Return of Organization Exempt From Income Tax

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.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Name of organization:

SANTOS MANUEL STUDENT UNION OF CA
STATE UNIVERSITY AT SAN BERNARDINO

Doing Business As

D Employer identification number

95-3104280

E Telephone number

909-537-7201

G Gross receipts

3,208,100

H(a) Is this a group return for affiliates? 

No

H(b) Are all affiliates included? 

No

J Website:

WWW.STUDENTUNION.CSU.SUB.EDU

K Type of organization: Corporation

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 TO PROMOTE

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 assets.

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

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

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

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11d-24f)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer:

HELGA KRAY, INTERIM EXECUTIVE DIRECTOR

Type or print name and title

Paid

Preparer's signature

Date

Check if self-employed

Preparer's identifying number

Preparer's Use Only

Firm's name (or yours if self-employed), address, and EIN

ROGERS, ANDERSON, MALODY & SCOTT, LLP

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)

X Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION