

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO	D Employer identification number 95-3104280
	Use IRS label or print or type Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 5500 UNIVERSITY PARKWAY City or town, state or country, and ZIP + 4 SAN BERNARDINO, CA 92407	Room/suite 5500 UNIVERSITY PARKWAY
F Name and address of principal officer: MARK DAY 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA		G Gross receipts \$ 4,367,211.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: WWW.STUDENTUNION.CSUSB.EDU		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number
Part I Summary		L Year of formation: 1977 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **FORMED TO FINANCE, OPERATE AND CONSTRUCT A CAMPUS UNION FACILITY AT CSUSB WHICH SERVES TO PROMOTE**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of employees (Part V, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **6**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a 0.**

7b Net unrelated business taxable income from Form 990-I, line 34 **7b 0.**

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 2,954,245.	4,021,780.	8,811.
9 Program service revenue (Part VIII, line 2g) 6,978.	44,993.	22,163.
10 Investment income (Part VII, column (A), lines 3, 4, and 7d) 44,993.	201,252.	314,457.
11 Other revenue (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 201,252.	3,207,468.	4,367,211.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,207,468.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,675,806.		2,068,681.
14 Benefits paid to or for members (Part IX, column (A), line 4) 1,759,697.		1,807,147.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,435,503.		3,875,828.
16a Professional fundraising fees (Part IX, column (A), line 11e) 1,759,697.		491,383.
b Total fundraising expenses (Part IX, column (D), line 25) 1,759,697.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,435,503.		
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) <228,035.>		
19 Revenue less expenses - Subtract line 18 from line 12 2,618,084.		
20 Total assets (Part X, line 16) 3,169,821.	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) 551,737.	3,699,933.	590,466.
22 Net assets or fund balances - Subtract line 21 from line 20 2,618,084.	2,618,084.	3,109,467.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Mark Day* Date: **11-24-10**

Signature of preparer: *Mark Day* Date: **11-24-10**

MARK DAY, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Information

Preparer's signature: *Mark Day* Date: **11-23-10** Check if self-employed

Firm's name (or your firm's name if self-employed): **ROGERS, ANDERSON, MALODY & SCOTT, LLP** EIN **11-23-10**

Address: **290 N D STREET, SUITE 300** Phone no. **(909) 889-0871**

City: **SAN BERNARDINO, CA 92401**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission:
 THE STUDENT UNION THROUGH ITS PROGRAMS AND FACILITIES, IS A FOCAL POINT OF THE CAMPUS, ASSISTING IN THE RETENTION AND DEVELOPMENT OF STUDENTS WHILE ENCOURAGING A DEEPER UNDERSTANDING AND APPRECIATION OF CULTURAL PLURALISM, GENDER EQUITY AND ETHNIC DIVERSITY.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,258,268 . including grants of \$) (Revenue \$ 4,030,591 .)
 STUDENT SERVICES FOR THE STUDENTS OF CALIFORNIA STATE UNIVERSITY AT SAN BERNARDINO

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses \$ 3,258,268 .) (Revenue \$)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II ...</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12	X
12a Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional.</i>	12a	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i>	14b	X
15 Did the organization report on Part X, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>	15	X
16 Did the organization report on Part X, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1099, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		1a	25
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	333
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (See instructions)		3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	1a	13	Yes	No
1a Enter the number of voting members of the governing body		13		
b Enter the number of voting members that are independent	1b	13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6 Does the organization have members or stockholders?		6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11	11A	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		10b													
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11													X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.															
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		12a													X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b													X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		12c													X
13 Does the organization have a written whistleblower policy?		13													X
14 Does the organization have a written document retention and destruction policy?		14													X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official		15a													X
b Other officers or key employees of the organization		15b													X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		16a													X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		16b													

