

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2024

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**PREPARED FOR:**

STUDENT UNION OF SAN JOSE  
STATE UNIVERSITY  
ONE WASHINGTON SQUARE  
SAN JOSE, CA 95192-0201

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**PREPARED BY:**

COHNREZNICK LLP  
350 GRANITE STREET, SUITE 1200  
BRAINTREE, MA 02184

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

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**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>STUDENT UNION OF SAN JOSE STATE UNIVERSITY</b>	Identifying number <b>94-2830732</b>
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**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>20,131,726</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>11,906,321</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>13,507,970</b>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6  Direct Deposit of refund (Form 109 only.)

7  Electronic funds withdrawal      7a Amount      7b Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number \_\_\_\_\_

11 Account number \_\_\_\_\_      12 Type of account:  Checking  Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

**Sign Here**      Signature of officer \_\_\_\_\_      Date \_\_\_\_\_      **DIRECTOR ACCOUNTING & FINANCE**      Title \_\_\_\_\_

**Part VI 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, 2023 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.

<b>ERO Must Sign</b>	ERO's signature COHNREZNICK LLP	Date 02/12/25	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01340068
	Firm's name (or yours if self-employed) and address COHNREZNICK LLP 350 GRANITE STREET, SUITE 1200 BRAINTREE, MA	Firm's FEIN 22-1478099	ZIP code 02184		

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.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code	

TAXABLE YEAR  
**2023**

# California Exempt Organization Annual Information Return

328941 12-26-23  
FORM  
**199**

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) **07/01/2023**, and ending (mm/dd/yyyy) **06/30/2024**

Corporation/Organization name <b>STUDENT UNION OF SAN JOSE STATE UNIVERSITY</b>	California corporation number <b>1105403</b>
Additional information. See instructions.	FEIN <b>94-2830732</b>

Street address (suite or room) <b>ONE WASHINGTON SQUARE</b>	PMB no.
City <b>SAN JOSE</b>	State <b>CA</b>
Foreign country name	Foreign province/state/county
	Foreign postal code
	ZIP code <b>95192-0201</b>

<b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>K</b> Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____
<b>D</b> Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	<b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	<b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	<b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	Date filed with IRS _____

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

Receipts and Revenues	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>20,131,726</b>	<b>00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>		<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received	<b>3</b>		<b>00</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3.			
	<b>5</b> Cost of goods sold	<b>5</b>		<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	<b>8,225,405</b>	<b>00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	<b>8,225,405</b>	<b>00</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>11,906,321</b>	<b>00</b>
Expenses	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>13,507,970</b>	<b>00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>-1,601,649</b>	<b>00</b>
Payments	<b>11</b> Total payments	<b>11</b>		<b>00</b>
	<b>12</b> Use tax. See General Information K	<b>12</b>		<b>00</b>
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>		<b>00</b>
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>		<b>00</b>
	<b>15</b> Penalties and interest. See General Information J	<b>15</b>		<b>00</b>
	<b>16</b> Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<b>16</b>		<b>00</b>

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	Title <b>DIRECTOR ACCOU</b>	Date	Telephone <b>408-924-6350</b>
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01340068</b>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address			Firm's FEIN <b>22-1478099</b>
				Telephone <b>781-380-3520</b>

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

STUDENT UNION OF SAN JOSE  
STATE UNIVERSITY

94-2830732

328951 12-26-23

**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.

Receipts from Other Sources  Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	253,395	00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions) STATEMENT 1	6	8,304,580	00
	7	Other income SEE STATEMENT 2	7	11,573,751	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	20,131,726	00
	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	416,686	00
	12	Other salaries and wages	12	6,163,132	00
	13	Interest	13		00
	14	Taxes	14	521,067	00
	15	Rents	15	1,219,739	00
	16	Depreciation and depletion (See instructions)	16	362,712	00
	17	Other expenses and disbursements SEE STATEMENT 4	17	4,824,634	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	13,507,970	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		892,648		753,222
2	Net accounts receivable		51,904		31,659
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 5		6,285,120		5,340,239
10	a Depreciable assets	7,496,479		7,496,478	
	b Less accumulated depreciation	6,409,421	1,087,058	6,772,132	724,346
11	Land				
12	Other assets STMT 6		2,256,009		2,330,687
13	Total assets		10,572,739		9,180,153
<b>Liabilities and net worth</b>					
14	Accounts payable		815,508		863,969
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 7		1,821,765		1,678,631
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		7,935,466		6,637,553
22	Total liabilities and net worth		10,572,739		9,180,153

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	-1,238,937	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule STMT 8	362,712
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	362,712
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	-1,601,649
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	-1,238,937			

\* SEE STATEMENT

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT 1
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
INVESTMENTS			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	8,225,405.	0.	0.	8,304,580.
TOTAL TO FORM 199, PAGE 2, LN 6	8,225,405.	0.	0.	8,304,580.

