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 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B C Name of organization
SANTOS MANUEL STUDENT UNION OF CA
STATE UNIVERSITY AT SAN BERNARDINO

D Employer identification number
95-3104280

E Telephone number
909-537-7201

F Name and address of principal officer
MARK DAY
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA

I Tax-exempt status: 501(c)(3)

J Website: WWW.STUDENTUNION.CSUSB.EDU

K Form 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 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)

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

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7 b 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)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-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. Deposition of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
MARK DAY, EXECUTIVE DIRECTOR

Type or print name and title

Preparer's signature

Preparer's EIN

Paid

Print/Type preparer's name
TERRY SHEA

Preparer's signature

Preparer's EIN

Use Only

Firm's name
ROGERS, ANDERSON, MALODY & SCOTT, LLP

Firm's EIN

Phone no.
(909) 889-0871

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Form 990 (2010)
**TAXABLE YEAR**

**California Exempt Organization**

**Annual Information Return**

**2010**

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

IRC Section 4947(a)(1) trust

**Corporation/Organization Name**

**SAN BERNARDINO SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO**

**Address**

5500 UNIVERSITY PARKWAY

**City**

SAN BERNARDINO

**State**

CA

**ZIP Code**

92407

**Corporation/Organization Name**

**SAN BERNARDINO SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO**

**Address**

5500 UNIVERSITY PARKWAY

**City**

SAN BERNARDINO

**State**

CA

**ZIP Code**

92407

**Corresponding**

SANTOS MANUEL STUDENT UNION OF CA STATE UNIVERSITY AT SAN BERNARDINO

**Address**

5500 UNIVERSITY PARKWAY

**City**

SAN BERNARDINO

**State**

CA

**ZIP Code**

92407

**Corresponding**

FERN

**Date**

2011

**Form 199 C1 2010 Side 1**

### Part I

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

<table>
<thead>
<tr>
<th>Receipts and Revenues</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross sales or receipts from other sources. From Side 2, Part II, line 8</td>
<td>281,542.00</td>
</tr>
<tr>
<td>2 Gross dues and assessments from members and affiliates</td>
<td>3,995,000.00</td>
</tr>
<tr>
<td>3 Gross contributions, gifts, grants, and similar amounts received</td>
<td>0.00</td>
</tr>
<tr>
<td>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</td>
<td>4,276,542.00</td>
</tr>
<tr>
<td>5 Cost of goods sold</td>
<td>0.00</td>
</tr>
<tr>
<td>6 Cost or other basis, and sales expenses of assets sold</td>
<td>0.00</td>
</tr>
<tr>
<td>7 Total costs. Add line 5 and line 6</td>
<td>0.00</td>
</tr>
<tr>
<td>8 Total gross income. Subtract line 7 from line 4</td>
<td>4,276,542.00</td>
</tr>
<tr>
<td>9 Total expenses and disbursements. From Side 2, Part II, line 18</td>
<td>4,063,628.00</td>
</tr>
<tr>
<td>10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8</td>
<td>212,914.00</td>
</tr>
<tr>
<td>11 Filing fee $10 or $25. See General Instruction F</td>
<td>10.00</td>
</tr>
<tr>
<td>12 Total payments</td>
<td>0.00</td>
</tr>
<tr>
<td>13 Penalties and Interest. See General Instruction J</td>
<td>0.00</td>
</tr>
<tr>
<td>14 Use tax. See General Instruction K</td>
<td>0.00</td>
</tr>
<tr>
<td>15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Filing Fee

- **11 Filing fee $10 or $25. See General Instruction F**
  - **10.00**

**Sign Here**

- **Signature of officer**
  - **EXECUTIVE DIRE**
  - **11/1/1**
  - **909-537-7201**
  - **Preparer's PTIN/SSN**
  - **00165007**

**Preparer's**

- **Name**
  - ROGERS, ANDERSON, MALODY & SCOTT, LLP
  - 290 N D STREET, SUITE 300
  - SAN BERNARDINO, CA 92401

- **Telephone**
  - (909) 889-0871

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

### For Privacy Notice, get form FTB 1131.

- **022**
- **3651104**