990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

-101,546.

Form **990-T** (2013)

For calendar year 2013 or other tax year beginning $\,^{
m JUL}\,^{
m 1}\,^{
m J}\,$, 2013, and ending $\,^{
m JUN}\,^{
m 30}$, 20 $\,^{
m 13}\,$ 2013 ► See separate instructions. ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed D Employer identification number (Employees' trust, see instructions.) UNIVERSITY STUDENT UNION, CALIFORNIA STATE UNIVERSITY, NORTHRIDGE **B** Exempt under section **Print** 23-7321859 ■ 501(**c**)(3) Number, street, and room or suite no. If a P.O. box, see instructions. or 18111 NORDHOFF STREET E Unrelated business activity codes 408(e) 220(e) **Type** (See instructions.) 530(a) 408A City or town, state or province, country, and ZIP or foreign postal code NORTHRIDGE, CA 91330-8272 529(a) C Book value of all assets at end of year Group exemption number (See instructions.) G Check organization type ► ■ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust 3,601,442. Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . \triangleright \square Yes \square No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ JOSEPH ILLUMINATE Telephone number ▶ 818-677-2839 **Unrelated Trade or Business Income** (A) Income (B) Expenses Gross receipts or sales 73,717. 73,717. c Balance ▶ **b** Less returns and allowances 1c 2 Cost of goods sold (Schedule A, line 7) . . 2 3 Gross profit. Subtract line 2 from line 1c. 3 73,717. 73,717. Capital gain net income (attach Form 8949 and Schedule D) 4a 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 7 7 Unrelated debt-financed income (Schedule E) . . . 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 12 Other income (See instructions; attach schedule.). 73,717. 13 **Total.** Combine lines 3 through 12 13 73,717. Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 122,665. 16 16 Repairs and maintenance 17 17 Bad debts 18 Interest (attach schedule) 18 19 Taxes and licenses . . . 19 20 Charitable contributions (See instructions for limitation rules.) . 20 21 Depreciation (attach Form 4562) 21 10,733. 22 Less depreciation claimed on Schedule A and elsewhere on return . 22a 22b 23 23 24 Contributions to deferred compensation plans 24 25 25 22,680. Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) 28 28 19.185. Other deductions (attach schedule) 29 **Total deductions.** Add lines 14 through 28 29 175,263. 30 -101,546. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . 32 -101,546. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) 1,000.