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
LISA IANNOLO - 909-537-3922
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
TIFFANY JONES FACULTY REPRESENTATIVES	1.00	X					0.	55,802.	21,843.
JOHANNA SMITH FACULTY REPRESENTATIVES	1.00	X					0.	62,308.	12,239.
MAYRA QUINTERO STUDENT REPRESENTATIVES	1.00	X					0.	0.	0.
NICOLE HERSHEY STUDENT REPRESENTATIVES	1.00	X					0.	0.	0.
MICHAEL MIRAMONTES ALUMNI REPRESENTATIVE	1.00	X					0.	0.	0.
JAMES FUKUZAWA ASI PRESIDENT	5.00	X					0.	0.	0.
FATIMA CRISTERNA ALUMNI REPRESENTATIVE	1.00	X					0.	0.	0.
BOB WILSON UNIVERSITY ADMIN REPRESE	1.00	X					0.	120,808.	20,183.
DR. FRANK L RINCON PRESIDENT'S DESIGNEE	1.00	X					0.	146,786.	35,485.
SHEREE BAUGH CHAIR	5.00		X				0.	0.	0.
DORIS ERANEM VICE CHAIR	5.00		X				0.	0.	0.
MIKE ARTEAGA SECRETARY	5.00		X				0.	0.	0.
KYLE RICHARDSON CONTROLLER	5.00		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							0.	385,704.	89,750.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	3	<input type="checkbox"/>	Yes
	4	<input checked="" type="checkbox"/>	No
	5	<input type="checkbox"/>	No
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	4	<input checked="" type="checkbox"/>	Yes
	5	<input type="checkbox"/>	No
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	5	<input checked="" type="checkbox"/>	Yes
--	---	-------------------------------------	-----

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII Statement of Revenue

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts				
1 a Federated campaigns	1a			
b Membership dues	1b 4,021,650.			
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f 130.			
g Noncash contributions included in lines 1a-1f: \$				
h Total Add lines 1a-1f	4,021,780.			
Program Service Revenue				
2 a PROGRAM REVENUE	Business Code			
b	611710	8,811.		
c				
d				
e				
f All other program service revenue				
g Total Add lines 2a-2f	8,811.			
3 Investment income (including dividends, interest, and other similar amounts)	22,163.			22,163.
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6 a Gross Rents	(i) Real			
b Less: rental expenses	84,649.			
c Rental income or (loss)	84,649.			
d Net rental income or (loss)				84,649.
7 a Gross amount from sales of assets other than inventory	(i) Securities			
b Less: cost or other basis and sales expenses	(ii) Other			
c Gain or (loss)				
d Net gain or (loss)				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				
b Less: direct expenses				
c Net income or (loss) from fundraising events				
9 a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses				
c Net income or (loss) from gaming activities and allowances				
10 a Gross sales of inventory, less returns and allowances				
b Less: cost of goods sold				
c Net income or (loss) from sales of inventory				
Miscellaneous Revenue				
11 a REIMBURSEMENT REVENUE	Business Code			
b	900099	229,808.		229,808.
c				
d All other revenue		229,808.		
e Total Add lines 11a-11d		4,367,211.	8,811.	0.
12 Total revenue. See instructions.				336,620.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,500.		72,500.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,487,785.	1,158,760.	329,025.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	134,080.	134,080.		
9 Other employee benefits	374,316.	247,772.	126,544.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,198.	1,198.		
c Accounting	159,620.	159,620.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	37,037.	37,037.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,847.	1,847.		
17 Travel	80,040.	64,130.	15,910.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	114,047.	114,047.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES AND SERVICES	515,198.	481,041.	34,157.	
b UTILITIES	374,778.	374,778.		
c PROGRAMS	168,229.	131,984.	36,245.	
d CAMPU.S SERVICES	119,534.	119,534.		
e REPAIRS AND MAINTENANCE	98,908.	98,908.		
f All other expenses	136,711.	133,532.	3,179.	
25 Total functional expenses. Add lines 1 through 24f	3,875,828.	3,258,268.	617,560.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

	(A) Beginning of year	(B) End of year
Assets		
1 Cash - non-interest-bearing	984,859.	1,559,747.
2 Savings and temporary cash investments	1,600,410.	1,649,962.
3 Pledges and grants receivable, net		
4 Accounts receivable, net	70,560.	61,286.
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		
7 Notes and loans receivable, net		
8 Inventories for sale or use		
9 Prepaid expenses and deferred charges		3,545.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,026,500.	
b Less: accumulated depreciation	10b 601,107.	
11 Investments - publicly traded securities	513,992.	425,393.
12 Investments - other securities. See Part IV, line 11		
13 Investments - program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,169,821.	3,699,933.
Liabilities		
17 Accounts payable and accrued expenses	259,601.	164,298.
18 Grants payable		
19 Deferred revenue		
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23 Secured mortgages and notes payable to unrelated third parties		
24 Unsecured notes and loans payable to unrelated third parties		
25 Other liabilities. Complete Part X of Schedule D	292,136.	426,168.
26 Total liabilities. Add lines 17 through 25	551,737.	590,466.
Net Assets or Fund Balances		
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		
28 Temporarily restricted net assets		
29 Permanently restricted net assets		
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
30 Capital stock or trust principal, or current funds	0.	0.
31 Paid-in or capital surplus, or land, building, or equipment fund	0.	0.
32 Retained earnings, endowment, accumulated income, or other funds	2,618,084.	3,109,467.
33 Total net assets or fund balances	2,618,084.	3,109,467.
34 Total liabilities and net assets/fund balances	3,169,821.	3,699,933.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
d If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **SANTOS MANUEL STUDENT UNION OF CA** Employer identification number **95-3104280**
STATE UNIVERSITY AT SAN BERNARDINO

