

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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
	Doing Business As		E Telephone number 909-537-7201
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,276,542.
	5500 UNIVERSITY PARKWAY		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 SAN BERNARDINO, CA 92407		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MARK DAY 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.STUDENTUNION.CSUSB.EDU			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1977
			M State of legal domicile: CA

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	305
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,021,780.	Current Year 3,995,000.
	9 Program service revenue (Part VIII, line 2g)	8,811.	8,701.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,163.	16,321.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314,457.	256,520.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,367,211.	4,276,542.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,068,681.	2,347,752.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,807,147.	1,715,876.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,875,828.	4,063,628.
19 Revenue less expenses. Subtract line 18 from line 12	491,383.	212,914.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,699,933.	End of Year 4,244,029.
	21 Total liabilities (Part X, line 26)	590,466.	921,648.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,109,467.	3,322,381.

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	Date 11-3-11			
	MARK DAY, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TERRY SHEA	Preparer's signature	Date 11-2-11	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ROGERS, ANDERSON, MALODY & SCOTT, LLP	Firm's EIN ▶			
Firm's address ▶ 290 N D STREET, SUITE 300 SAN BERNARDINO, CA 92401		Phone no. (909) 889-0871			

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

TAXABLE YEAR
2010

California Exempt Organization Annual Information Return

028941 12-16-10
FORM

199

Calendar Year 2010 or fiscal year beginning month **JULY** day **1** year **2010**, and ending month **JUNE** day **30** year **2011**.

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

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 L Yes No
(b) If "Yes," enter the number of affiliates _____
(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number _____
(f) Is a roster of subordinates 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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	281,542.00
	2	Gross dues and assessments from members and affiliates	2	3,995,000.00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	4,276,542.00
	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	4,276,542.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,063,628.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	212,914.00
Filing Fee	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

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: *Malody* Title: **EXECUTIVE DIRE** Date: **11-1-11** Telephone: **909-537-7201**

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's PTIN/SSN: **P00165007**

Paid Preparer's Use Only
Firm's name (or yours, if self-employed) and address: **ROGERS, ANDERSON, MALODY & SCOTT, LLP
290 N D STREET, SUITE 300
SAN BERNARDINO, CA 92401**
FEIN: **95-2662063**
Telephone: **(909) 889-0871**

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