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

34

	Ta	ax Computation											
35		zations Taxable as Corp					tion. C	Controlled gr	oup				
	membe	rs (sections 1561 and 1560	3) check he	ere ▶ 🖂 Se	e instru	ictions and:		-					ĺ
а							ckets (in that order):				l
-	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that o (1) \$ (2) \$ (3) \$								•				l
b		rganization's share of: (1)	-	5% tax (not n	J , , L	•	\$						ĺ
		itional 3% tax (not more th					\$						ĺ
•		tax on the amount on line		-						35c		0.	ĺ
		Taxable at Trust Rat								330		0.	
36						•				00			ĺ
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions									36			-
37										37			-
38		tive minimum tax								38			<u> </u>
39		Add lines 37 and 38 to line	35c or 36,	whichever ap	oplies .					39		0.	i
		ax and Payments											
40a	Foreign	tax credit (corporations attac	ch Form 11	18; trusts atta	ch Form	1116) .	40a						ĺ
b	Other c	redits (see instructions) .					40b						ĺ
С	Genera	I business credit. Attach Fo	orm 3800 (see instructio	ns)		40c						ĺ
d		or prior year minimum tax	•		•		40d						ĺ
e		redits. Add lines 40a throu							_	40e			ĺ
41		et line 40e from line 39 .							•	41		0.	
42		kes. Check if from: Form 4								42		•	
43								illacii scriedule)	•	43		0.	
							1 1			43		0.	
44a	-	nts: A 2012 overpayment c					44a			-			ĺ
b		stimated tax payments .					44b						ĺ
С	-	oosited with Form 8868 .					44c						ĺ
d	_	Foreign organizations: Tax paid or withheld at source (see instructions) . 44d										ĺ	
е	-	Backup withholding (see instructions)										ĺ	
f	Credit f	or small employer health ir				n 8941) .	44f						ĺ
g	Other c	redits and payments:	☐ Form	2439									ĺ
	☐ Form	1 4136	Other			Total ►	44g						ĺ
45	Total p	ayments. Add lines 44a th	rough 44g							45			ĺ
46	Estimat	ed tax penalty (see instruc	tions). Che	ck if Form 22	220 is at	tached)	▶ □	46			
47		e. If line 45 is less than the							•	47		0.	
48		yment. If line 45 is larger t							•	48		0.	
49	•	amount of line 48 you want:						Refunde	d ►	49			
		atements Regarding C				Informatio	n (see			10			
	_	time during the 2013					•		·	a cian	atura	Yes	No
1		er authority over a											
		ier authority over a 5, the organization ma											
		al Accounts. If YES, enter t	•				nep	OIL OI FO	eigii	Dalik	anu		
•				•									Х
2	•	he tax year, did the organizati				•	or of, or	transferor to,	a for	eign trust	? .		>
		see instructions for other for		•	-								
3		e amount of tax-exempt in						\$					
Sche	dule A-	-Cost of Goods Sold.	Inter met	hod of inver	ntory va								
1	Invento	ry at beginning of year	1		6	Inventory at	end o	fyear		6			
2	Purcha	ses	2		7	Cost of g	oods	sold. Subt	ract				ĺ
3	Cost of	labor	3			line 6 from	line 5.	Enter here	and				ĺ
4a	Additio	nal section 263A costs				in Part I, line	e2.			7			ĺ
	(attach	schedule)	4a		8	Do the rule	s of s	section 2634	\ (wit	h respe	ct to	Yes	No
b	•	osts (attach schedule)	4b		╡ •	property pro			•				
5		Add lines 1 through 4b	5			to the organ							
		enalties of perjury, I declare that I have	,	is return. including	accompai							belief. it	is true
Sign		and complete. Declaration of prepare											
_									OR		IRS discu preparer		
Here	II -	us of officer		D-1-					•		uctions)?		
	Signati	ire of officer		Date		Title		D .		<u> </u>		11.1	
Paid		Print/Type preparer's name		Preparer's sign	nature			Date	Ch	eck	if PT		000
Prepa	arer	KENNETH W. SCURL	OCK							f-employe	<u> </u>	0436	090
Use (Fin	Firm's EIN ▶ 95-2399533				
-3 - (Firm's address ▶ 9454 WILSHIRE BLVD., 4TH FLOOR, BEVERLY HIILLS, CA 90212-2907								Ph	Phone no. (310) 273-2501			

Totals

Enter here and on page 1,

Part I, line 8, column (B).

Enter here and on page 1,

Part I, line 8, column (A).

Schedule G-Investment Incor	ne of a Section	501(c	(7), (9),	or (17) Organi	zation (see inst	truction	ıs)		
1. Description of income	2. Amount of inco		3. dired	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	:S	5. To and s	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
		Enter here and on page 1, Part I, line 9, column (A).						Enter here and on page 1, Part I, line 9, column (B).	
Totals		0.						0	
Schedule I—Exploited Exempt	Activity Incom	e, Oth	er Than	Advertising Ir	come (see inst	ruction	s)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and on page 1, Part I, line 10, col. (A).	I, page 1, Pa A). line 10, col						Enter here and on page 1, Part II, line 26.	
Schedule J-Advertising Incor	,								
Income From Period	dicals Reported	on a	Consoli	dated Basis					
1. Name of periodical	2. Gross advertising income	tising advertis		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)				-				-	
(3)				-				-	
(4)				-				-	
<u> </u>									
Totals (carry to Part II, line (5)) Income From Period	▶ 0. dicals Reported	l on a	0. Separat	e Basis (For ea	ach periodical	listed i	n Part II	0. , fill in columns	
2 through 7 on a line-			•	`	•			•	
1. Name of periodical	2. Gross advertising income	dvertising advertis		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.					0.	
Enter here and on page 1, Part I, line 11, col. (A).			Enter here and on page 1, Part I, line 11, col. (B).						
Totals, Part II (lines 1-5)	f Officers Direc	tore 1	0.	stage (see instr	uctions)			0	
Conedule IX—Compensation of	i Jilicers, Direc	, ioi 3, è	and HU	sices (see mistr	3. Percent of	1	Component	ion attributable to	
1. Name			2	time devoted t business	business		unrelated business		
(1)						%			
(2)						%			
(3)						%			
Total Enter here and on page 1 Part II	line 4.4				9	%		0	
TOTAL EDIES DESCRIPTION OF DAME 1 Part II	IIII 14					-		(1)	