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. (See section 509(a)(2). (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	11g(i)	Yes	No
	11g(ii)		
	11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- g Provide the following information about the supported organization(s).
- h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support		
			Yes	No	Yes	No	Yes	No	11g(i)	11g(ii)	11g(iii)
Total											

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3098975.	2651314.	2775100.	2954245.	4030591.	15510225.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3098975.	2651314.	2775100.	2954245.	4030591.	15510225.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						15510225.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3098975.	2651314.	2775100.	2954245.	4030591.	15510225.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121,637.	238,065.	221,777.	117,248.	106,812.	805,539.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	27,604.	78,226.	260,116.	129,629.	229,808.	725,383.
11 Total support. Add lines 7 through 10						17041147.
12 Gross receipts from related activities, etc. (see instructions)						34,900.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f)) divided by line 11, column (f))	14	91.02 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.63 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Calendar year (or fiscal year beginning in) ▶						
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.**

Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REVENUES ARE REIMBURSEMENTS FOR PERSONNEL SERVICES FROM OTHER ENTITIES
THAT UTILIZE STUDENT UNION FACILITIES.

Schedule D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO

Employer identification number

95-3104280

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6 for various fund types and controls.

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization...
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
4 Number of states where property subject to conservation easement is located...
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements...
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?...
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	1c	1d	1e	1f	Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	(i) unrelated organizations	(ii) related organizations
3a(i)		
3a(ii)		
3b		
3c		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		284,821.	119,460.	165,361.
d Equipment		741,679.	481,647.	260,032.
e Other				

Total. Add lines 1a through 1e. Column (d) must equal Form 990, Part X, column (B), line 10(c). 425,393.

Part VIII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15.		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
Part X Other Liabilities. See Form 990, Part X, line 25.	

1. (a) Description of liability	(b) Amount
Federal income taxes	
OPER OBLIGATION	371,444.
ACCRUED COMPENSATED ABSENCES	54,724.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	426,168.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		4,367,211.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,875,828.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		491,383.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		491,383.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		4,367,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,367,211.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		3,875,828.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,875,828.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2009

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.
SANTOS MANUEL STUDENT UNION OF CA
STATE UNIVERSITY AT SAN BERNARDINO

Employer identification number

95-3104280

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR. FRANK L RINCON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	146,786.	0.	0.	0.	35,485.	182,271.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SANTOS MANUEL STUDENT UNION OF CA
STATE UNIVERSITY AT SAN BERNARDINO

Employer identification number
95-3104280

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND ASSIST THE EDUCATIONAL PROGRAM OF THE UNIVERSITY

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO

AND REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: A BOARD MEMBER WHO IS FACED WITH A

CONFLICT OF INTEREST ISSUE IS NORMALLY REQUIRED TO DISCLOSE IN WRITING TO
THE CHAIR OF THE BOARD WHO SHALL HAVE THE AFFIRMATIVE DUTY TO ADVISE THE
POLICIES AND PROCEDURES COMMITTEE OF THE CONFLICT AS SOON AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNING BOARD OF THE STUDENT
UNION SHALL PROVIDE SALARIES, WORKING CONDITIONS AND BENEFITS, EXCLUSIVE OF
PERMANENT STATUS BENEFITS, FOR ITS FULL-TIME EMPLOYEES WHICH ARE COMPARABLE
TO THOSE PROVIDED TO CAMPUS EMPLOYEES PERFORMING SIMILAR SERVICES. FOR
THOSE EMPLOYEES WHOSE DUTIES ARE NOT COMPARABLE TO CLASSES IN CAMPUS
EMPLOYMENT, THE SALARIES ESTABLISHED SHALL BE AT LEAST EQUAL TO THE
SALARIES PREVAILING IN OTHER SIMILAR EDUCATIONAL INSTITUTIONS IN THE AREA,
OR COMMERCIAL OPERATIONS OF LIKE NATURE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC THROUGH ITS WEBSITE AND ALSO UPON REQUEST OF THE PUBLIC AT THE
ORGANIZATION'S ADMINISTRATIVE OFFICE.

