxed as a corporation)

FEIN
94-2830732

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number	1	124,648.00
2	2013 disaster loss included in line 1. Enter as a positive number	2	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	124,648.00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a	00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
	c Add line 4a and line 4b	4c	00
5	General NOL. Subtract line 4c from line 3	5	124,648.00
6	Current Year NOL. Add line 2, line 4c, and line 5. See instructions	6	124,648.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2011 and/or 2012, complete

Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7	2013 NOL carryback used to offset 2011 net income. Enter the amount from Part III, line 3, column (f)	7	00
8	2013 NOL carryback used to offset 2012 net income. Enter the amount from Part III, line 3, column (h)	8	00
9	2013 NOL carryover to 2014. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9	124,648.00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2013 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions.
Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income (loss) - Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2.	(g) Available balance	0.
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Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss	(e) Carryover from 2012	(f) Amount used in 2013	(h) Carryover to 2014 col. (e) - col. (f)
2				<input checked="" type="radio"/>		<input checked="" type="radio"/>
			SEE STATEMENT 12	<input checked="" type="radio"/>		<input checked="" type="radio"/>
				<input checked="" type="radio"/>		<input checked="" type="radio"/>
				<input checked="" type="radio"/>		<input checked="" type="radio"/>

Current Year NOLs

Year	Type of NOL	Initial loss	Amount used in 2013	col. (d) - col. (f)
3 2013	DIS			
4 2013	GEN	124,648.		124,648.
2013				
2013				
2013				

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

1 2011 Net income - Enter the amount from 2011 Form 100, line 23; Form 100W, line 23; Form 100S line 21 (but not less than -0-); or taxable income from Form 109, line 9 **0.**

2 2012 Net income - Enter the amount from 2012 Form 100, line 23; Form 100W, line 23; Form 100S, line 21 (but not less than -0-); or taxable income from Form 109, line 9 **0.**

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below*	(d) Initial loss	(e) Carryback limitations 50% of col. (d)	2011		2012		(j) Carryover to 2014 col. (d) - (col. (f) + col. (h))
					(f) Carryback used - See instructions	(g) After carryback col. (e) minus col. (f)	(h) Carryback used - See instructions	(i) After carryback col. (g) minus col. (h)	
3 2013		GEN	124,648	62,324	0	62,324	0	62,324	124,648
2013									
2013									
2013									
2013									

* Type of NOL: General (GEN), New Business (NB), or Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2013 NOL deduction

1 Total the amounts in Part II, line 2, column (f) 1 **00**

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0- 2 **00**

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7 **3 00**

FORM 3805Q

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
2006		GEN			
	235,779.	235,779.	0.	0.	235,779.
2007		GEN			
	216,676.	216,676.	0.	0.	216,676.
2008		GEN			
	157,508.	157,508.	0.	0.	157,508.
2009		GEN			
	219,267.	219,267.	0.	0.	219,267.
2010		GEN			
	338,776.	338,776.	0.	0.	338,776.
2011		GEN			
	329,986.	329,986.	0.	0.	329,986.
2012		GEN			
	220,140.	220,140.	0.	0.	220,140.
TOTALS		1,718,132.	0.		1,718,132.

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name STUDENT UNION, INC. OF SAN JOSE STATE UNIVERSITY	Identifying number 94-2830732
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>13,779,662.00</u>
2 Total gross income (Form 199, line 8)	2	<u>9,161,201.00</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>9,329,151.00</u>

Part II Settle Your Account Electronically for Taxable Year 2013

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.

Sign Here  Date 5/12/13 Title **ASSOCIATE DIRECTOR**


Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign ERO's signature _____ Date _____ Check if also paid preparer Check if self-employed ERO's PTIN _____

Firm's name (or yours if self-employed) and address: **MCGLADREY LLP**
105 8TH AVENUE SE, SUITE 300
OLYMPIA, WA FEIN **42-0714325**
ZIP Code **98501-1386**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature  Date **MAY 06 2015** Check if self-employed Paid preparer's PTIN **P00187374**

Firm's name (or yours if self-employed) and address: **MCGLADREY LLP**
105 8TH AVENUE SE, SUITE 300
OLYMPIA, WA FEIN **42-0714325**
ZIP Code **98501-1386**