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT	
STUDENT UNION FEE FUNDING	9,577,426.	
CLUB AND INTRAMURAL SPORTS REVENUE	1,034,156.	
SERVICE FEES	662,989.	
RENTAL INCOME	190,127.	
EVENT SERVICES REVENUE	108,736.	
ALL OTHER REVENUE	317.	
TOTAL TO FORM 199, PART II, LINE 7	11,573,751.	

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SONJA DANIELS ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR (UNTIL 1/24) 2.00	0.
SARA BONAKDAR ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	0.
KARTHIKA SASIKUMAR ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	0.

## STUDENT UNION OF SAN JOSE STATE UNIVERSI

94-2830732

TAMSEN BURKE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	EXECUTIVE DIRECTOR 40.00	205,467.
DAVID ALVES ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR OF ACCOUNTING AND 40.00	186,583.
KATHRYN BLACKMER REYES ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	0.
VICKI ALLEN ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	INTERIM EXEC. DIR. (3/24-5 40.00	0.
SARAB MULTANI ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	44.
NINA E. CHUANG ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	0.
JUSTIN DUONG ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	764.
LOGAN MELINE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	CHAIR (UNTIL 12/23) 2.00	500.
ANDREA CABRERA-SANCHEZ ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	CHAIR (AS OF 1/24) 2.00	1,000.
KRISHNA SAI MANGALARAPU ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR (UNTIL 12/23) 2.00	400.
AARON BURGESS ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	INTERIM EXEC. DIR. (AS OF 40.00	21,177.
EMRAN AZIMI ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	VICE CHAIR 2.00	0.

STUDENT UNION OF SAN JOSE STATE UNIVERSI

94-2830732

DIEGO ALVAREZ ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR (UNTIL 12/23) 2.00	0.
ANIYA DOGRA ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	230.
MARI FUENTES-MARTIN ED.D ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR (AS OF 1/24) 2.00	0.
SIYA JOHAL ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	0.
EMINA MASLIC ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR (UNTIL 12/23) 2.00	0.
JEET PAREKH ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR (UNTIL 12/23) 2.00	0.
ISHAN SIKKA ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR (UNTIL 5/24) 2.00	0.
JAYEESH TARACHANDANI ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	521.
ADITYA VISHWAKARMA ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0201	DIRECTOR 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

416,686.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
EVENT COSTS		820,912.
CLUB AND INTRAMURAL SPO		688,975.
STAFF DEVELOPMENT		72,633.
EQUIPMENT		72,311.
PENSION PLAN CONTRIBUTIONS		200,780.
OTHER EMPLOYEE BENEFITS		971,832.
LEGAL FEES		38,626.
ACCOUNTING FEES		60,379.
INVESTMENT MANAGEMENT FEES		33,792.
OTHER PROFESSIONAL FEES		639,752.
ADVERTISING AND PROMOTION		47,827.
OFFICE EXPENSES		316,343.
INFORMATION TECHNOLOGY		401,701.
TRAVEL		37,297.
INSURANCE		263,700.
ALL OTHER EXPENSES		157,774.
TOTAL TO FORM 199, PART II, LINE 17		4,824,634.

CA 199	OTHER INVESTMENTS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	6,285,120.	5,340,239.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	6,285,120.	5,340,239.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	160,701.	189,848.
DEFERRED OUTFLOW OF RESOURCES	1,700,265.	1,486,382.
OPEB ASSET	395,043.	654,457.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,256,009.	2,330,687.



CA 199	OTHER LIABILITIES	STATEMENT 7	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED INFLOW OF RESOURCES		1,798,299.	1,635,265.
DUE TO AFFILIATES		23,341.	11,415.
DEFERRED REVENUE		125.	31,951.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		1,821,765.	1,678,631.

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 8
DESCRIPTION		AMOUNT
DEPRECIATION		362,712.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		362,712.

**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W. **FORM 199** FEIN **94-2830732**

Corporation name  
**STUDENT UNION OF SAN JOSE  
STATE UNIVERSITY**

California corporation number  
**1105403**

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 EQUIPMENT	VARIOUS	4,229,682	3,436,163	SL	5.00	242,561	
2 LEASEHOLD IMPROVEMENTS	VARIOUS	3,266,794	2,973,257	SL	15.00	120,151	
<b>TOTALS</b>		<b>7,496,476</b>	<b>6,409,420</b>				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	362,712				

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	362,712
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	362,712

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22				