FORM 990, PART XI, LINE 2C

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO	Employer identification number 95-3104280
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DURING THE CURRENT FISCAL YEAR, THE SANTOS MANUEL STUDENT UNION FORMED

AN AUDIT COMMITTEE TO ASSUME RESPONSIBILITY FOR SELECTING AN AUDITOR

AND RESPONSIBILITY FOR THE AUDIT PROCESS. THIS IS PRIMARILY DUE TO

REQUIREMENTS ESTABLISHED BY THE CALIFORNIA ATTORNEY GENERAL'S OFFICE

[CALIFORNIA GOVERNMENT CODE SECTION 12586(E)(2)] FOR ENTITIES THAT

RECEIVE FUNDS IN EXCESS OF \$2 MILLION PER FISCAL YEAR.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **SANTOS MANUEL STUDENT UNION OF CA**
STATE UNIVERSITY AT SAN BERNARDINO
Employer identification number
95-3104280

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 33-0644150, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407	PROVIDING EDUCATIONAL SERVICES TO THE PUBLIC.	CALIFORNIA	115(1)	STATE INSTITUTION	
FOUNDATION FOR THE CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO - 95-6067343, 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA	MANAGING GIFTS & ENDOWMENT FUNDS & THE BOOKSTORE & DINING OPERATIONS.	CALIFORNIA	501(C)(3)	LINE 5	

SANTOS MANUEL STUDENT UNION OF CA
STATE UNIVERSITY AT SAN BERNARDINO

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

SANTOS MANUEL STUDENT UNION OF CA
STATE UNIVERSITY AT SAN BERNARDINO

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	O	993,060.
(2) FOUNDATION FOR THE CALIFORNIA STATE UNIVERSITY AT SAN BERNARDINO	C	130.
(3) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO	I	80,107.
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

TAXABLE YEAR
2009
California Exempt Organization
Annual Information Return

928941 12-31-09
 FORM
199

Calendar Year 2009 or fiscal year beginning month JULY day 1 year **2009**, and ending month JUNE day 30 year **2010**.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 d (insert letter)
 IRC Section 4947(a)(1) trust

Corporation/Organization Name **SANTOS MANUEL STUDENT UNION OF CA**
STATE UNIVERSITY AT SAN BERNARDINO
 Address **5500 UNIVERSITY PARKWAY**
 City **SAN BERNARDINO** State **CA** ZIP Code **92407**

FEIN **95-3104280** CORP # **0832566**

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption?
(a) Is this a group filing for affiliates? See General Instruction I Yes No
(b) If "Yes," enter the number of affiliates Yes No
(c) Are all affiliates included? Yes No
(d) Is this a separate return filed by an organization covered by a group filing? Yes No
(e) Federal Group Exemption Number Yes No
(f) Is a roster of subsidiaries attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T **(2)** 990PF **(3)** (Schedule H) 990
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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

1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	345,431.00
2	Gross dues and assessments from members and affiliates	2	4,021,650.00
3	Gross contributions, gifts, grants, and similar amounts received	3	130.00
4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	4,367,211.00
5	Cost of goods sold	5	00
6	Cost or other basis, and sales expenses of assets sold	6	00
7	Total costs. Add line 5 and line 6	7	00
8	Total gross income. Subtract line 7 from line 4	8	4,367,211.00
9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,875,828.00
10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	491,383.00
11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
12	Total payments	12	00
13	Penalties and Interest. See General Instruction J	13	00
14	Use tax. See General Instruction K	14	00
15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	10.00

Sign Here
 Signature of officer *[Signature]* Title **EXECUTIVE DIR**
 Signature of preparer *[Signature]* Date **11-23-10**
 Preparer's signature *[Signature]* Date **11.24.10**
 Preparer's name (or yours, if self-employed) **ROGERS, ANDERSON, MALODY & SCOTT, LLP**
 Firm's name and address **290 N D STREET, SUITE 300**
SAN BERNARDINO, CA 92401
 Preparer's FEIN **95-2662063**
 Preparer's SSN/P TIN **P00165007**
 Preparer's Telephone **(909) 889-0871**
 May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II or furnish substitute information. See Specific Line Instructions.

1	Gross sales or receipts from all business activities. See instructions	•	1	00
2	Interest	•	2	22,163.00
3	Dividends	•	3	00
4	Gross rents	•	4	84,649.00
5	Gross royalties	•	5	00
6	Gross amount received from sale of assets (See instructions)	•	6	0.00
7	Other income	•	7	238,619.00
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	345,431.00
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	•	11	72,500.00
12	Other salaries and wages	•	12	1,487,785.00
13	Interest	•	13	00
14	Taxes	•	14	00
15	Rents	•	15	1,847.00
16	Depreciation and depletion (See instructions)	•	16	114,047.00
17	Other	•	17	2,199,649.00
18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,875,828.00

Schedule L Balance Sheets

	(a)	(b)	(c)	(d)
	Beginning of taxable year		End of taxable year	
Assets				
1 Cash		2,585,269.		3,209,709.
2 Net accounts receivable		70,560.		61,286.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans ____)				
9 Other investments				
10 a Depreciable assets	1,005,738.		1,026,500.	
b Less accumulated depreciation	(491,746.)	513,992.	(601,107.)	425,393.
11 Land				
12 Other assets	STMT 4			3,545.
13 Total assets		3,169,821.		3,699,933.
Liabilities and net worth				
14 Accounts payable		259,601.		164,298.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 5	292,136.		426,168.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,618,084.		3,109,467.
22 Total liabilities and net worth		3,169,821.		3,699,933.

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 \$25,000

1	Net income per books	•	491,383.	
2	Federal income tax	•		
3	Excess of capital losses over capital gains	•		
4	Income not recorded on books this year	•		
5	Expenses recorded on books this year not deducted in this return	•		
6	Total		491,383.	
	Add line 1 through line 5			491,383.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 1

DESCRIPTION	DATE	DATE	METHOD	GROSS
	ACQUIRED	SOLD		
LASERJET PRINTER	01/06/94	06/30/10	PURCHASED	
	COST OR		EXPENSE	
	OTHER BASIS		OF SALE	SALES PRICE
	2,118.	2,118.	0.	0.

DESCRIPTION	DATE	DATE	METHOD	GROSS
	ACQUIRED	SOLD		
POWERMAC G4 COMPUTER	09/05/00	06/30/10	PURCHASED	
	COST OR		EXPENSE	
	OTHER BASIS		OF SALE	SALES PRICE
	2,568.	2,568.	0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6 4,686. 4,686. 0. 0.

FORM 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
REIMBURSEMENT REVENUE	229,808.
PROGRAM REVENUE	8,811.
TOTAL TO FORM 199, PART II, LINE 7	238,619.

FORM 199 OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
SUPPLIES AND SERVICES	515,198.
UTILITIES	374,778.
PROGRAMS	168,229.
CAMPUS SERVICES	119,534.
REPAIRS AND MAINTENANCE	98,908.
PENSION PLAN CONTRIBUTIONS	134,080.
OTHER EMPLOYEE BENEFITS	374,316.
LEGAL FEES	1,198.

ACCOUNTING FEES
 ADVERTISING AND PROMOTION
 TRAVEL
 ALL OTHER EXPENSES

159,620.
 37,037.
 80,040.
 136,711.

TOTAL TO FORM 199, PART II, LINE 17

2,199,649.

FORM 199

OTHER ASSETS

STATEMENT 4

DESCRIPTION

BEG. OF YEAR END OF YEAR

PREPAID EXPENSES AND DEFERRED CHARGES

0. 3,545.

TOTAL TO FORM 199, SCHEDULE L, LINE 12

0. 3,545.

FORM 199

OTHER LIABILITIES

STATEMENT 5

DESCRIPTION

BEG. OF YEAR END OF YEAR

OPEB OBLIGATION
 ACCRUED COMPENSATED ABSENCES

244,900. 371,444.
 47,236. 54,724.

TOTAL TO FORM 199, SCHEDULE L, LINE 18

292,136. 426,168.